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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 8:54 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/29/2016 Time: 8:54 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 ST. LUKE'S HOSPITAL (260179) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-316,738	-136,388	-14,937	1,405,904	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	42,340	60		3,316	7.00
9.00	HOME HEALTH AGENCY I	0	0	2,427		0	9.00
200.00	Total	0	-274,398	-133,901	-14,937	1,409,220	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2015	06/30/2016	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.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	840	0	22	0	1,307	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		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	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		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 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.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.94	38.18	0.024029	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		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)	INTERNAL MEDICINE	1400	0.94	38.18	0.024029	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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.		Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	498,478	0	0	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
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)	0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 8:52 am

		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)	07/01/2015	06/30/2016	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 8:52 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/04/2016	Y	10/04/2016	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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 8:52 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	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.	ANTHONY	GANOUSIS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411	ANTHONY.GANOUSIS@STLUKES-STL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 8:52 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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

HFS Supplemental Information	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part IX Date/Time Prepared: 11/29/2016 8:52 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2016 8:52 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	365	130,745	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)		365	130,745	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		399	143,189	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,960		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	80	29,280			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	22,051			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		539				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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2016 8:52 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,922	681	52,081			1.00
2.00	HMO and other (see instructions)	9,160	1,307				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)	25,922	681	52,081			7.00
8.00	INTENSIVE CARE UNIT	1,519	39	3,009			8.00
9.00	CORONARY CARE UNIT	1,567	32	2,851			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		110	5,393			13.00
14.00	Total (see instructions)	29,008	862	63,334	38.11	2,493.16	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	8,127	1,073	14,488	0.01	48.36	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			24,301	0.00	45.70	21.00
22.00	HOME HEALTH AGENCY	19,007	297	37,765	0.00	52.30	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	19,983	5	22,051	0.00	23.30	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				38.12	2,662.82	27.00
28.00	Observation Bed Days		76	6,504			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	13	978			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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2016 8:52 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	5,899	405	13,816	1.00
2.00	HMO and other (see instructions)			1,864	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,899	405	13,816	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				815	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 11/29/2016 8:52 am

		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	174,045,714	557,038	174,602,752	5,538,653.02	31.52	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,965,028	0	2,965,028	23,848.57	124.33	4.00
4.01	Physicians - Part A - Teaching		1,502,378	0	1,502,378	13,694.13	109.71	4.01
5.00	Physician-Part B		17,324,411	0	17,324,411	159,458.66	108.65	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,216,944	0	2,216,944	83,800.00	26.46	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,167,328	2,430	2,169,758	100,597.15	21.57	9.00
10.00	Excluded area salaries (see instructions)		12,790,658	339,173	13,129,831	477,556.14	27.49	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,387,923	0	1,387,923	20,018.88	69.33	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		458,125	0	458,125	5,739.96	79.81	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		37,435,169	0	37,435,169			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,221,073	0	4,221,073			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		645,632	0	645,632			22.00
