

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S Parts I-III Date/Time Prepared: 1/30/2017 4:39 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/30/2017	Time: 4:39 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (180104) for the cost reporting period beginning 09/01/2015 and ending 08/31/2016 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 XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	161,971	-435,151	135,714	404,316
2.00 Subprovider - IPF	0	0	0		0
3.00 Subprovider - IRF	0	0	0		0
4.00 SUBPROVIDER I					4.00
5.00 Swing bed - SNF	0	0	0		0
6.00 Swing bed - NF	0				0
7.00 SKILLED NURSING FACILITY	0	-1	0		0
8.00 NURSING FACILITY	0				0
9.00 HOME HEALTH AGENCY I	0	0	0		0
10.00 RURAL HEALTH CLINIC I	0		0		0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0
12.00 CMHC I	0		0		0
200.00 Total	0	161,970	-435,151	135,714	404,316

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/30/2017 4:39 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 42003-		4.00 County: MCCRACKEN			
1.00	Street: 2501 KENTUCKY AVENUE	State: KY		Zip Code: 42003-		County: MCCRACKEN			
2.00	City: PADUCAH								
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	
V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:									
3.00	Hospital	BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N	P	T
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF	BAPTIST HEALTH TCU	185416	99918		11/22/1995	N	P	N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2015	08/31/2016		20.00
21.00	Type of Control (see instructions)					2			21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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 IPFS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	318	1,620	1,150	0	9,803	0		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/30/2017 4:39 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				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.	2				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		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.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	1.00	2.00	3.00	4.00	5.00		
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
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		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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	Y	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	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	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 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	N	N	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.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	635,784	846,468	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.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/30/2017 4:39 pm	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	18H001		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: BAPTIST HEALTH	Contractor's Name: CIGNA		Contractor's Number: 15101	
142.00	Street: 2701 EASTPOINT PARKWAY	PO Box:			
143.00	City: LOUISVILLE	State: KY	Zip Code: 40223		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N			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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/30/2017 4:39 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	09/30/2016	170.00
			1.00		
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet S-2 Part II Date/Time Prepared: 1/30/2017 4:39 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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				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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/21/2015	Y	12/21/2015		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: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/30/2017 4:39 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BETH		WHEELER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036		BWHEELER@BHSI.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,474	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)		239	87,474	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	99,186	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,784		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
24.10 HOSPICE (non-distinct part)	30.00				0	24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		295			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: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,839	264	42,236			1.00
2.00 HMO and other (see instructions)	6,002	12,288				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)	19,839	264	42,236			7.00
8.00 INTENSIVE CARE UNIT	2,236	48	4,088			8.00
9.00 CORONARY CARE UNIT	1,749	0	3,513			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		6	5,690			13.00
14.00 Total (see instructions)	23,824	318	55,527	0.00	1,369.56	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	2,639	0	3,699	0.00	21.36	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,390.92	27.00
28.00 Observation Bed Days		0	6,012			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	285	548			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: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,648	69	12,401	1.00
2.00 HMO and other (see instructions)			1,068	2,083		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,648	69	12,401	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	77,451,502	222,006	77,673,508	2,823,732.00	27.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,161,228	0	1,161,228	44,431.00	26.14
10.00	Excluded area salaries (see instructions)		802,499	868,671	1,671,170	125,164.00	13.35
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,517,169	0	3,517,169	52,318.00	67.23
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		355,329	0	355,329	2,866.00	123.98
14.00	Home office salaries & wage-related costs		23,813,886	0	23,813,886	602,861.00	39.50
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,903,115	0	20,903,115		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		791,088	0	791,088		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,278,878	-863,042	415,836	11,219.00	37.07
27.00	Administrative & General	5.00	5,702,911	216,377	5,919,288	219,406.00	26.98
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,704,533	0	1,704,533	74,257.00	22.95
31.00	Laundry & Linen Service	8.00	140,575	0	140,575	9,113.00	15.43
32.00	Housekeeping	9.00	1,696,494	0	1,696,494	123,501.00	13.74
33.00	Housekeeping under contract (see instructions)		35,123	0	35,123	1,487.00	23.62
34.00	Dietary	10.00	1,814,406	-1,532,612	281,794	110,422.00	2.55
35.00	Dietary under contract (see instructions)		336,891	0	336,891	8,683.00	38.80
36.00	Cafeteria	11.00	0	1,532,612	1,532,612	20,303.00	75.49
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,221,535	0	1,221,535	28,679.00	42.59
39.00	Central Services and Supply	14.00	640,457	0	640,457	40,329.00	15.88
40.00	Pharmacy	15.00	3,695,275	0	3,695,275	68,571.00	53.89

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 757,298	0	757,298	23,647.00	32.03	41.00
42.00	Social Service	17.00 1,601,331	0	1,601,331	57,277.00	27.96	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
1/30/2017 4:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	77,823,516	222,006	78,045,522	2,833,902.00	27.54	1.00
2.00	Excluded area salaries (see instructions)	1,963,727	868,671	2,832,398	169,595.00	16.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,859,789	-646,665	75,213,124	2,664,307.00	28.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,686,384	0	27,686,384	658,045.00	42.07	4.00
5.00	Subtotal wage-related costs (see inst.)	20,903,115	0	20,903,115	0.00	27.79	5.00
6.00	Total (sum of lines 3 thru 5)	124,449,288	-646,665	123,802,623	3,322,352.00	37.26	6.00
7.00	Total overhead cost (see instructions)	20,625,707	-646,665	19,979,042	796,894.00	25.07	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,161,257	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,734,127	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	14,597	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	11,532,117	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-1,864	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	142,098	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	791,136	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,549,346	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	56,792	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	714,597	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,694,203	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,565,417	21,369,873	1.00
2.00	Hospital	3,517,169	20,903,115	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	48,248	466,758	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-7

Date/Time Prepared:
1/30/2017 4:39 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	11	0	11	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	29	0	29	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	6	0	6	12.00
13.00		RUB	79	0	79	13.00
14.00		RUA	457	0	457	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	66	0	66	16.00
17.00		RVA	1,508	0	1,508	17.00
18.00		RHC	2	0	2	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	253	0	253	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	23	0	23	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	18	0	18	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	7	0	7	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	11	0	11	34.00
35.00		HB2	14	0	14	35.00
36.00		HB1	18	0	18	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	7	0	7	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	20	0	20	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	2	0	2	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	15	0	15	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	28	0	28	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	53	0	53	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet S-7

Date/Time Prepared:
1/30/2017 4:39 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	4	0	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	8	0	8	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,639	0	2,639	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99918	99918	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		1,209,477	23.74	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		125	0.00	N	205.00
206.00	OTHER		121,178	2.38	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,094,960			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet S-10 Date/Time Prepared: 1/30/2017 4:39 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.158745	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		34,823,276	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		245,639,512	6.00
7.00	Medicaid cost (line 1 times line 6)		38,994,044	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,170,768	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,170,768	19.00
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	Insured patients	Total (col. 1 + col. 2)
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,514,476	1,671,358	7,185,834
22.00	Partial payment by patients approved for charity care	875,395	265,320	1,140,715
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			1.00	
			2.00	
			3.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,308,970
27.00	Medicare bad debts for the entire hospital complex (see instructions)			615,579
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,693,391
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,062,542
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,203,257
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,374,025

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet A Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		14,367,472		7,706,089	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	6,661,383	6,661,383	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,278,878	22,392,288	-1,294,329	22,376,837	4.00
5.01	00540	NONPATIENT TELEPHONES	158,924	8,491	167,415	383,203	5.01
5.02	00550	DATA PROCESSING	366,866	23,899	390,765	390,765	5.02
5.03	00580	PURCHASING, REC, STORES	311	77,895	78,206	76,272	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,176,810	54,368,419	-168	59,545,061	5.06
7.00	00700	OPERATION OF PLANT	1,704,533	7,659,204	-134	9,363,603	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	140,575	798,860	0	939,435	8.00
9.00	00900	HOUSEKEEPING	1,696,494	494,382	0	2,190,876	9.00
10.00	01000	DIETARY	1,814,406	2,311,818	-3,485,383	640,841	10.00
11.00	01100	CAFETERIA	0	13,445	3,485,383	3,498,828	11.00
13.00	01300	NURSING ADMINISTRATION	1,221,535	120,666	1,342,201	1,342,201	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	640,457	2,239,901	-1,122,755	1,757,603	14.00
15.00	01500	PHARMACY	3,695,275	26,150,361	-25,722,752	4,122,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	757,298	132,552	889,850	889,850	16.00
17.00	01700	SOCIAL SERVICE	1,601,331	465,594	2,066,925	2,066,925	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,417,013	2,463,034	16,880,047	-265,377	30.00
31.00	03100	INTENSIVE CARE UNIT	2,922,410	855,624	3,778,034	-64,895	31.00
32.00	03200	CORONARY CARE UNIT	2,507,603	317,586	2,825,189	-38,246	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,621,254	744,917	2,366,171	-20,999	43.00
44.00	04400	SKILLED NURSING FACILITY	1,161,228	128,595	1,289,823	-4,029	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,795,418	33,184,522	40,979,940	-16,663,553	50.00
51.00	05100	RECOVERY ROOM	1,995,652	118,702	2,114,354	-9,026	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,296,636	635,399	2,932,035	-271,033	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,421,169	2,486,862	6,908,031	-139,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,247,495	643,172	1,890,667	-1,961	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	549,385	290,700	840,085	-6,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	259,663	149,435	409,098	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,377,649	5,682,501	7,060,150	-5,500,742	59.00
60.00	06000	LABORATORY	2,934,516	3,691,885	6,626,401	-52,447	60.00
60.01	06001	PATHOLOGY	552,341	994,607	1,546,948	-943	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,091,214	2,091,214	-1,589,086	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,854,053	674,317	2,528,370	-8,578	65.00
66.00	06600	PHYSICAL THERAPY	1,766,143	144,363	1,910,506	-14,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	432,298	13,910	446,208	0	67.00
68.00	06800	SPEECH PATHOLOGY	472,118	24,323	496,441	-87	68.00
69.00	06900	ELECTROCARDIOLOGY	1,147,524	203,272	1,350,796	-855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,493	23,265	360,758	-2,224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,633,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,337,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,639,081	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	257,513	6,850	264,363	-46	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,406,932	1,153,305	4,560,237	-97,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	661,804	137,946	799,750	-8,382	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	346,365	346,365	0	346,365	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,649,003	188,831,918	265,480,921	-1,077,761	264,403,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,616	288,191	369,807	0	369,807	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	720,883	468,729	1,189,612	5,629	1,195,241	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,072,132	1,072,132	194.02
200.00		TOTAL (SUM OF LINES 118-199)	77,451,502	189,588,838	267,040,340	0	267,040,340	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-361,747	7,344,342	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-186,151	6,475,232	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,549	22,371,288	4.00
5.01	00540	NONPATIENT TELEPHONES	-99,029	284,174	5.01
5.02	00550	DATA PROCESSING	4,205,228	4,595,993	5.02
5.03	00580	PURCHASING, REC, STORES	528,357	604,629	5.03
5.04	00570	ADMITTING	1,267,012	1,267,012	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,393,778	46,151,283	5.06
7.00	00700	OPERATION OF PLANT	0	9,363,603	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	939,435	8.00
9.00	00900	HOUSEKEEPING	0	2,190,876	9.00
10.00	01000	DIETARY	-67,106	573,735	10.00
11.00	01100	CAFETERIA	-1,207,129	2,291,699	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,342,201	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-4,581	1,753,022	14.00
15.00	01500	PHARMACY	0	4,122,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	670,777	1,560,627	16.00
17.00	01700	SOCIAL SERVICE	0	2,066,925	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-964,133	15,650,537	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,713,139	31.00
32.00	03200	CORONARY CARE UNIT	0	2,786,943	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-101,641	2,243,531	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,285,794	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,614,520	21,701,867	50.00
51.00	05100	RECOVERY ROOM	0	2,105,328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,404	2,659,598	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,944	6,764,560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,888,706	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	833,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	409,098	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,559,408	59.00
60.00	06000	LABORATORY	0	6,573,954	60.00
60.01	06001	PATHOLOGY	0	1,546,005	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	502,128	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-66,701	2,453,091	65.00
66.00	06600	PHYSICAL THERAPY	0	1,895,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	446,208	67.00
68.00	06800	SPEECH PATHOLOGY	0	496,354	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,349,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	358,534	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-771,763	4,861,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,337,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,639,081	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	264,317	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	4,462,694	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	791,368	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00	
99.00	09900	CMHC	0	0	97.00
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	-346,365	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,524,167	250,878,993	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	369,807	118.00
191.00	19100	RESEARCH	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,195,241	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
194.00	07950	NAUTILUS	0	0	193.00
194.01	07951	PR/MARKETING	0	0	194.00
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,072,132	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-13,524,167	253,516,173	194.02
					200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,639,081	1.00	
	O		0	25,639,081		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,970,752	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
	O		0	25,970,752		
C - TELEPHONE EXPENSES						
1.00	NONPATIENT TELEPHONES	5.01	0	215,788	1.00	
	O		0	215,788		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,661,383	1.00	
	O		0	6,661,383		
F - RECLASS OF PTO AND SICK						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	199,235	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,183	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	17,142	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	446	0	4.00	
	O		222,006	0		
G - RECLASS OF IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	20,337,556	1.00	
	O		0	20,337,556		
H - NON PATIENT RELATED DAY CARE COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	863,042	209,090	1.00	
	O		863,042	209,090		
I - DIETARY/CAFE						
1.00	CAFETERIA	11.00	1,532,612	1,952,771	1.00	
	O		1,532,612	1,952,771		
500.00	Grand Total: Increases		2,617,660	80,986,421	500.00	

RECLASSIFICATIONS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-6
Date/Time Prepared:
1/30/2017 4:39 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	25,639,081	0	1.00
	O		0	25,639,081		
B - CHARGEABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191	0	1.00
2.00	PURCHASING, REC. STORES	5.03	0	1,934	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	757	0	3.00
4.00	OPERATION OF PLANT	7.00	0	134	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,122,755	0	5.00
6.00	PHARMACY	15.00	0	83,671	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	265,377	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	64,895	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	38,246	0	9.00
10.00	NURSERY	43.00	0	20,999	0	10.00
11.00	SKILLED NURSING FACILITY	44.00	0	4,029	0	11.00
12.00	OPERATING ROOM	50.00	0	16,663,553	0	12.00
13.00	RECOVERY ROOM	51.00	0	9,026	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	271,033	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	139,527	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,961	0	16.00
17.00	CT SCAN	57.00	0	6,945	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	5,500,742	0	18.00
19.00	LABORATORY	60.00	0	52,447	0	19.00
20.00	PATHOLOGY	60.01	0	943	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,589,086	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	8,578	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	14,786	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	87	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	855	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,224	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	46	0	27.00
28.00	EMERGENCY	91.00	0	97,543	0	28.00
29.00	ONCOLOGY INFUSION	93.00	0	8,382	0	29.00
	O		0	25,970,752		
C - TELEPHONE EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	215,788	0	1.00
	O		0	215,788		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,661,383	9	1.00
	O		0	6,661,383		
F - RECLASS OF PTO AND SICK						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	204,418	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,588	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	O		0	222,006		
G - RECLASS OF IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,337,556	0	1.00
	O		0	20,337,556		
H - NON PATIENT RELATED DAY CARE COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	863,042	209,090	0	1.00
	O		863,042	209,090		
I - DIETARY/CAFE						
1.00	DIETARY	10.00	1,532,612	1,952,771	0	1.00
	O		1,532,612	1,952,771		
500.00	Grand Total: Decreases		2,395,654	81,208,427		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,301,977	42,027	0	42,027	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	230,572,689	3,760,869	0	3,760,869	165,220	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	118,031,065	1,127,249	0	1,127,249	6,825,290	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	356,905,731	4,930,145	0	4,930,145	6,990,510	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	356,905,731	4,930,145	0	4,930,145	6,990,510	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,344,004	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	234,168,338	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	112,333,024	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	354,845,366	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	354,845,366	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,367,472	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,367,472	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,367,472				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,367,472				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	242,512,342	0	242,512,342	0.683431	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	112,333,024	0	112,333,024	0.316569	0	2.00
3.00	Total (sum of lines 1-2)	354,845,366	0	354,845,366	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,554,717	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,653,886	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,208,603	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-210,375	0	0	0	7,344,342	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-178,654	0	0	0	6,475,232	2.00
3.00	Total (sum of lines 1-2)	-389,029	0	0	0	13,819,574	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-8

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-210,375	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW 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	-6,302,307			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	-2,280,748			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,207,129	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		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW 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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 180104

Period:
 From 09/01/2015
 To 08/31/2016

Worksheet A-8
 Date/Time Prepared:
 1/30/2017 4:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 PATIENT PHONE - COST OFFSET	A	-34,041	NONPATIENT TELEPHONES	5.01	0	33.00
34.00 PATIENT PHONE - OPERATOR OFFSET	A	-19,184	NONPATIENT TELEPHONES	5.01	0	34.00
35.00 PATIENT PHONE - BENEFIT OFFSET	A	-5,549	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 LIFELINE EXPENSES	A	-209,944	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 LIFELINE DEPRECIATION	A	-7,066	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 CABLE TV COSTS	A	-45,804	NONPATIENT TELEPHONES	5.01	0	38.00
39.00 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
42.00 EDUCATION CLASS	B	-13,368	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 BASIC LIFE SUPPORT	B	-64,136	RESPIRATORY THERAPY	65.00	0	43.00
45.00 MEDICAL CALL	B	-12,155	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 DISCOUNTS	B	-2,010	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MISCELLANEOUS	B	-506,646	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03 NET ASSETS RELEASED	B	-178,654	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04 DIETARY REVENUE	B	-67,106	DIETARY	10.00	0	45.04
45.05 CONTRIBUTIONS	A	-831,899	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 INTERCOMPANY INTEREST	A	-346,365	INTEREST EXPENSE	113.00	0	45.06
45.07 PEDIATRIC OFFICE BUILDING	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.07
45.08 BB PERSONAL USE OF COMPANY CAR - DEP	A	-431	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.08
45.09 BB PERSONAL USE OF COMPANY CAR - GAS	A	-62	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.10		0		0.00	0	45.10
45.11 CPE TUITION	B	-3,875	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.11
45.13 RESEARCH FUNDS	B	-55,460	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.13
45.14 PRODUCT SALES	B	-4,348	CENTRAL SERVICES & SUPPLY	14.00	0	45.14
45.15 RENTAL INCOME	B	-109,959	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16 LTACH INCOME	B	-964,133	ADULTS & PEDIATRICS	30.00	0	45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,524,167				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: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/30/2017 4:39 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMITTING	PATIENT ACCESS AND SCHEDULING	1,267,012	0
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	FINANCE AND MALP	33,730,886	41,911,245
3.00	5.02	DATA PROCESSING	IT	4,205,228	0
3.01	5.03	PURCHASING, REC, STORES	MAT MGMT	528,357	0
4.00	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-771,763	0
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	670,777	0
5.00	0		0	39,630,497	41,911,245

* 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	BAPTIST HC SYS	100.00	SUPPORT SERVICES	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/30/2017 4:39 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,267,012	0		1.00
2.00	-8,180,359	0		2.00
3.00	4,205,228	0		3.00
3.01	528,357	0		3.01
4.00	-771,763	0		4.00
4.01	670,777	0		4.01
5.00	-2,280,748			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	HOME OFFICE		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: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet A-8-2