22.01	Physician Part A - Teaching		275,401	0	275,401			22.01
23.00	Physician Part B		2,255,746	0	2,255,746			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		600,749	0	600,749			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,252,205	429,174	1,681,379	40,554.11	41.46	26.00
27.00	Administrative & General	5.00	21,222,640	-328,522	20,894,118	571,916.38	36.53	27.00
28.00	Administrative & General under contract (see inst.)		5,408,355	0	5,408,355	86,864.99	62.26	28.00
29.00	Maintenance & Repairs	6.00	2,523,548	2,344	2,525,892	97,047.14	26.03	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	97,856	197	98,053	8,134.35	12.05	31.00
32.00	Housekeeping	9.00	2,770,909	198,242	2,969,151	219,590.32	13.52	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,117,538	-434,948	2,682,590	164,718.15	16.29	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	475,243	815	476,058	33,722.48	14.12	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,714,095	1,041	1,715,136	43,118.54	39.78	38.00
39.00	Central Services and Supply	14.00	1,359,432	1,848	1,361,280	76,479.80	17.80	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 8:52 am

		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	
41.00	Medical Records & Medical Records Library	16.00	3,303,159	3,255	3,306,414	134,704.33	24.55	41.00
42.00	Social Service	17.00	528,947	453	529,400	18,759.25	28.22	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period: From 07/01/2015 To 06/30/2016

Worksheet S-3 Part III Date/Time Prepared: 11/29/2016 8:52 am

		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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		158,410,336	557,038	158,967,374	5,368,565.22	29.61	1.00
2.00	Excluded area salaries (see instructions)		14,957,986	341,603	15,299,589	578,153.29	26.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)		143,452,350	215,435	143,667,785	4,790,411.93	29.99	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,846,048	0	1,846,048	25,758.84	71.67	4.00
5.00	Subtotal wage-related costs (see inst.)		38,080,801	0	38,080,801	0.00	26.51	5.00
6.00	Total (sum of lines 3 thru 5)		183,379,199	215,435	183,594,634	4,816,170.77	38.12	6.00
7.00	Total overhead cost (see instructions)		43,773,927	-126,101	43,647,826	1,495,609.84	29.18	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2016 8:52 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,316,590	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,476,253	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	5,640	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)	16,542,619	8.00
9.00	Prescription Drug Plan	7,146,675	9.00
10.00	Dental, Hearing and Vision Plan	1,222,445	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	217,352	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)	587,580	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,042,522	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	11,897,248	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	90,184	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	849,487	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	45,394,595	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS	36,449	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part V Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	6,802,018	0	1.00
2.00	Hospital	6,802,018	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 260179
Component CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet S-4
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

					1.00		
0.00	County				SAINT LOUIS COUNTY		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	670	0	298	968	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,182.00	22.00	1,225.00	2,429.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		0.00	1.59	0.00	1.59	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.29	0.00	9.29	5.00
6.00	Direct Nursing Service			20.19	0.00	20.19	6.00
7.00	Nursing Supervisor			2.01	0.00	2.01	7.00
8.00	Physical Therapy Service			12.77	0.09	12.86	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.93	0.05	3.98	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.30	0.02	0.32	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.91	0.00	1.91	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.04	0.00	1.04	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	8,027	407	217	351	9,002	21.00
22.00	Skilled Nursing Visit Charges	1,404,550	71,225	37,975	61,425	1,575,175	22.00
23.00	Physical Therapy Visits	6,446	79	141	246	6,912	23.00
24.00	Physical Therapy Visit Charges	1,115,275	13,825	24,325	42,875	1,196,300	24.00
25.00	Occupational Therapy Visits	1,969	51	24	125	2,169	25.00
26.00	Occupational Therapy Visit Charges	341,250	8,925	4,200	21,350	375,725	26.00
27.00	Speech Pathology Visits	176	0	1	8	185	27.00
28.00	Speech Pathology Visit Charges	30,800	0	175	1,400	32,375	28.00
29.00	Medical Social Service Visits	136	8	2	6	152	29.00
30.00	Medical Social Service Visit Charges	23,800	1,400	350	1,050	26,600	30.00
31.00	Home Health Aide Visits	440	128	0	19	587	31.00
32.00	Home Health Aide Visit Charges	37,400	10,880	0	1,615	49,895	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,194	673	385	755	19,007	33.00
34.00	Other Charges	21,203	2,487	812	184	24,686	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,974,278	108,742	67,837	129,899	3,280,756	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,201		149	56	1,406	36.00
37.00	Total Number of Outlier Episodes		13		4	17	37.00
38.00	Total Non-Routine Medical Supply Charges	21,203	2,487	812	184	24,686	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-7 Date/Time Prepared: 11/29/2016 8:52 am

		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	0	0	0	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	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	2	0	2	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	597	0	597	12.00
13.00		RUB	1,563	0	1,563	13.00
14.00		RUA	1,090	0	1,090	14.00
15.00		RVC	783	0	783	15.00
16.00		RVB	1,350	0	1,350	16.00
17.00		RVA	1,048	0	1,048	17.00
18.00		RHC	488	0	488	18.00
19.00		RHB	318	0	318	19.00
20.00		RHA	290	0	290	20.00
21.00		RMC	55	0	55	21.00
22.00		RMB	48	0	48	22.00
23.00		RMA	108	0	108	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	7	0	7	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	11	0	11	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	68	0	68	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	16	0	16	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	67	0	67	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	42	0	42	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	5	0	5	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	14	0	14	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	30	0	30	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	49	0	49	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	37	0	37	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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-7 Date/Time Prepared: 11/29/2016 8:52 am

		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	14	0	14	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	17	0	17	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	6	0	6	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	4	0	4	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		8,127	0	8,127	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).	41180	41180	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	2,167,328	53.43	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	4,056,640			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2015 To 06/30/2016	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2016 8:52 am
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	19,849	5	0	0	2,063	21,917	2.00
3.00	Inpatient Respite Care	104	0	0	0	0	104	3.00
4.00	General Inpatient Care	30	0	0	0	0	30	4.00
5.00	Total Hospice Days	19,983	5	0	0	2,063	22,051	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 8:52 am

		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)	0.264355	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,732,661	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	203,663	5.00
6.00	Medicaid charges	22,647,482	6.00
7.00	Medicaid cost (line 1 times line 6)	5,986,975	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)	1,050,651	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	285,162	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)	1,050,651	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		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	7,896,309	3,580,768	11,477,077	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,087,429	946,594	3,034,023	21.00
22.00	Partial payment by patients approved for charity care	126,202	377,924	504,126	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,961,227	568,670	2,529,897	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	6,062,537	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	617,065	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,445,472	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,439,538	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,969,435	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,020,086	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	8,868,891	8,868,891	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		31,785,605	31,785,605	-16,237,238	15,548,367	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		545,992	545,992	21,736	567,728	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,252,205	42,895,620	44,147,825	2,139,888	46,287,713	4.00
5.01	00591	NONPATIENT TELEPHONES	391,711	50,391	442,102	405,264	847,366	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	23,711	23,711	5.03
5.04	00540	ADMITTING	982,257	10,249	992,506	1,418	993,924	5.04
5.05	00593	ADMIN & GENERAL - SURREY	511,666	379,496	891,162	-33,955	857,207	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	19,337,006	12,663,641	32,000,647	1,786,151	33,786,798	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,761,183	8,532,585	10,293,768	210,234	10,504,002	6.00