Date/Time Prepared:
1/30/2017 4:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	DR. A	100,000	0	100,000	260,300	800	1.00
2.00	54.00	DR. B	30,350	0	30,350	271,900	202	2.00
3.00	65.00	DR. C	13,750	0	13,750	211,500	110	3.00
4.00	5.06	DR. D	3,689,638	3,564,301	125,337	211,500	1,108	4.00
5.00	50.00	DR. E	2,646,386	2,608,511	37,875	246,400	269	5.00
6.00	5.06	DR. F	5,500	0	5,500	211,500	44	6.00
7.00	52.00	DR. G	5,850	0	5,850	237,100	39	7.00
8.00	43.00	DR. H	130,417	95,000	35,417	211,500	283	8.00
9.00	14.00	DR. I	1,250	0	1,250	211,500	10	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,623,141	6,267,812	355,329		2,865	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	60.00	DR. A	100,115	5,006	0	0	0	1.00
2.00	54.00	DR. B	26,406	1,320	0	0	0	2.00
3.00	65.00	DR. C	11,185	559	0	0	0	3.00
4.00	5.06	DR. D	112,664	5,633	0	0	0	4.00
5.00	50.00	DR. E	31,866	1,593	0	0	0	5.00
6.00	5.06	DR. F	4,474	224	0	0	0	6.00
7.00	52.00	DR. G	4,446	222	0	0	0	7.00
8.00	43.00	DR. H	28,776	1,439	0	0	0	8.00
9.00	14.00	DR. I	1,017	51	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			320,949	16,047	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	60.00	DR. A	0	100,115	0	0	1.00
2.00	54.00	DR. B	0	26,406	3,944	3,944	2.00
3.00	65.00	DR. C	0	11,185	2,565	2,565	3.00
4.00	5.06	DR. D	0	112,664	12,673	3,576,974	4.00
5.00	50.00	DR. E	0	31,866	6,009	2,614,520	5.00
6.00	5.06	DR. F	0	4,474	1,026	1,026	6.00
7.00	52.00	DR. G	0	4,446	1,404	1,404	7.00
8.00	43.00	DR. H	0	28,776	6,641	101,641	8.00
9.00	14.00	DR. I	0	1,017	233	233	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	320,949	34,495	6,302,307	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,344,342	7,344,342				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,475,232		6,475,232			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	22,371,288	160,626	12,951	22,544,865		4.00
5.01 00540 NONPATIENT TELEPHONES	284,174	625	0	41,098	325,897	5.01
5.02 00550 DATA PROCESSING	4,595,993	0	9,199	107,903	4,887	5.02
5.03 00580 PURCHASING, REC, STORES	604,629	31,655	0	91	4,887	5.03
5.04 00570 ADMITTING	1,267,012	20,945	0	0	7,142	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	46,151,283	91,689	323,645	1,608,293	21,802	5.06
7.00 00700 OPERATION OF PLANT	9,363,603	2,495,168	79,769	501,339	9,773	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	939,435	28,135	2,286	41,346	1,128	8.00
9.00 00900 HOUSEKEEPING	2,190,876	12,704	5,953	498,975	1,504	9.00
10.00 01000 DIETARY	573,735	44,891	37,202	82,882	4,887	10.00
11.00 01100 CAFETERIA	2,291,699	30,098	0	450,773	376	11.00
13.00 01300 NURSING ADMINISTRATION	1,342,201	21,233	251,815	359,279	9,021	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,753,022	68,299	113,415	188,372	1,879	14.00
15.00 01500 PHARMACY	4,122,884	26,916	93,711	1,086,858	7,894	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,560,627	16,756	0	222,737	8,645	16.00
17.00 01700 SOCIAL SERVICE	2,066,925	8,128	103	470,985	6,766	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	15,650,537	672,238	178,137	4,240,358	106,749	30.00
31.00 03100 INTENSIVE CARE UNIT	3,713,139	91,845	57,272	859,542	7,894	31.00
32.00 03200 CORONARY CARE UNIT	2,786,943	58,146	3,611	737,539	4,887	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,243,531	17,444	66,097	476,845	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,285,794	70,581	41,840	341,542	11,277	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	21,701,867	379,422	2,029,167	2,292,796	20,674	50.00
51.00 05100 RECOVERY ROOM	2,105,328	40,133	3,238	586,963	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,659,598	60,559	78,144	675,489	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,764,560	128,352	1,024,517	1,300,359	25,185	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,888,706	71,738	505,712	366,914	6,014	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	833,140	6,502	225,267	161,586	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	409,098	0	360,669	76,372	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,559,408	95,284	282,536	405,196	6,390	59.00
60.00 06000 LABORATORY	6,573,954	39,858	112,855	863,103	6,766	60.00
60.01 06001 PATHOLOGY	1,546,005	14,755	63,165	162,455	4,887	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	502,128	5,396	624	0	376	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,453,091	25,090	32,932	545,316	3,007	65.00
66.00 06600 PHYSICAL THERAPY	1,895,720	18,569	19,006	519,460	3,759	66.00
67.00 06700 OCCUPATIONAL THERAPY	446,208	0	1,409	127,148	0	67.00
68.00 06800 SPEECH PATHOLOGY	496,354	0	7,872	138,860	1,504	68.00
69.00 06900 ELECTROCARDIOLOGY	1,349,941	88,050	336,921	337,511	10,525	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	358,534	38,307	29,796	99,264	1,128	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,861,433	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	20,337,556	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,639,081	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	264,317	19,507	3,376	75,740	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	4,462,694	104,843	74,890	1,002,050	14,284	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 ONCOLOGY INFUSION	791,368	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	250,878,993	5,104,487	6,469,102	22,053,339	325,897	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	369,807	4,877	1,962	24,005	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,195,241	2,234,978	4,168	213,682	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,072,132	0	0	253,839	0	194.02
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)	253,516,173	7,344,342	6,475,232	22,544,865	325,897	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part I Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		DATA PROCESSING	PURCHASING, REC. STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	4,717,982				5.02
5.03	00580	PURCHASING, REC. STORES	64,113	705,375			5.03
5.04	00570	ADMINITTING	546,220	0	1,841,319		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	165,312	5,356	0	48,367,380	5.06
7.00	00700	OPERATION OF PLANT	0	13,217	0	12,462,869	2,938,333
8.00	00800	LAUNDRY & LINEN SERVICE	0	96	0	1,012,426	238,697
9.00	00900	HOUSEKEEPING	35,199	4,395	0	2,749,606	648,266
10.00	01000	DIETARY	13,200	1,977	0	758,774	178,894
11.00	01100	CAFETERIA	0	263	0	2,773,209	653,831
13.00	01300	NURSING ADMINISTRATION	0	817	0	1,984,366	467,848
14.00	01400	CENTRAL SERVICES & SUPPLY	58,456	41,926	0	2,225,369	524,669
15.00	01500	PHARMACY	117,541	7,144	0	5,462,948	1,287,983
16.00	01600	MEDICAL RECORDS & LIBRARY	283,481	0	0	2,092,246	493,283
17.00	01700	SOCIAL SERVICE	1,257	241	0	2,554,405	602,244
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,653,746	32,156	200,543	22,734,464	5,360,036
31.00	03100	INTENSIVE CARE UNIT	0	6,837	54,652	4,791,181	1,129,602
32.00	03200	CORONARY CARE UNIT	0	6,001	47,325	3,644,452	859,242
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	3,490	49,529	2,856,936	673,571
44.00	04400	SKILLED NURSING FACILITY	0	1,235	15,499	1,767,768	416,781
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	284,110	373,225	337,871	27,419,132	6,464,592
51.00	05100	RECOVERY ROOM	0	2,286	12,271	2,750,219	648,411
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,307	27,942	3,513,039	828,259
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,455	10,012	51,808	9,451,248	2,228,292
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,234	7,754	2,848,072	671,481
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	627	73,968	1,301,090	306,754
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	168	13,545	859,852	202,725
59.00	05900	CARDIAC CATHETERIZATION	0	114,862	122,702	2,586,378	609,783
60.00	06000	LABORATORY	719,074	6,740	77,857	8,400,207	1,980,492
60.01	06001	PATHOLOGY	0	1,373	8,738	1,801,378	424,705
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	31,265	27,767	567,556	133,811
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	104,341	6,731	49,498	3,220,006	759,171
66.00	06600	PHYSICAL THERAPY	89,256	2,017	23,059	2,570,846	606,121
67.00	06700	OCCUPATIONAL THERAPY	0	3	10,858	585,626	138,071
68.00	06800	SPEECH PATHOLOGY	0	66	7,662	652,318	153,795
69.00	06900	ELECTROCARDIOLOGY	57,828	1,438	48,219	2,230,433	525,862
70.00	07000	ELECTROENCEPHALOGRAPHY	5,028	370	5,839	538,266	126,905
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	79,878	4,941,311	1,164,998
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	268,180	20,605,736	4,858,153
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	191,931	25,831,012	6,090,100
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	64	3	363,007	85,585
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	373,365	12,263	26,404	6,070,793	1,431,293
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	0	2,595	17	793,980	187,194
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,717,982	703,797	1,841,319	248,139,904	47,099,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45	0	400,696	94,471	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,533	0	3,649,602	860,456	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,325,971	312,620	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,717,982	705,375	1,841,319	253,516,173	48,367,380	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part I Date/Time Prepared: 1/30/2017 4:39 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	15,401,202				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	95,367	1,346,490			8.00
9.00	00900	HOUSEKEEPING	43,063	54,060	3,494,995		9.00
10.00	01000	DIETARY	152,163	26,515	0	1,116,346	10.00
11.00	01100	CAFETERIA	102,021	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	71,970	0	0	3,529,061	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,508	12,535	63,342	0	14.00
15.00	01500	PHARMACY	91,234	0	320,437	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,796	0	63,342	0	16.00
17.00	01700	SOCIAL SERVICE	27,550	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,278,633	691,669	1,162,517	958,994	30.00
31.00	03100	INTENSIVE CARE UNIT	311,320	76,685	182,574	44,379	31.00
32.00	03200	CORONARY CARE UNIT	197,092	78,404	145,314	40,362	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	59,127	17,888	74,520	0	43.00
44.00	04400	SKILLED NURSING FACILITY	239,244	127,413	149,040	72,611	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,286,097	163,686	439,669	0	50.00
51.00	05100	RECOVERY ROOM	136,036	0	74,520	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,272	10,910	108,054	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	435,064	14,734	208,656	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	243,164	0	108,054	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	22,040	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	322,976	0	0	0	59.00
60.00	06000	LABORATORY	135,103	0	70,794	0	60.00
60.01	06001	PATHOLOGY	50,015	0	18,630	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,289	0	7,452	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,046	0	26,082	0	65.00
66.00	06600	PHYSICAL THERAPY	62,942	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	298,456	0	93,150	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,847	0	14,904	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	66,121	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	355,379	71,991	163,944	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	182,701	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	30,743	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,808,935	1,346,490	3,494,995	1,116,346	3,341,259	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,530	0	0	0	4,752	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,575,737	0	0	0	78,934	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	104,116	194.02
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)	15,401,202	1,346,490	3,494,995	1,116,346	3,529,061	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet B Part I Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
13.00	01300	NURSING ADMINISTRATION	2,567,215				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,122,104			14.00
15.00	01500	PHARMACY	0	98,195	7,382,963		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,741,148	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,270,140
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,688,299	458,045	0	723,791	2,340,699
31.00	03100	INTENSIVE CARE UNIT	314,018	143,100	0	132,712	223,639
32.00	03200	CORONARY CARE UNIT	270,998	117,488	0	124,848	192,180
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	156,302	77,277	0	119,212	311,279
44.00	04400	SKILLED NURSING FACILITY	137,598	26,166	0	54,723	202,343
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	965,487	7,382,963	488,840	0
51.00	05100	RECOVERY ROOM	0	51,583	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	138,335	0	11,862	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,304	0	233,639	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,933	0	16,974	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	13,758	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,203	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	185,696	0	0	0
60.00	06000	LABORATORY	0	89,801	0	206,507	0
60.01	06001	PATHOLOGY	0	26,596	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,013	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	168,208	0	3,801	0
66.00	06600	PHYSICAL THERAPY	0	35,836	0	1,769	0
67.00	06700	OCCUPATIONAL THERAPY	0	95	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	51	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	26,133	0	39,060	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,734	0	10,355	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	752	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	269,670	0	573,055	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	0	49,645	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,567,215	3,122,104	7,382,963	2,741,148	3,270,140	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,567,215	3,122,104	7,382,963	2,741,148	3,270,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