6.01	00601	PURCHASING	561,791	568,836	1,130,627	-376	1,130,251	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	200,574	385,353	585,927	-4,483	581,444	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	73,807	-76,183	-2,376	1,267,629	1,265,253	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	24,049	101,434	125,483	52	125,535	8.01
9.00	00900	HOUSEKEEPING	2,544,854	608,417	3,153,271	244,066	3,397,337	9.00
9.01	00901	HOUSEKEEPING - SURREY	226,055	65,780	291,835	-1,661	290,174	9.01
10.00	01000	DIETARY	2,410,778	423,440	2,834,218	761,105	3,595,323	10.00
10.01	01001	DIETARY - SURREY	706,760	699,553	1,406,313	1,265	1,407,578	10.01
11.00	01100	CAFETERIA	475,243	1,209,894	1,685,137	-1,150,850	534,287	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,513,995	160,900	1,674,895	939	1,675,834	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	200,100	6,424	206,524	102	206,626	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,359,432	2,085,203	3,444,635	-844,561	2,600,074	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,066,218	1,911,278	4,977,496	2,888	4,980,384	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	236,941	38	236,979	367	237,346	16.01
17.00	01700	SOCIAL SERVICE	307,470	137,993	445,463	263	445,726	17.00
17.01	01701	SOCIAL SERVICE - SURREY	221,477	35	221,512	190	221,702	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,216,944	0	2,216,944	0	2,216,944	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,799,289	454,764	2,254,053	-166,902	2,087,151	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	172,845	172,845	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	181,195	181,195	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,890,511	5,732,675	37,623,186	-5,353,006	32,270,180	30.00
31.00	03100	INTENSIVE CARE UNIT	3,951,699	531,108	4,482,807	-470,250	4,012,557	31.00
32.00	03200	CORONARY CARE UNIT	3,826,206	502,246	4,328,452	-243,915	4,084,537	32.00
43.00	04300	NURSERY	1,559,028	115,262	1,674,290	2,792,330	4,466,620	43.00
44.00	04400	SKILLED NURSING FACILITY	2,167,328	201,400	2,368,728	-78,746	2,289,982	44.00
46.00	04600	OTHER LONG TERM CARE	1,838,471	85,193	1,923,664	-11,185	1,912,479	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,888,020	37,510,608	51,398,628	-32,507,675	18,890,953	50.00
50.01	03650	VASCULAR ACCESS CENTER	313,973	979,247	1,293,220	-307,985	985,235	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	280,020	110,968	390,988	-40,094	350,894	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,183,695	1,531,976	2,715,671	-610,027	2,105,644	50.04
51.00	05100	RECOVERY ROOM	1,201,536	133,190	1,334,726	-55,233	1,279,493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,326	39,326	1,118,296	1,157,622	52.00
53.00	05300	ANESTHESIOLOGY	323,008	1,507,380	1,830,388	-700,171	1,130,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,538,099	3,735,502	10,273,601	-1,809,578	8,464,023	54.00
54.01	05401	TDOC RADIOLOGY	336,645	166,646	503,291	-77,855	425,436	54.01
54.02	05402	CDI RADIOLOGY	1,579,318	11,381,198	12,960,516	-336,431	12,624,085	54.02
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	631,117	672,676	1,303,793	-610,076	693,717	57.00
57.01	05701	TDOC CT SCAN	144,312	71,350	215,662	-32,653	183,009	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	329,439	102,546	431,985	-39,223	392,762	58.00
58.01	05801	TDOC - MRI	190,514	82,612	273,126	-37,767	235,359	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,241,573	8,244,180	9,485,753	-7,915,866	1,569,887	59.00
60.00	06000	LABORATORY	4,316,289	6,804,088	11,120,377	-65,727	11,054,650	60.00
64.00	06400	INTRAVENOUS THERAPY	3,062,704	18,128,015	21,190,719	-364,754	20,825,965	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	218,206	40,930	259,136	-1,594	257,542	64.01
65.00	06500	RESPIRATORY THERAPY	1,822,123	169,863	1,991,986	-35,909	1,956,077	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,812	8,812	0	8,812	65.01
66.00	06600	PHYSICAL THERAPY	3,973,490	557,112	4,530,602	-52,843	4,477,759	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,295,064	10,158	1,305,222	0	1,305,222	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	65,140	718,383	783,523	-2,823	780,700	66.02
67.00	06700	OCCUPATIONAL THERAPY	663,530	6,540	670,070	45	670,115	67.00
68.00	06800	SPEECH PATHOLOGY	226,260	3,948	230,208	11	230,219	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	1,257,524	403,840	1,661,364	-92,097	1,569,267	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	606,122	143,571	749,693	36,518	786,211	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	185,219	93,060	278,279	-3,664	274,615	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,791,617	636,622	3,428,239	10,014	3,438,253	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,699,401	14,699,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,578,988	32,578,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,013,095	10,672,034	14,685,129	-440,793	14,244,336	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	134,718	2,797	137,515	439,657	577,172	76.01
76.02	03952	CARDIAC REHAB	3,433,193	483,908	3,917,101	-90,362	3,826,739	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	238,727	106,467	345,194	-86,776	258,418	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,645	5,201	39,846	0	39,846	90.00