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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 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00580 PURCHASING, REC, STORES				5.03
5.04	00570 ADMITTING				5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
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
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	39,221,290	0	39,221,290	30.00
31.00	03100 INTENSIVE CARE UNIT	7,502,498	0	7,502,498	31.00
32.00	03200 CORONARY CARE UNIT	5,802,668	0	5,802,668	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	4,422,411	0	4,422,411	43.00
44.00	04400 SKILLED NURSING FACILITY	3,260,856	0	3,260,856	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	45,009,357	0	45,009,357	50.00
51.00	05100 RECOVERY ROOM	3,741,607	0	3,741,607	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,918,730	0	4,918,730	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,964,567	0	12,964,567	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,955,107	0	3,955,107	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	1,665,613	0	1,665,613	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,074,572	0	1,074,572	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,765,676	0	3,765,676	59.00
60.00	06000 LABORATORY	11,071,870	0	11,071,870	60.00
60.01	06001 PATHOLOGY	2,358,705	0	2,358,705	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	730,121	0	730,121	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,369,987	0	4,369,987	65.00
66.00	06600 PHYSICAL THERAPY	3,363,380	0	3,363,380	66.00
67.00	06700 OCCUPATIONAL THERAPY	749,309	0	749,309	67.00
68.00	06800 SPEECH PATHOLOGY	827,940	0	827,940	68.00
69.00	06900 ELECTROCARDIOLOGY	3,269,011	0	3,269,011	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	849,194	0	849,194	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,106,309	0	6,106,309	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,463,889	0	25,463,889	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,921,112	0	31,921,112	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	526,121	0	526,121	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	9,118,826	0	9,118,826	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	1,061,562	0	1,061,562	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2015
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	239,092,288	0	239,092,288	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	516,449	0	516,449	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,164,729	0	12,164,729	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	1,742,707	0	1,742,707	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	253,516,173	0	253,516,173	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	160,626	12,951	173,577	173,577 4.00
5.01 00540	NONPATIENT TELEPHONES	0	625	0	625	316 5.01
5.02 00550	DATA PROCESSING	3,301,700	0	9,199	3,310,899	831 5.02
5.03 00580	PURCHASING, REC, STORES	0	31,655	0	31,655	1 5.03
5.04 00570	ADMITTING	0	20,945	0	20,945	0 5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	1,164,156	91,689	323,645	1,579,490	12,380 5.06
7.00 00700	OPERATION OF PLANT	0	2,495,168	79,769	2,574,937	3,859 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	28,135	2,286	30,421	318 8.00
9.00 00900	HOUSEKEEPING	0	12,704	5,953	18,657	3,841 9.00
10.00 01000	DIETARY	0	44,891	37,202	82,093	638 10.00
11.00 01100	CAFETERIA	0	30,098	0	30,098	3,470 11.00
13.00 01300	NURSING ADMINISTRATION	0	21,233	251,815	273,048	2,766 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	68,299	113,415	181,714	1,450 14.00
15.00 01500	PHARMACY	0	26,916	93,711	120,627	8,366 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	16,756	0	16,756	1,715 16.00
17.00 01700	SOCIAL SERVICE	0	8,128	103	8,231	3,625 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	672,238	178,137	850,375	32,674 30.00
31.00 03100	INTENSIVE CARE UNIT	0	91,845	57,272	149,117	6,616 31.00
32.00 03200	CORONARY CARE UNIT	0	58,146	3,611	61,757	5,677 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RP	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	17,444	66,097	83,541	3,671 43.00
44.00 04400	SKILLED NURSING FACILITY	0	70,581	41,840	112,421	2,629 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	379,422	2,029,167	2,408,589	17,649 50.00
51.00 05100	RECOVERY ROOM	0	40,133	3,238	43,371	4,518 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	60,559	78,144	138,703	5,200 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	128,352	1,024,517	1,152,869	10,010 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	71,738	505,712	577,450	2,824 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	6,502	225,267	231,769	1,244 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	360,669	360,669	588 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	95,284	282,536	377,820	3,119 59.00
60.00 06000	LABORATORY	0	39,858	112,855	152,713	6,644 60.00
60.01 06001	PATHOLOGY	0	14,755	63,165	77,920	1,251 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,396	624	6,020	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	25,090	32,932	58,022	4,198 65.00
66.00 06600	PHYSICAL THERAPY	0	18,569	19,006	37,575	3,999 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,409	1,409	979 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	7,872	7,872	1,069 68.00
69.00 06900	ELECTROCARDIOLOGY	0	88,050	336,921	424,971	2,598 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	38,307	29,796	68,103	764 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	19,507	3,376	22,883	583 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	104,843	74,890	179,733	7,713 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	ONCOLOGY INFUSION	0	0	0	0	0 93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,465,856	5,104,487	6,469,102	16,039,445	169,793	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,877	1,962	6,839	185	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,234,978	4,168	2,239,146	1,645	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,954	194.02
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,465,856	7,344,342	6,475,232	18,285,430	173,577	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC. STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	941					5.01
5.02	00550	DATA PROCESSING	14	3,311,744				5.02
5.03	00580	PURCHASING, REC. STORES	14	45,004	76,674			5.03
5.04	00570	ADMINISTRATIVE	21	383,414	0	404,380		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	63	116,039	582	0	1,708,554	5.06
7.00	00700	OPERATION OF PLANT	28	0	1,436	0	103,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	10	0	8,431	8.00
9.00	00900	HOUSEKEEPING	4	24,708	478	0	22,899	9.00
10.00	01000	DIETARY	14	9,265	215	0	6,319	10.00
11.00	01100	CAFETERIA	1	0	29	0	23,095	11.00
13.00	01300	NURSING ADMINISTRATION	26	0	89	0	16,526	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5	41,033	4,556	0	18,533	14.00
15.00	01500	PHARMACY	23	82,507	776	0	45,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25	198,987	0	0	17,424	16.00
17.00	01700	SOCIAL SERVICE	20	882	26	0	21,273	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	309	1,160,831	3,495	44,038	189,333	30.00
31.00	03100	INTENSIVE CARE UNIT	23	0	743	12,001	39,901	31.00
32.00	03200	CORONARY CARE UNIT	14	0	652	10,392	30,351	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	379	10,876	23,793	43.00
44.00	04400	SKILLED NURSING FACILITY	33	0	134	3,403	14,722	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60	199,428	40,579	74,235	228,419	50.00
51.00	05100	RECOVERY ROOM	0	0	248	2,695	22,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,229	6,136	29,257	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73	102,803	1,088	11,377	78,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17	0	134	1,703	23,719	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	68	16,243	10,835	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	18	2,974	7,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	18	0	12,483	26,944	21,539	59.00
60.00	06000	LABORATORY	20	504,748	733	17,097	69,957	60.00
60.01	06001	PATHOLOGY	14	0	149	1,919	15,002	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	3,398	6,097	4,727	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9	73,241	731	10,869	26,816	65.00
66.00	06600	PHYSICAL THERAPY	11	62,652	219	5,064	21,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,384	4,877	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	7	1,683	5,433	68.00
69.00	06900	ELECTROCARDIOLOGY	30	40,592	156	10,588	18,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	3,530	40	1,282	4,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,541	41,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	58,890	171,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,146	215,121	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	7	1	3,023	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	41	262,080	1,333	5,798	50,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	282	4	6,612	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	941	3,311,744	76,502	404,380	1,663,780	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5	0	3,337	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	167	0	30,394	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	11,043	194.02
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)	941	3,311,744	76,674	404,380	1,708,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/30/2017 4:39 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00580	PURCHASING, REC, STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	2,684,051				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	16,620	55,803			8.00	
9.00	00900	HOUSEKEEPING	7,505	2,240	80,332		9.00	
10.00	01000	DIETARY	26,518	1,099	0	126,161	10.00	
11.00	01100	CAFETERIA	17,780	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	12,543	0	0	74,473	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	40,346	519	1,456	0	14.00	
15.00	01500	PHARMACY	15,900	0	7,365	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	9,898	0	1,456	0	16.00	
17.00	01700	SOCIAL SERVICE	4,801	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	397,110	28,666	26,720	108,379	17,388	30.00
31.00	03100	INTENSIVE CARE UNIT	54,255	3,178	4,196	5,015	3,235	31.00
32.00	03200	CORONARY CARE UNIT	34,348	3,249	3,340	4,561	2,792	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,304	741	1,713	0	1,610	43.00
44.00	04400	SKILLED NURSING FACILITY	41,694	5,280	3,426	8,206	1,417	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	224,135	6,784	10,106	0	8,418	50.00
51.00	05100	RECOVERY ROOM	23,708	0	1,713	0	1,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,774	452	2,484	0	2,174	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,821	611	4,796	0	5,184	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42,378	0	2,484	0	1,001	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,841	0	0	0	464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	207	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,287	0	0	0	1,284	59.00
60.00	06000	LABORATORY	23,545	0	1,627	0	3,988	60.00
60.01	06001	PATHOLOGY	8,716	0	428	0	789	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,187	0	171	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,821	0	599	0	2,272	65.00
66.00	06600	PHYSICAL THERAPY	10,969	0	0	0	1,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	538	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	460	68.00
69.00	06900	ELECTROCARDIOLOGY	52,014	0	2,141	0	1,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,629	0	343	0	447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,523	0	0	0	225	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	61,934	2,984	3,768	0	3,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	649	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,360,904	55,803	80,332	126,161	70,510	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,881	0	0	0	100	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,320,266	0	0	0	1,666	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2,197	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,684,051	55,803	80,332	126,161	74,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/30/2017 4:39 pm		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
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	00580					5.03
5.04	00570					5.04
5.06	00560					5.06
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
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
		305,906	290,977	292,789	247,010	40,672
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	201,175	42,689	0	65,222	29,113
31.00	03100	37,418	13,337	0	11,959	2,781
32.00	03200	32,292	10,950	0	11,250	2,390
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	18,625	7,202	0	10,742	3,871
44.00	04400	16,396	2,439	0	4,931	2,517
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	89,980	292,789	44,050	0
51.00	05100	0	4,807	0	0	0
52.00	05200	0	12,893	0	1,069	0
53.00	05300	0	0	0	0	0
54.00	05400	0	13,729	0	21,054	0
55.00	05500	0	1,858	0	1,530	0
56.00	05600	0	0	0	0	0
57.00	05700	0	1,282	0	0	0
58.00	05800	0	205	0	0	0
59.00	05900	0	17,307	0	0	0
60.00	06000	0	8,369	0	18,609	0
60.01	06001	0	2,479	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	281	0	0	0
64.00	06400	0	0	0	0	0
65.00	06500	0	15,677	0	343	0
66.00	06600	0	3,340	0	159	0
67.00	06700	0	9	0	0	0
68.00	06800	0	5	0	0	0
69.00	06900	0	2,436	0	3,520	0
70.00	07000	0	721	0	933	0
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	0	0	0	0	0
75.00	07500	0	0	0	0	0
76.00	03951	0	0	0	0	0
76.97	07697	0	70	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	0	0	0	0
91.00	09100	0	25,133	0	51,639	0
92.00	09200	0	0	0	0	0
93.00	04040	0	4,627	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	0
95.00	09500	0	0	0	0	0
96.00	09600	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	305,906	290,977	292,789	247,010	40,672	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NAUTILUS	0	0	0	0	0	194.00
194.01	07951 PR/MARKETING	0	0	0	0	0	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	305,906	290,977	292,789	247,010	40,672	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00580				5.03
5.04	00570				5.04
5.06	00560				5.06
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
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,197,517	0	3,197,517	30.00
31.00	03100	343,775	0	343,775	31.00
32.00	03200	214,015	0	214,015	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	177,068	0	177,068	43.00
44.00	04400	219,648	0	219,648	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	3,645,221	0	3,645,221	50.00
51.00	05100	105,670	0	105,670	51.00
52.00	05200	235,371	0	235,371	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,478,125	0	1,478,125	54.00
55.00	05500	655,098	0	655,098	55.00
56.00	05600	0	0	0	56.00
57.00	05700	265,746	0	265,746	57.00
58.00	05800	371,822	0	371,822	58.00
59.00	05900	516,801	0	516,801	59.00
60.00	06000	808,050	0	808,050	60.00
60.01	06001	108,667	0	108,667	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	23,882	0	23,882	63.00
64.00	06400	0	0	0	64.00
65.00	06500	207,598	0	207,598	65.00
66.00	06600	147,210	0	147,210	66.00
67.00	06700	10,196	0	10,196	67.00
68.00	06800	16,533	0	16,533	68.00
69.00	06900	558,801	0	558,801	69.00
70.00	07000	103,278	0	103,278	70.00
71.00	07100	58,692	0	58,692	71.00
72.00	07200	230,495	0	230,495	72.00
73.00	07300	257,267	0	257,267	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03951	0	0	0	76.00
76.97	07697	38,315	0	38,315	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	656,570	0	656,570	91.00
92.00	09200	0	0	0	92.00
93.00	04040	12,174	0	12,174	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,663,605	0	14,663,605	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,347	0	13,347	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,593,284	0	3,593,284	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	15,194	0	15,194	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,285,430	0	18,285,430	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,174,679				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,338,437			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	12,677	76,651,622		4.00
5.01 00540	NONPATIENT TELEPHONES	100	0	139,730	867	5.01
5.02 00550	DATA PROCESSING	0	9,005	366,866	13	7,506 5.02
5.03 00580	PURCHASING, REC, STORES	5,063	0	311	13	102 5.03
5.04 00570	ADMINISTRATIVE	3,350	0	0	19	869 5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	316,808	5,468,135	58	263 5.06
7.00 00700	OPERATION OF PLANT	399,086	78,084	1,704,533	26	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,500	2,238	140,575	3	0 8.00
9.00 00900	HOUSEKEEPING	2,032	5,827	1,696,494	4	56 9.00
10.00 01000	DIETARY	7,180	36,416	281,794	13	21 10.00
11.00 01100	CAFETERIA	4,814	0	1,532,612	1	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,396	246,495	1,221,535	24	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,924	111,019	640,457	5	93 14.00
15.00 01500	PHARMACY	4,305	91,731	3,695,275	21	187 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,680	0	757,298	23	451 16.00
17.00 01700	SOCIAL SERVICE	1,300	101	1,601,331	18	2 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	107,520	174,374	14,417,013	284	2,631 30.00
31.00 03100	INTENSIVE CARE UNIT	14,690	56,062	2,922,410	21	0 31.00
32.00 03200	CORONARY CARE UNIT	9,300	3,535	2,507,603	13	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,790	64,701	1,621,254	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	11,289	40,956	1,161,228	30	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	60,686	1,986,298	7,795,418	55	452 50.00
51.00 05100	RECOVERY ROOM	6,419	3,170	1,995,652	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,686	76,493	2,296,636	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,529	1,002,873	4,421,169	67	233 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11,474	495,028	1,247,495	16	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	1,040	220,508	549,385	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	353,049	259,663	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	15,240	276,567	1,377,649	17	0 59.00
60.00 06000	LABORATORY	6,375	110,471	2,934,516	18	1,144 60.00
60.01 06001	PATHOLOGY	2,360	61,831	552,341	13	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	863	611	0	1	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	4,013	32,236	1,854,053	8	166 65.00
66.00 06600	PHYSICAL THERAPY	2,970	18,604	1,766,143	10	142 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,379	432,298	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	7,706	472,118	4	0 68.00
69.00 06900	ELECTROCARDIOLOGY	14,083	329,803	1,147,524	28	92 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	6,127	29,167	337,493	3	8 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	3,120	3,305	257,513	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	16,769	73,308	3,406,932	38	594 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	ONCOLOGY INFUSION	0	0	0	0	0 93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	816,429	6,332,436	74,980,452	867	7,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	1,921	81,616	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,470	4,080	726,512	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	863,042	0	0	194.02
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)	7,344,342	6,475,232	22,544,865	325,897	4,717,982	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.252212	1.021582	0.294121	375.890427	628.561418	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			173,577	941	3,311,744	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002264	1.085352	441.212896	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	36,006,612					5.03
5.04	00570	ADMITTING	0	605,385,859				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	273,398	0	-48,367,380	205,148,793		5.06
7.00	00700	OPERATION OF PLANT	674,673	0	0	12,462,869	726,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,879	0	0	1,012,426	4,500	8.00
9.00	00900	HOUSEKEEPING	224,334	0	0	2,749,606	2,032	9.00
10.00	01000	DIETARY	100,914	0	0	758,774	7,180	10.00
11.00	01100	CAFETERIA	13,445	0	0	2,773,209	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	41,715	0	0	1,984,366	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,140,186	0	0	2,225,369	10,924	14.00
15.00	01500	PHARMACY	364,675	0	0	5,462,948	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,092,246	2,680	16.00
17.00	01700	SOCIAL SERVICE	12,285	0	0	2,554,405	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,641,471	65,924,630	0	22,734,464	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	349,000	17,965,925	0	4,791,181	14,690	31.00