91.00	09100	EMERGENCY	9,013,700	823,837	9,837,537	-376,972	9,460,565	91.00
91.01	09101	URGENT CARE CENTERS	9,849,949	2,352,334	12,202,283	175,745	12,378,028	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	95,895	46,561	142,456	100	142,556	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,668,505	1,441,991	5,110,496	-960,764	4,149,732	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,327,991	978,968	2,306,959	-164,446	2,142,513	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	168,090,023	223,683,067	391,773,090	-4,475,982	387,297,108	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155	155	-154	1	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,317,095	3,618,868	5,935,963	4,344,177	10,280,140	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	250,203	189,750	439,953	-472	439,481	194.01
194.02	07952	COMMUNITY OUTREACH	499,810	245,876	745,686	36,479	782,165	194.02
194.03	07953	FOUNTAIN CAFE	20,959	84,805	105,764	-75,268	30,496	194.03
194.04	07954	SLEEP RESEARCH	203,519	-202,887	632	-4,308	-3,676	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	350,405	13,246	363,651	245	363,896	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	738,744	1,613,163	2,351,907	536	2,352,443	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	54,945	36,623	91,568	50	91,618	194.12
194.13	07963	VOLUNTEERS	232,636	30,290	262,926	236	263,162	194.13
194.14	07964	RETAIL PHARMACY	863,070	5,848,619	6,711,689	56,324	6,768,013	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	274,295	-28,743	245,552	106	245,658	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	117,710	6,983	124,693	64	124,757	194.16
194.17	07967	VALET SERVICES	32,300	93	32,393	117,967	150,360	194.17
200.00		TOTAL (SUM OF LINES 118-199)	174,045,714	235,139,908	409,185,622	0	409,185,622	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	832,708	9,701,599		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,403,899	13,144,468		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-12,388	555,340		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-194,803	46,092,910		4.00
5.01	00591	NONPATIENT TELEPHONES	-197,275	650,091		5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00592	NONPATIENT TELEPHONES	0	23,711		5.03
5.04	00540	ADMITTING	-35	993,889		5.04
5.05	00593	ADMIN & GENERAL - SURREY	-55,335	801,872		5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	4,205,302	37,992,100		5.06
6.00	00600	MAINTENANCE & REPAIRS	-3,755	10,500,247		6.00
6.01	00601	PURCHASING	-2,785	1,127,466		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-15,885	565,559		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,265,253		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	-389	125,146		8.01
9.00	00900	HOUSEKEEPING	-111	3,397,226		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	290,174		9.01
10.00	01000	DIETARY	-1,964,136	1,631,187		10.00
10.01	01001	DIETARY - SURREY	-14,433	1,393,145		10.01
11.00	01100	CAFETERIA	-1,825	532,462		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-6,268	1,669,566		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-1,152	205,474		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-27,453	2,572,621		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-585	4,979,799		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	-9	237,337		16.01
17.00	01700	SOCIAL SERVICE	-1,890	443,836		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	221,702		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,216,944		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-595,738	1,491,413		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-5,017	167,828		23.01
23.02	02302	PHARMACY EDUCATION	0	181,195		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-7,198,418	25,071,762		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,547,553	2,465,004		31.00
32.00	03200	CORONARY CARE UNIT	-1,277,941	2,806,596		32.00
43.00	04300	NURSERY	-50,020	4,416,600		43.00
44.00	04400	SKILLED NURSING FACILITY	-3,117	2,286,865		44.00
46.00	04600	OTHER LONG TERM CARE	-5,588	1,906,891		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-830,546	18,060,407		50.00
50.01	03650	VASCULAR ACCESS CENTER	-305,029	680,206		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-31,351	319,543		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-220,086	1,885,558		50.04
51.00	05100	RECOVERY ROOM	0	1,279,493		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,157,622		52.00
53.00	05300	ANESTHESIOLOGY	-552,219	577,998		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-578,654	7,885,369		54.00
54.01	05401	TDOC RADIOLOGY	0	425,436		54.01
54.02	05402	CDI RADIOLOGY	-4,867,336	7,756,749		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-26,268	667,449		57.00
57.01	05701	TDOC CT SCAN	-3,815	179,194		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	392,762		58.00
58.01	05801	TDOC - MRI	0	235,359		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,569,887		59.00
60.00	06000	LABORATORY	-165,719	10,888,931		60.00
64.00	06400	INTRAVENOUS THERAPY	-762,038	20,063,927		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-175,247	82,295		64.01