32.00	03200	CORONARY CARE UNIT	306,337	15,557,306	0	3,644,452	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	178,135	16,281,874	0	2,856,936	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	63,047	5,094,960	0	1,767,768	11,289	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,051,509	111,155,425	0	27,419,132	60,686	50.00
51.00	05100	RECOVERY ROOM	116,694	4,033,840	0	2,750,219	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	577,167	9,185,455	0	3,513,039	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	511,089	17,030,969	0	9,451,248	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	62,992	2,549,054	0	2,848,072	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	32,004	24,315,618	0	1,301,090	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,571	4,452,669	0	859,852	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,863,279	40,336,018	0	2,586,378	15,240	59.00
60.00	06000	LABORATORY	344,069	25,594,058	0	8,400,207	6,375	60.00
60.01	06001	PATHOLOGY	70,104	2,872,469	0	1,801,378	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,595,991	9,127,782	0	567,556	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	343,588	16,271,662	0	3,220,006	4,013	65.00
66.00	06600	PHYSICAL THERAPY	102,949	7,580,107	0	2,570,846	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	3,569,403	0	585,626	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,375	2,518,742	0	652,318	0	68.00
69.00	06900	ELECTROCARDIOLOGY	73,397	15,850,986	0	2,230,433	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,902	1,919,563	0	538,266	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,258,361	0	4,941,311	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	88,159,158	0	20,605,736	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	63,093,558	0	25,831,012	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,254	896	0	363,007	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	625,996	8,679,792	0	6,070,793	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	132,447	5,579	0	793,980	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMINISTRATIVE (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,926,040	605,385,859	-48,367,380	199,772,524	368,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,301	0	0	400,696	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	78,271	0	0	3,649,602	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,325,971	0	194.02
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)	705,375	1,841,319		48,367,380	15,401,202	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.019590	0.003042		0.235767	21.192643	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,674	404,380		1,708,554	2,684,051	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002129	0.000668		0.008328	3.693357	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,563,850				8.00
9.00	00900	HOUSEKEEPING	62,787	938			9.00
10.00	01000	DIETARY	30,795	0	168,410		10.00
11.00	01100	CAFETERIA	0	0	0	2,352,014	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	28,679	835,213
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	43,108	0
15.00	01500	PHARMACY	0	86	0	81,420	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	23,647	0
17.00	01700	SOCIAL SERVICE	0	0	0	57,277	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	803,325	312	144,672	549,268	549,268
31.00	03100	INTENSIVE CARE UNIT	89,064	49	6,695	102,162	102,162
32.00	03200	CORONARY CARE UNIT	91,060	39	6,089	88,166	88,166
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	20,776	20	0	50,851	50,851
44.00	04400	SKILLED NURSING FACILITY	147,981	40	10,954	44,766	44,766
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	190,109	118	0	265,849	0
51.00	05100	RECOVERY ROOM	0	20	0	53,876	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	68,646	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	163,705	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	31,610	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	14,643	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,526	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,550	0
60.00	06000	LABORATORY	0	19	0	125,940	0
60.01	06001	PATHOLOGY	0	5	0	24,913	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	7	0	71,761	0
66.00	06600	PHYSICAL THERAPY	0	0	0	57,227	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	17,006	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	14,513	0
69.00	06900	ELECTROCARDIOLOGY	0	25	0	37,267	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	14,118	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,102	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	83,612	44	0	121,765	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	0	0	0	20,489	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,563,850	938	168,410	2,226,850	835,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,167	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	52,607	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	69,390	0	194.02
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)	1,346,490	3,494,995	1,116,346	3,529,061	2,567,215	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.861010	3,726.007463	6.628739	1.500442	3.073725	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,803	80,332	126,161	74,473	305,906	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.035683	85.641791	0.749130	0.031664	0.366261	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
		14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	NONPATIENT TELEPHONES				5.01	
5.02	00550	DATA PROCESSING				5.02	
5.03	00580	PURCHASING, REC, STORES				5.03	
5.04	00570	ADMITTING				5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06	
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	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,561,502			14.00	
15.00	01500	PHARMACY	174,917	1,031		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	41,826	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	17.00	
					57,276		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	815,929	0	11,044	40,997	30.00
31.00	03100	INTENSIVE CARE UNIT	254,908	0	2,025	3,917	31.00
32.00	03200	CORONARY CARE UNIT	209,285	0	1,905	3,366	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	137,656	0	1,819	5,452	43.00
44.00	04400	SKILLED NURSING FACILITY	46,611	0	835	3,544	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,719,854	1,031	7,459	0	50.00
51.00	05100	RECOVERY ROOM	91,886	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,420	0	181	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,398	0	3,565	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,508	0	259	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	24,508	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,924	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	330,786	0	0	0	59.00
60.00	06000	LABORATORY	159,965	0	3,151	0	60.00
60.01	06001	PATHOLOGY	47,377	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,367	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	299,635	0	58	0	65.00
66.00	06600	PHYSICAL THERAPY	63,835	0	27	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	91	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,552	0	596	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,776	0	158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,340	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	480,371	0	8,744	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	88,434	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	15.00	16.00	17.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,561,502	1,031	41,826	57,276	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,122,104	7,382,963	2,741,148	3,270,140	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.561378	7,160.972842	65.536939	57.094420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	290,977	292,789	247,010	40,672	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.052320	283.985451	5.905657	0.710105	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,221,290		39,221,290	0	39,221,290	30.00
31.00	03100	INTENSIVE CARE UNIT	7,502,498		7,502,498	0	7,502,498	31.00
32.00	03200	CORONARY CARE UNIT	5,802,668		5,802,668	0	5,802,668	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,422,411		4,422,411	6,641	4,429,052	43.00
44.00	04400	SKILLED NURSING FACILITY	3,260,856		3,260,856	0	3,260,856	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,009,357		45,009,357	6,009	45,015,366	50.00
51.00	05100	RECOVERY ROOM	3,741,607		3,741,607	0	3,741,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,918,730		4,918,730	1,404	4,920,134	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,964,567		12,964,567	3,944	12,968,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,955,107		3,955,107	0	3,955,107	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,665,613		1,665,613	0	1,665,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,074,572		1,074,572	0	1,074,572	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,765,676		3,765,676	0	3,765,676	59.00
60.00	06000	LABORATORY	11,071,870		11,071,870	0	11,071,870	60.00
60.01	06001	PATHOLOGY	2,358,705		2,358,705	0	2,358,705	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	730,121		730,121	0	730,121	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,369,987	0	4,369,987	2,565	4,372,552	65.00
66.00	06600	PHYSICAL THERAPY	3,363,380	0	3,363,380	0	3,363,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	749,309	0	749,309	0	749,309	67.00
68.00	06800	SPEECH PATHOLOGY	827,940	0	827,940	0	827,940	68.00
69.00	06900	ELECTROCARDIOLOGY	3,269,011		3,269,011	0	3,269,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	849,194		849,194	0	849,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,106,309		6,106,309	0	6,106,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,463,889		25,463,889	0	25,463,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,921,112		31,921,112	0	31,921,112	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	526,121		526,121	0	526,121	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	9,118,826		9,118,826	0	9,118,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,887,215		4,887,215	0	4,887,215	92.00
93.00	04040	ONCOLOGY INFUSION	1,061,562		1,061,562	0	1,061,562	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
1.00	2.00	3.00	4.00	5.00				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	243,979,503	0	243,979,503	20,563	244,000,066	200.00
201.00		Less Observation Beds	4,887,215		4,887,215		4,887,215	201.00
202.00		Total (see instructions)	239,092,288	0	239,092,288	20,563	239,112,851	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	65,913,553		65,913,553				30.00
31.00	03100	INTENSIVE CARE UNIT	17,965,925		17,965,925				31.00
32.00	03200	CORONARY CARE UNIT	15,557,306		15,557,306				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	16,281,874		16,281,874				43.00
44.00	04400	SKILLED NURSING FACILITY	5,094,960		5,094,960				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	111,155,425	161,085,114	272,240,539	0.165329	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,033,840	6,670,034	10,703,874	0.349556	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,196,532	0	9,196,532	0.534846	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,030,969	96,760,887	113,791,856	0.113932	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,549,054	66,528,492	69,077,546	0.057256	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	24,315,618	48,155,688	72,471,306	0.022983	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,452,669	8,285,422	12,738,091	0.084359	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	40,336,018	46,106,206	86,442,224	0.043563	0.000000		59.00
60.00	06000	LABORATORY	25,594,058	30,812,528	56,406,586	0.196287	0.000000		60.00
60.01	06001	PATHOLOGY	2,872,469	8,678,071	11,550,540	0.204207	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,127,782	2,366,574	11,494,356	0.063520	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	16,271,662	2,323,131	18,594,793	0.235011	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,580,107	5,443,349	13,023,456	0.258256	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,569,403	494,423	4,063,826	0.184385	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,518,742	1,875,623	4,394,365	0.188409	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	15,850,986	36,571,566	52,422,552	0.062359	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,919,563	5,418,831	7,338,394	0.115719	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,258,361	31,541,535	57,799,896	0.105646	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,159,158	42,122,934	130,282,092	0.195452	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,093,558	215,637,743	278,731,301	0.114523	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	596	974,235	974,831	0.539705	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	8,679,792	45,822,069	54,501,861	0.167312	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,354,063	13,938,881	17,292,944	0.282613	0.000000		92.00
93.00	04040	ONCOLOGY INFUSION	5,579	19,791,317	19,796,896	0.053623	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
200.00	Subtotal (see instructions)	608,739,622	897,404,653	1,506,144,275			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	608,739,622	897,404,653	1,506,144,275			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.165351		50.00
51.00	05100 RECOVERY ROOM	0.349556		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.534999		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.113967		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.057256		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.022983		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084359		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.043563		59.00
60.00	06000 LABORATORY	0.196287		60.00
60.01	06001 PATHOLOGY	0.204207		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.063520		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.235149		65.00
66.00	06600 PHYSICAL THERAPY	0.258256		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.184385		67.00
68.00	06800 SPEECH PATHOLOGY	0.188409		68.00
69.00	06900 ELECTROCARDIOLOGY	0.062359		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115719		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.195452		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114523		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.539705		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.167312		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282613		92.00
93.00	04040 ONCOLOGY INFUSION	0.053623		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
202.00	Total (see instructions)	11.00		
				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm	
			Title XIX	Hospital	Tefra	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,221,290	0	39,221,290	30.00
31.00	03100	INTENSIVE CARE UNIT	7,502,498	0	7,502,498	31.00
32.00	03200	CORONARY CARE UNIT	5,802,668	0	5,802,668	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	4,422,411	6,641	4,429,052	43.00
44.00	04400	SKILLED NURSING FACILITY	3,260,856	0	3,260,856	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,009,357	6,009	45,015,366	50.00
51.00	05100	RECOVERY ROOM	3,741,607	0	3,741,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,918,730	1,404	4,920,134	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,964,567	3,944	12,968,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,955,107	0	3,955,107	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,665,613	0	1,665,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,074,572	0	1,074,572	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,765,676	0	3,765,676	59.00
60.00	06000	LABORATORY	11,071,870	0	11,071,870	60.00
60.01	06001	PATHOLOGY	2,358,705	0	2,358,705	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	730,121	0	730,121	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,369,987	2,565	4,372,552	65.00
66.00	06600	PHYSICAL THERAPY	3,363,380	0	3,363,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	749,309	0	749,309	67.00
68.00	06800	SPEECH PATHOLOGY	827,940	0	827,940	68.00
69.00	06900	ELECTROCARDIOLOGY	3,269,011	0	3,269,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	849,194	0	849,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,106,309	0	6,106,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,463,889	0	25,463,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,921,112	0	31,921,112	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	526,121	0	526,121	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	9,118,826	0	9,118,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,887,215	0	4,887,215	92.00
93.00	04040	ONCOLOGY INFUSION	1,061,562	0	1,061,562	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	243,979,503	0	243,979,503	20,563	244,000,066		200.00
201.00		Less Observation Beds	4,887,215		4,887,215		4,887,215		201.00
202.00		Total (see instructions)	239,092,288	0	239,092,288	20,563	239,112,851		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm	
			Title XIX		Hospital		Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,913,553		65,913,553			30.00
31.00	03100	INTENSIVE CARE UNIT	17,965,925		17,965,925			31.00
32.00	03200	CORONARY CARE UNIT	15,557,306		15,557,306			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	16,281,874		16,281,874			43.00
44.00	04400	SKILLED NURSING FACILITY	5,094,960		5,094,960			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,155,425	161,085,114	272,240,539	0.165329	0.165329	50.00
51.00	05100	RECOVERY ROOM	4,033,840	6,670,034	10,703,874	0.349556	0.349556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,196,532	0	9,196,532	0.534846	0.534846	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,030,969	96,760,887	113,791,856	0.113932	0.113932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,549,054	66,528,492	69,077,546	0.057256	0.057256	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	24,315,618	48,155,688	72,471,306	0.022983	0.022983	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,452,669	8,285,422	12,738,091	0.084359	0.084359	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,336,018	46,106,206	86,442,224	0.043563	0.043563	59.00
60.00	06000	LABORATORY	25,594,058	30,812,528	56,406,586	0.196287	0.196287	60.00
60.01	06001	PATHOLOGY	2,872,469	8,678,071	11,550,540	0.204207	0.204207	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,127,782	2,366,574	11,494,356	0.063520	0.063520	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,271,662	2,323,131	18,594,793	0.235011	0.235011	65.00
66.00	06600	PHYSICAL THERAPY	7,580,107	5,443,349	13,023,456	0.258256	0.258256	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,569,403	494,423	4,063,826	0.184385	0.184385	67.00
68.00	06800	SPEECH PATHOLOGY	2,518,742	1,875,623	4,394,365	0.188409	0.188409	68.00
69.00	06900	ELECTROCARDIOLOGY	15,850,986	36,571,566	52,422,552	0.062359	0.062359	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,919,563	5,418,831	7,338,394	0.115719	0.115719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,258,361	31,541,535	57,799,896	0.105646	0.105646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,159,158	42,122,934	130,282,092	0.195452	0.195452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,093,558	215,637,743	278,731,301	0.114523	0.114523	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	596	974,235	974,831	0.539705	0.539705	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	8,679,792	45,822,069	54,501,861	0.167312	0.167312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,354,063	13,938,881	17,292,944	0.282613	0.282613	92.00
93.00	04040	ONCOLOGY INFUSION	5,579	19,791,317	19,796,896	0.053623	0.053623	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XIX			Hospital		Tefra	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
Cost Center Description		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
200.00	Subtotal (see instructions)	608,739,622	897,404,653	1,506,144,275			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	608,739,622	897,404,653	1,506,144,275			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Tefra
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 PATHOLOGY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 ONCOLOGY INFUSION	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/30/2017 4:39 pm
		Title XIX	Hospital	Tefra
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

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

Provider CCN: 180104

Period: From 09/01/2015 To 08/31/2016

Worksheet C Part II Date/Time Prepared: 1/30/2017 4:39 pm

Cost Center Description		Title XIX			Hospital		Tefra	
		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	45,009,357	3,645,221	41,364,136	0	0	0	50.00
51.00	05100 RECOVERY ROOM	3,741,607	105,670	3,635,937	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,918,730	235,371	4,683,359	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,964,567	1,478,125	11,486,442	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,955,107	655,098	3,300,009	0	0	0	55.00
56.00	05600 RADIO SOTOPE	0	0	0	0	0	0	56.00
57.00	05700 CT SCAN	1,665,613	265,746	1,399,867	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,074,572	371,822	702,750	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,765,676	516,801	3,248,875	0	0	0	59.00
60.00	06000 LABORATORY	11,071,870	808,050	10,263,820	0	0	0	60.00
60.01	06001 PATHOLOGY	2,358,705	108,667	2,250,038	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	730,121	23,882	706,239	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,369,987	207,598	4,162,389	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,363,380	147,210	3,216,170	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	749,309	10,196	739,113	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	827,940	16,533	811,407	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,269,011	558,801	2,710,210	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	849,194	103,278	745,916	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,106,309	58,692	6,047,617	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,463,889	230,495	25,233,394	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,921,112	257,267	31,663,845	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	526,121	38,315	487,806	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	9,118,826	656,570	8,462,256	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,887,215	398,430	4,488,785	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	1,061,562	12,174	1,049,388	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	183,769,780	10,910,012	172,859,768	0	0	0	200.00
201.00	Less Observation Beds	4,887,215	398,430	4,488,785	0	0	0	201.00
202.00	Total (line 200 minus line 201)	178,882,565	10,511,582	168,370,983	0	0	0	202.00