65.00	06500	RESPIRATORY THERAPY	0	1,956,077		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,812		65.01
66.00	06600	PHYSICAL THERAPY	-202,269	4,275,490		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-669	1,304,553		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-91,602	689,098		66.02
67.00	06700	OCCUPATIONAL THERAPY	-224	669,891		67.00
68.00	06800	SPEECH PATHOLOGY	-347	229,872		68.00
69.00	06900	ELECTROCARDIOLOGY	-85,081	1,484,186		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	-2,055	784,156		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-50,397	224,218		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,497,415	1,940,838		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,699,401		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,578,988		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-34,753	14,209,583		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	-8,945	568,227		76.01
76.02	03952	CARDIAC REHAB	-223,977	3,602,762		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-38	258,380		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-3,598	36,248		90.00
91.00	09100	EMERGENCY	-5,588,247	3,872,318		91.00
91.01	09101	URGENT CARE CENTERS	-3,251,843	9,126,185		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-56,023	86,533		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-34,054	4,115,678		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-28,179	2,114,334		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,227,817	357,069,291		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,583,328	11,863,468		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	439,481		194.01
194.02	07952	COMMUNITY OUTREACH	96,488	878,653		194.02
194.03	07953	FOUNTAIN CAFE	-5,088	25,408		194.03
194.04	07954	SLEEP RESEARCH	241,094	237,418		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	-7,344	356,552		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	2,352,443		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	91,618		194.12
194.13	07963	VOLUNTEERS	0	263,162		194.13
194.14	07964	RETAIL PHARMACY	-24,168	6,743,845		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	57,750	303,408		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	124,757		194.16
194.17	07967	VALET SERVICES	0	150,360		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-28,285,757	380,899,865		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00591		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00590		5.02
5.03	NONPATIENT TELEPHONES	00592		5.03
5.04	ADMITTING	00540	NONPATIENT TELEPHONES	5.04
5.05	ADMIN & GENERAL - SURREY	00593		5.05
5.06	ADMIN & GENERAL - HOSPITAL	00594		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	PURCHASING	00601		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	00602		6.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING - SURREY	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY - SURREY	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA - SURREY	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
13.01	NURSING ADMINISTRATION - SURREY	01301		13.01
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	01601		16.01
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE - SURREY	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	CLINICAL PASTORAL EDUCATION	02301		23.01
23.02	PHARMACY EDUCATION	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
50.01	VASCULAR ACCESS CENTER	03650	VASCULAR LAB	50.01
50.02	PAIN MGMT - BRAIN & SPINE	05001		50.02
50.03	PAIN MGMT CENTER	05002		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	03340	GASTRO INTESTINAL SERVICES	50.04
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	TDOC RADIOLOGY	05401		54.01
54.02	CDI RADIOLOGY	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
57.01	TDOC CT SCAN	05701		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
58.01	TDOC - MRI	05801		58.01
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	BRAIN & SPINE INFUSION CENTER	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	RESPIRATORY THERAPY - SURREY	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - SURREY	06601		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	TDOC - ELECTROCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP MEDICINE CLINIC	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES EDUCATION	03020	ACUPUNCTURE	76.00
76.01	NUTRITION/DIABETES EDUCATION	03951		76.01
76.02	CARDIAC REHAB	03952		76.02
76.03	HYPERBARIC OXYGEN THERAPY	03950		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	URGENT CARE CENTERS	09101		91.01
91.02	ADULT DOWN SYNDROME CENTER	04950		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	DEVELOPMENT	07951		194.01
194.02	COMMUNITY OUTREACH	07952		194.02
194.03	FOUNTAIN CAFE	07953		194.03
194.04	SLEEP RESEARCH	07954		194.04
194.05	MEALS ON WHEELS	07955		194.05
194.06	GUEST MEALS	07956		194.06
194.07	PHYSICIAN REFERRAL	07957		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
194.09	VACANT SPACE	07959		194.09
194.10	TV STORAGE	07960		194.10
194.11	MARKETING	07961		194.11
194.12	CHILDBIRTH INSTRUCTION	07962		194.12
194.13	VOLUNTEERS	07963		194.13
194.14	RETAIL PHARMACY	07964		194.14
194.15	REHAB HOSPITAL COVERAGE	07965		194.15
194.16	EXECUTIVE HEALTH PROGRAM	07966		194.16