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

Provider CCN: 180104

Period: From 09/01/2015 To 08/31/2016

Worksheet C Part II Date/Time Prepared: 1/30/2017 4:39 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	Tefra
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	45,009,357	272,240,539	0.165329		50.00
51.00	05100 RECOVERY ROOM	3,741,607	10,703,874	0.349556		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,918,730	9,196,532	0.534846		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,964,567	113,791,856	0.113932		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,955,107	69,077,546	0.057256		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,665,613	72,471,306	0.022983		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,074,572	12,738,091	0.084359		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,765,676	86,442,224	0.043563		59.00
60.00	06000 LABORATORY	11,071,870	56,406,586	0.196287		60.00
60.01	06001 PATHOLOGY	2,358,705	11,550,540	0.204207		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	730,121	11,494,356	0.063520		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,369,987	18,594,793	0.235011		65.00
66.00	06600 PHYSICAL THERAPY	3,363,380	13,023,456	0.258256		66.00
67.00	06700 OCCUPATIONAL THERAPY	749,309	4,063,826	0.184385		67.00
68.00	06800 SPEECH PATHOLOGY	827,940	4,394,365	0.188409		68.00
69.00	06900 ELECTROCARDIOLOGY	3,269,011	52,422,552	0.062359		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	849,194	7,338,394	0.115719		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,106,309	57,799,896	0.105646		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,463,889	130,282,092	0.195452		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,921,112	278,731,301	0.114523		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	526,121	974,831	0.539705		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	9,118,826	54,501,861	0.167312		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,887,215	17,292,944	0.282613		92.00
93.00	04040 ONCOLOGY INFUSION	1,061,562	19,796,896	0.053623		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	183,769,780	1,385,330,657			200.00
201.00	Less Observation Beds	4,887,215	0			201.00
202.00	Total (line 200 minus line 201)	178,882,565	1,385,330,657			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part I Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,197,517	0	3,197,517	48,248	66.27	30.00
31.00	INTENSIVE CARE UNIT	343,775		343,775	4,088	84.09	31.00
32.00	CORONARY CARE UNIT	214,015		214,015	3,513	60.92	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	177,068		177,068	5,690	31.12	43.00
44.00	SKILLED NURSING FACILITY	219,648		219,648	3,699	59.38	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,152,023		4,152,023	65,238		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,839	1,314,731				30.00
31.00	INTENSIVE CARE UNIT	2,236	188,025				31.00
32.00	CORONARY CARE UNIT	1,749	106,549				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	2,639	156,704				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	26,463	1,766,009				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet D Part II Date/Time Prepared: 1/30/2017 4:39 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,645,221	272,240,539	0.013390	48,059,823	643,521	50.00
51.00	05100 RECOVERY ROOM	105,670	10,703,874	0.009872	2,181,983	21,541	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	235,371	9,196,532	0.025593	26,640	682	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,478,125	113,791,856	0.012990	9,954,276	129,306	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	655,098	69,077,546	0.009484	1,759,200	16,684	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	265,746	72,471,306	0.003667	12,287,747	45,059	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	371,822	12,738,091	0.029190	2,159,340	63,031	58.00
59.00	05900 CARDIAC CATHETERIZATION	516,801	86,442,224	0.005979	14,307,981	85,547	59.00
60.00	06000 LABORATORY	808,050	56,406,586	0.014325	15,107,671	216,417	60.00
60.01	06001 PATHOLOGY	108,667	11,550,540	0.009408	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	23,882	11,494,356	0.002078	4,668,049	9,700	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	207,598	18,594,793	0.011164	6,285,456	70,171	65.00
66.00	06600 PHYSICAL THERAPY	147,210	13,023,456	0.011303	3,299,034	37,289	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,196	4,063,826	0.002509	1,295,204	3,250	67.00
68.00	06800 SPEECH PATHOLOGY	16,533	4,394,365	0.003762	1,454,786	5,473	68.00
69.00	06900 ELECTROCARDIOLOGY	558,801	52,422,552	0.010660	8,441,786	89,989	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	103,278	7,338,394	0.014074	970,151	13,654	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	58,692	57,799,896	0.001015	10,267,730	10,422	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	230,495	130,282,092	0.001769	34,460,561	60,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	257,267	278,731,301	0.000923	27,836,654	25,693	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	38,315	974,831	0.039304	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	656,570	54,501,861	0.012047	4,441,895	53,512	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	398,430	17,292,944	0.023040	3,318,771	76,464	92.00
93.00	04040 ONCOLOGY INFUSION	12,174	19,796,896	0.000615	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	10,910,012	1,385,330,657		212,584,738	1,678,366	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part III Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,248	0.00	19,839	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,088	0.00	2,236	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,513	0.00	1,749	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	5,690	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,699	0.00	2,639	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	65,238		26,463	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	272,240,539	0.000000	0.000000	48,059,823	50.00
51.00	05100	RECOVERY ROOM	0	10,703,874	0.000000	0.000000	2,181,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,196,532	0.000000	0.000000	26,640	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,791,856	0.000000	0.000000	9,954,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,077,546	0.000000	0.000000	1,759,200	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	72,471,306	0.000000	0.000000	12,287,747	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,738,091	0.000000	0.000000	2,159,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	86,442,224	0.000000	0.000000	14,307,981	59.00
60.00	06000	LABORATORY	0	56,406,586	0.000000	0.000000	15,107,671	60.00
60.01	06001	PATHOLOGY	0	11,550,540	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,494,356	0.000000	0.000000	4,668,049	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,594,793	0.000000	0.000000	6,285,456	65.00
66.00	06600	PHYSICAL THERAPY	0	13,023,456	0.000000	0.000000	3,299,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,063,826	0.000000	0.000000	1,295,204	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,394,365	0.000000	0.000000	1,454,786	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,422,552	0.000000	0.000000	8,441,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,338,394	0.000000	0.000000	970,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,799,896	0.000000	0.000000	10,267,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	130,282,092	0.000000	0.000000	34,460,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	278,731,301	0.000000	0.000000	27,836,654	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	974,831	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	54,501,861	0.000000	0.000000	4,441,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,292,944	0.000000	0.000000	3,318,771	92.00
93.00	04040	ONCOLOGY INFUSION	0	19,796,896	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,385,330,657			212,584,738	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	43,067,095	0		50.00
51.00	05100 RECOVERY ROOM	0	10,065,394	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	21,779,567	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	33,132,574	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	21,807,469	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,671,273	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,485,083	0		59.00
60.00	06000 LABORATORY	0	6,517,328	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,510,397	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	855,288	0		65.00
66.00	06600 PHYSICAL THERAPY	0	60,416	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	23,968	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	17,285	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,282,627	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	677,427	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,507,609	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,364,762	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	91,300,446	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	349,970	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	6,153,870	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,132,054	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	297,761,902	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.165329	43,067,095	0	7,120,240	50.00
51.00	05100 RECOVERY ROOM	0.349556	10,065,394	0	3,518,419	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.534846	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.113932	21,779,567	0	2,481,390	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.057256	33,132,574	0	1,897,039	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700 CT SCAN	0.022983	21,807,469	0	501,201	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084359	4,671,273	0	394,064	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.043563	13,485,083	0	587,451	59.00
60.00	06000 LABORATORY	0.196287	6,517,328	676	1,279,267	60.00
60.01	06001 PATHOLOGY	0.204207	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.063520	1,510,397	0	95,940	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.235011	855,288	0	201,002	65.00
66.00	06600 PHYSICAL THERAPY	0.258256	60,416	0	15,603	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.184385	23,968	0	4,419	67.00
68.00	06800 SPEECH PATHOLOGY	0.188409	17,285	0	3,257	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062359	15,282,627	0	953,009	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115719	677,427	0	78,391	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646	6,507,609	0	687,503	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.195452	16,364,762	17,157	3,198,525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114523	91,300,446	169,579	10,456,001	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.539705	349,970	0	188,881	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.167312	6,153,870	0	1,029,616	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282613	4,132,054	0	1,167,772	92.00
93.00	04040 ONCOLOGY INFUSION	0.053623	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		297,761,902	187,412	35,858,990	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		297,761,902	187,412	35,858,990	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	133	0		60.00
60.01 06001 PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,353	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,421	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 ONCOLOGY INFUSION	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	22,907	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	22,907	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104 Component CCN: 185416	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	272,240,539	0.000000	0.000000	17,314	50.00
51.00	05100 RECOVERY ROOM	0	10,703,874	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,196,532	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	113,791,856	0.000000	0.000000	118,121	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	69,077,546	0.000000	0.000000	9,162	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	72,471,306	0.000000	0.000000	10,165	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,738,091	0.000000	0.000000	5,116	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	86,442,224	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	56,406,586	0.000000	0.000000	311,315	60.00
60.01	06001 PATHOLOGY	0	11,550,540	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,494,356	0.000000	0.000000	46,279	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	18,594,793	0.000000	0.000000	389,602	65.00
66.00	06600 PHYSICAL THERAPY	0	13,023,456	0.000000	0.000000	1,206,331	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,063,826	0.000000	0.000000	858,786	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,394,365	0.000000	0.000000	88,827	68.00
69.00	06900 ELECTROCARDIOLOGY	0	52,422,552	0.000000	0.000000	40,692	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,338,394	0.000000	0.000000	4,116	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,799,896	0.000000	0.000000	42,778	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	130,282,092	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	278,731,301	0.000000	0.000000	851,309	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	974,831	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	54,501,861	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,292,944	0.000000	0.000000	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	19,796,896	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,385,330,657			3,999,913	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part I Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,197,517	0	3,197,517	48,248	66.27	30.00
31.00	INTENSIVE CARE UNIT	343,775		343,775	4,088	84.09	31.00
32.00	CORONARY CARE UNIT	214,015		214,015	3,513	60.92	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	177,068		177,068	5,690	31.12	43.00
44.00	SKILLED NURSING FACILITY	219,648		219,648	3,699	59.38	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,152,023		4,152,023	65,238		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	264	17,495				
31.00	INTENSIVE CARE UNIT	48	4,036				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	6	187				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	318	21,718				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part II Date/Time Prepared: 1/30/2017 4:39 pm
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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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	Tefra
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,645,221	272,240,539	0.013390	507,812	6,800	50.00
51.00	05100 RECOVERY ROOM	105,670	10,703,874	0.009872	20,239	200	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	235,371	9,196,532	0.025593	20,291	519	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,478,125	113,791,856	0.012990	143,391	1,863	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	655,098	69,077,546	0.009484	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	265,746	72,471,306	0.003667	142,151	521	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	371,822	12,738,091	0.029190	11,645	340	58.00
59.00	05900 CARDIAC CATHETERIZATION	516,801	86,442,224	0.005979	36,152	216	59.00
60.00	06000 LABORATORY	808,050	56,406,586	0.014325	181,923	2,606	60.00
60.01	06001 PATHOLOGY	108,667	11,550,540	0.009408	9,743	92	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	23,882	11,494,356	0.002078	17,846	37	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	207,598	18,594,793	0.011164	68,949	770	65.00
66.00	06600 PHYSICAL THERAPY	147,210	13,023,456	0.011303	24,553	278	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,196	4,063,826	0.002509	5,303	13	67.00
68.00	06800 SPEECH PATHOLOGY	16,533	4,394,365	0.003762	3,137	12	68.00
69.00	06900 ELECTROCARDIOLOGY	558,801	52,422,552	0.010660	100,983	1,076	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	103,278	7,338,394	0.014074	54,520	767	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	58,692	57,799,896	0.001015	88,733	90	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	230,495	130,282,092	0.001769	89,727	159	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	257,267	278,731,301	0.000923	317,806	293	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	38,315	974,831	0.039304	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	656,570	54,501,861	0.012047	59,846	721	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	398,430	17,292,944	0.023040	35,292	813	92.00
93.00	04040 ONCOLOGY INFUSION	12,174	19,796,896	0.000615	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	10,910,012	1,385,330,657		1,940,042	18,186	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part III Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Tefra
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,248	0.00	264	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,088	0.00	48	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,513	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	5,690	0.00	6	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,699	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	65,238		318	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet D
Part IV
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		Title XIX				Hospital	Tefra	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Title XIX			Hospital		Tefra	
		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	272,240,539	0.000000	0.000000	507,812	50.00
51.00	05100	RECOVERY ROOM	0	10,703,874	0.000000	0.000000	20,239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,196,532	0.000000	0.000000	20,291	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,791,856	0.000000	0.000000	143,391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,077,546	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	72,471,306	0.000000	0.000000	142,151	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,738,091	0.000000	0.000000	11,645	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	86,442,224	0.000000	0.000000	36,152	59.00
60.00	06000	LABORATORY	0	56,406,586	0.000000	0.000000	181,923	60.00
60.01	06001	PATHOLOGY	0	11,550,540	0.000000	0.000000	9,743	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,494,356	0.000000	0.000000	17,846	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,594,793	0.000000	0.000000	68,949	65.00
66.00	06600	PHYSICAL THERAPY	0	13,023,456	0.000000	0.000000	24,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,063,826	0.000000	0.000000	5,303	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,394,365	0.000000	0.000000	3,137	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,422,552	0.000000	0.000000	100,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,338,394	0.000000	0.000000	54,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,799,896	0.000000	0.000000	88,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	130,282,092	0.000000	0.000000	89,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	278,731,301	0.000000	0.000000	317,806	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	974,831	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	54,501,861	0.000000	0.000000	59,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,292,944	0.000000	0.000000	35,292	92.00
93.00	04040	ONCOLOGY INFUSION	0	19,796,896	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,385,330,657			1,940,042	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/30/2017 4:39 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Tefra
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/30/2017 4:39 pm
		Title XIX	Hospital	Tefra

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	0.165329	0	0	296,845	0
51.00 05100 RECOVERY ROOM	0.349556	0	0	44,763	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.534846	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.113932	0	0	220,169	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.057256	0	0	514,653	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.022983	0	0	226,889	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084359	0	0	36,996	0
59.00 05900 CARDIAC CATHETERIZATION	0.043563	0	0	14,542	0
60.00 06000 LABORATORY	0.196287	0	0	132,198	0
60.01 06001 PATHOLOGY	0.204207	0	0	19,255	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.063520	0	0	50,305	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.235011	0	0	3,308	0
66.00 06600 PHYSICAL THERAPY	0.258256	0	0	10,680	0
67.00 06700 OCCUPATIONAL THERAPY	0.184385	0	0	227	0
68.00 06800 SPEECH PATHOLOGY	0.188409	0	0	69,118	0
69.00 06900 ELECTROCARDIOLOGY	0.062359	0	0	66,244	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.115719	0	0	12,173	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646	0	0	44,061	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.195452	0	0	133,039	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.114523	0	0	982,207	0
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.539705	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.167312	0	0	201,607	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.282613	0	0	14,434	0
93.00 04040 ONCOLOGY INFUSION	0.053623	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	0	3,093,713	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00 Net Charges (line 200 +/- line 201)		0	0	3,093,713	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/30/2017 4:39 pm
		Title XIX	Hospital	Tefra

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	49,077		50.00
51.00 05100 RECOVERY ROOM	0	15,647		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	25,084		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	29,467		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	5,215		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,121		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	633		59.00
60.00 06000 LABORATORY	0	25,949		60.00
60.01 06001 PATHOLOGY	0	3,932		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,195		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	777		65.00
66.00 06600 PHYSICAL THERAPY	0	2,758		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	42		67.00
68.00 06800 SPEECH PATHOLOGY	0	13,022		68.00
69.00 06900 ELECTROCARDIOLOGY	0	4,131		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,409		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,655		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	26,003		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	112,485		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	33,731		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,079		92.00
93.00 04040 ONCOLOGY INFUSION	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	0	364,412	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	364,412	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2017 4:39 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,248	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)		42,236	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)		19,839	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		39,221,290	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		39,221,290	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		39,221,290	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)		812.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,127,321	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)		16,127,321	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet D-1 Date/Time Prepared: 1/30/2017 4:39 pm	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,502,498	4,088	1,835.25	2,236	4,103,619	43.00
44.00	CORONARY CARE UNIT	5,802,668	3,513	1,651.77	1,749	2,888,946	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					30,479,511	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,599,397	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)					1,609,305	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,678,366	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,287,671	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,311,726	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)					6,012	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					812.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,887,215	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet D-1 Date/Time Prepared: 1/30/2017 4:39 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,197,517	39,221,290	0.081525	4,887,215	398,430	90.00
91.00	Nursing School cost	0	39,221,290	0.000000	4,887,215	0	91.00
92.00	Allied health cost	0	39,221,290	0.000000	4,887,215	0	92.00
93.00	All other Medical Education	0	39,221,290	0.000000	4,887,215	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1 Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,699	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,699	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,699	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)		2,639	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,260,856	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,260,856	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,260,856	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1	
		Component CCN: 185416		Date/Time Prepared: 1/30/2017 4:39 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				3,260,856 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				881.55 71.00
72.00	Program routine service cost (line 9 x line 71)				2,326,410 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,326,410 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,326,410 83.00
84.00	Program inpatient ancillary services (see instructions)				764,772 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				3,091,182 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: 180104 Component CCN: 185416		Period: From 09/01/2015 To 08/31/2016		Worksheet D-1 Date/Time Prepared: 1/30/2017 4:39 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/30/2017 4:39 pm
Cost Center Description		Tefra		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,248	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)		42,236	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)		264	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)		5,690	15.00
16.00	Nursery days (title V or XIX only)		6	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		39,221,290	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		39,221,290	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		39,221,290	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)		812.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		214,608	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)		214,608	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet D-1	
Date/Time Prepared: 1/30/2017 4:39 pm		Title XIX		Hospital		Tefra	
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)		
42.00 NURSERY (title V & XIX only)	4,422,411	5,690	777.23	6	4,663		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,502,498	4,088	1,835.25	48	88,092		43.00
44.00 CORONARY CARE UNIT	5,802,668	3,513	1,651.77	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					282,892		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					590,255		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)					21,718		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,186		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					39,904		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					550,351		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					69		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)					-550,351		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)					39,904		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)					6,012		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					812.91		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,887,215		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2015 To 08/31/2016		Worksheet D-1 Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,197,517	39,221,290	0.081525	4,887,215	398,430	90.00
91.00	Nursing School cost	0	39,221,290	0.000000	4,887,215	0	91.00
92.00	Allied health cost	0	39,221,290	0.000000	4,887,215	0	92.00
93.00	All other Medical Education	0	39,221,290	0.000000	4,887,215	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,359,100	30.00
31.00	03100	INTENSIVE CARE UNIT		9,753,796	31.00
32.00	03200	CORONARY CARE UNIT		7,626,982	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165351	48,059,823	7,946,740 50.00
51.00	05100	RECOVERY ROOM	0.349556	2,181,983	762,725 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.534999	26,640	14,252 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113967	9,954,276	1,134,459 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057256	1,759,200	100,725 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022983	12,287,747	282,409 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084359	2,159,340	182,160 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043563	14,307,981	623,299 59.00
60.00	06000	LABORATORY	0.196287	15,107,671	2,965,439 60.00
60.01	06001	PATHOLOGY	0.204207	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.063520	4,668,049	296,514 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.235149	6,285,456	1,478,019 65.00
66.00	06600	PHYSICAL THERAPY	0.258256	3,299,034	851,995 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184385	1,295,204	238,816 67.00
68.00	06800	SPEECH PATHOLOGY	0.188409	1,454,786	274,095 68.00
69.00	06900	ELECTROCARDIOLOGY	0.062359	8,441,786	526,421 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115719	970,151	112,265 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646	10,267,730	1,084,745 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195452	34,460,561	6,735,386 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114523	27,836,654	3,187,937 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.539705	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.167312	4,441,895	743,182 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282613	3,318,771	937,928 92.00
93.00	04040	ONCOLOGY INFUSION	0.053623	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		212,584,738	30,479,511 200.00
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)		212,584,738	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-3	
		Component CCN: 185416		Date/Time Prepared: 1/30/2017 4:39 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,640,920	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165329	17,314	50.00
51.00	05100	RECOVERY ROOM	0.349556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.534846	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113932	118,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057256	9,162	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.022983	10,165	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084359	5,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043563	0	59.00
60.00	06000	LABORATORY	0.196287	311,315	60.00
60.01	06001	PATHOLOGY	0.204207	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.063520	46,279	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.235011	389,602	65.00
66.00	06600	PHYSICAL THERAPY	0.258256	1,206,331	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184385	858,786	67.00
68.00	06800	SPEECH PATHOLOGY	0.188409	88,827	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062359	40,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115719	4,116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646	42,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195452	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114523	851,309	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.539705	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.167312	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282613	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.053623	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,999,913	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,999,913	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/30/2017 4:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		414,097	30.00
31.00	03100	INTENSIVE CARE UNIT		78,422	31.00
32.00	03200	CORONARY CARE UNIT		78,422	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,916	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165329	507,812	83,956 50.00
51.00	05100	RECOVERY ROOM	0.349556	20,239	7,075 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.534846	20,291	10,853 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113932	143,391	16,337 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057256	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022983	142,151	3,267 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084359	11,645	982 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043563	36,152	1,575 59.00
60.00	06000	LABORATORY	0.196287	181,923	35,709 60.00
60.01	06001	PATHOLOGY	0.204207	9,743	1,990 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.063520	17,846	1,134 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.235011	68,949	16,204 65.00
66.00	06600	PHYSICAL THERAPY	0.258256	24,553	6,341 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184385	5,303	978 67.00
68.00	06800	SPEECH PATHOLOGY	0.188409	3,137	591 68.00
69.00	06900	ELECTROCARDIOLOGY	0.062359	100,983	6,297 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115719	54,520	6,309 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.105646	88,733	9,374 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195452	89,727	17,537 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114523	317,806	36,396 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.539705	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.167312	59,846	10,013 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.282613	35,292	9,974 92.00
93.00	04040	ONCOLOGY INFUSION	0.053623	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,940,042	282,892 200.00
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)		1,940,042	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,262,028	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		35,882,313	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,679,107	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		254.57	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.99	31.00
32.00	Sum of lines 30 and 31		29.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.73	33.00
34.00	Disproportionate share adjustment (see instructions)		1,343,630	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,600,666	2,118,661	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	213,754	1,945,001	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,158,755		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	45,325,833		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		45,325,833	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,329,396	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,657,300	59.00
60.00	Primary payer payments		70,425	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,586,875	61.00
62.00	Deductibles billed to program beneficiaries		4,236,300	62.00
63.00	Coinurance billed to program beneficiaries		117,187	63.00
64.00	Allowable bad debts (see instructions)		650,958	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		423,123	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		550,189	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,656,511	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-95,582	70.93
70.94	HRR adjustment amount (see instructions)		-88,909	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/30/2017 4:39 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			44,472,020	71.00
71.01	Sequestration adjustment (see instructions)			889,440	71.01
72.00	Interim payments			43,420,609	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			161,971	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			781,550	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet E Part B Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,907	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,858,990	2.00
3.00	PPS payments		29,690,844	3.00
4.00	Outlier payment (see instructions)		201,659	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.833	5.00
6.00	Line 2 times line 5		29,870,539	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,907	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		187,412	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		187,412	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		187,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		164,505	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		22,907	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)		29,892,503	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,573	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,812,502	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)		24,099,335	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,099,335	30.00
31.00	Primary payer payments		-88,198	31.00
32.00	Subtotal (line 30 minus line 31)		24,187,533	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)		296,086	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		192,456	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		166,170	36.00
37.00	Subtotal (see instructions)		24,379,989	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9,185	38.00
39.00	OTHER ADJUSTMENTS		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)		24,389,174	40.00
40.01	Sequestration adjustment (see instructions)		487,783	40.01
41.00	Interim payments		24,336,542	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-435,151	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,336,355		24,233,694	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	03/17/2016	29,474	03/17/2016	95,667	3.01	
3.02		08/30/2016	54,780	08/30/2016	7,181	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)		84,254		102,848	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)		43,420,609		24,336,542	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		161,971		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		435,151	6.02	
7.00	Total Medicare program liability (see instructions)		43,582,580		23,901,391	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180104
Component CCN: 185416

Period:
From 09/01/2015
To 08/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2017 4:39 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		960,180		0	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)		960,180		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		960,179		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet E-1
Part II
Date/Time Prepared:
1/30/2017 4:39 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			12,401 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			23,824 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,002 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			49,837 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,506,144,275 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			7,185,834 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)			638,942 8.00
9.00	Sequestration adjustment amount (see instructions)			12,779 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			626,163 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			490,449 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			135,714 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2015 To 08/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,020,361	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,020,361	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		40,586	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		979,775	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		979,775	15.00
15.01	Sequestration adjustment (see instructions)		19,596	15.01
16.00	Interim payments		960,180	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2017 4:39 pm
		Title XIX	Hospital	Tefra
		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	39,904		1.00
2.00	Medical and other services		364,412	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	39,904	364,412	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)	39,904	364,412	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	1,940,042	3,093,713	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)	1,940,042	3,093,713	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)	1,940,042	3,093,713	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,900,138	2,729,301	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)	39,904	364,412	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)	39,904	364,412	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)	39,904	364,412	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)	39,904	364,412	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	39,904	364,412	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)	39,904	364,412	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	39,904	364,412	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet G

Date/Time Prepared:
1/30/2017 4:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,502,243	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	51,225,305	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,247,476	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,606,594	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	71,581,618	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,344,004	0	0	0	12.00
13.00	Land improvements	6,853,881	0	0	0	13.00
14.00	Accumulated depreciation	-6,304,947	0	0	0	14.00
15.00	Buildings	169,358,464	0	0	0	15.00
16.00	Accumulated depreciation	-90,472,506	0	0	0	16.00
17.00	Leasehold improvements	44,060,104	0	0	0	17.00
18.00	Accumulated depreciation	-30,927,524	0	0	0	18.00
19.00	Fixed equipment	13,895,889	0	0	0	19.00
20.00	Accumulated depreciation	-13,022,567	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	112,333,024	0	0	0	23.00
24.00	Accumulated depreciation	-89,051,971	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	10,694,234	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	135,760,085	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	1,265,942	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,265,942	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	208,607,645	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,978,183	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,813,508	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	0	0	0	0	43.00
44.00	Other current liabilities	7,391,531	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,183,222	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	5,107,908	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,107,908	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,291,130	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	175,316,515	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)	175,316,515	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	208,607,645	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet G-1

Date/Time Prepared:
1/30/2017 4:39 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		168,262,741		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,141,859			2.00
3.00	Total (sum of line 1 and line 2)		194,404,600		0	3.00
4.00	TO BALANCE	4		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)		4		0	10.00
11.00	Subtotal (line 3 plus line 10)		194,404,604		0	11.00
12.00	TRANSFER TO PARENT	19,074,546		0		12.00
13.00	RESTRICTED FUND	13,543		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)		19,088,089		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		175,316,515		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	TO BALANCE		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	TRANSFER TO PARENT		0			12.00
13.00	RESTRICTED FUND		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: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2017 4:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	64,589,600		64,589,600	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,094,960		5,094,960	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,684,560		69,684,560	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,965,925		17,965,925	11.00
12.00	CORONARY CARE UNIT	15,557,306		15,557,306	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,523,231		33,523,231	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,207,791		103,207,791	17.00
18.00	Ancillary services	485,895,894	817,852,386	1,303,748,280	18.00
19.00	Outpatient services	0	82,906,330	82,906,330	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	16,281,874	0	16,281,874	27.00
27.01	FOOD SERVICE	0	67,212	67,212	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	605,385,559	900,825,928	1,506,211,487	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		267,040,340		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)		267,040,340		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180104

Period:
From 09/01/2015
To 08/31/2016

Worksheet G-3

Date/Time Prepared:
1/30/2017 4:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,506,211,487	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,220,067,617	2.00
3.00	Net patient revenues (line 1 minus line 2)	286,143,870	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	267,040,340	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,103,530	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	532,638	6.00
7.00	Income from investments	182,886	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	2,010	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,207,129	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	4,348	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	369,928	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,856,755	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	1,882,635	24.00
25.00	Total other income (sum of lines 6-24)	7,038,329	25.00
26.00	Total (line 5 plus line 25)	26,141,859	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)	26,141,859	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180104	Period: From 09/01/2015 To 08/31/2016	Worksheet L Parts I-III Date/Time Prepared: 1/30/2017 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,083,833	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		245,563	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		137.66	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,329,396	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00