194.17	VALET SERVICES	07967		194.17
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MED SUPPLIES CHGD TO PAT				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	321,378	1.00
	0		0	321,378	
	B - NUTRITION/DIABETES EDUCATION				
1.00	NUTRITION/DIABETES EDUCATION	76.01	438,928	0	1.00
	0		438,928	0	
	C - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,227,712	1.00
2.00		0.00	0	0	2.00
	0		0	1,227,712	
	D - LAUNDRY/LINEN RECLASSIFICATION				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,267,484	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	1,267,484	
	E - RENTAL/LEASES				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,392,573	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,692	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
	0		0	1,403,265	

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	5,373,685		1.00
	0		0	5,373,685		
	G - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	404,699		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	23,711		2.00
	0		0	428,410		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,633,133		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	432		2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	69,902		3.00
4.00	LABORATORY	60.00	0	3,293		4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	34,860		5.00
6.00	URGENT CARE CENTERS	91.01	0	267,069		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,203,125		7.00
	0		0	11,211,814		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	907,710		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	29,800		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	106,802		3.00
	0		0	1,044,312		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	103,617	69,106		1.00
	0		103,617	69,106		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	100,489	0		1.00
	0		100,489	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	229,010		1.00
2.00	HOUSEKEEPING	9.00	192,937	47,848		2.00
	0		192,937	276,858		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,270,044		1.00
	0		0	1,270,044		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	328,048		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,612		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	93,701		3.00
	0		0	432,361		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,042,522		1.00
	0		0	1,042,522		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,203,332		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,203,332		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	428,194	0		1.00
	0		428,194	0		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	27,031	3,424		1.00
2.00	COMMUNITY OUTREACH	194.02	31,333	3,969		2.00
	0		58,364	7,393		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	144,876	36,219		1.00
	0		144,876	36,219		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,421,404	380,173		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	987,446	155,034		2.00
	0		3,408,850	535,207		
	X - PHYSICIAN RECLASSIFICATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,066		1.00
2.00	ADULTS & PEDIATRICS	30.00	588,809	50,966		2.00
3.00	ELECTROCARDIOLOGY	69.00	794	124		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
	0		589,603	78,156		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Y - SUPERVISOR RECLASSIFICATION				
1.00	TDOC RADIOLOGY	54.01	48,353	0	1.00
2.00	CT SCAN	57.00	42,119	0	2.00
3.00	TDOC CT SCAN	57.01	14,375	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,793	0	4.00
5.00	TDOC - MRI	58.01	18,205	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	65,049	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	11,324	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	57,998	0	8.00
9.00	RETAIL PHARMACY	194.14	59,164	0	9.00
	0		345,380	0	
	Z - VALET RECLASSIFICATION				
1.00	VALET SERVICES	194.17	117,688	0	1.00
	0		117,688	0	
	AA - PATIENT BILLING RECLASSIFICATION				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	63,492	26,609	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		63,492	26,609	
	AB - MERCY CLINICAL ENGINEERING RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,524	1.00
2.00	COMMUNITY OUTREACH	194.02	0	852	2.00
3.00	VOLUNTEERS	194.13	0	16	3.00
	0		0	20,392	
	AC - IMPLANT RECLASSIFICATION				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,378,023	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,578,988	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	0		0	46,957,011	
	AD - EMPLOYEE HOLIDAY GIFT CARDS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	980	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	565	0	2.00
3.00	ADMITTING	5.04	1,418	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	368	0	4.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	ADMIN & GENERAL - HOSPITAL	5.06	11,396	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,616	0	6.00
7.00	PURCHASING	6.01	527	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	201	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	145	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	52	0	10.00
11.00	HOUSEKEEPING	9.00	4,891	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	414	0	12.00
13.00	DIETARY	10.00	2,715	0	13.00
14.00	DIETARY - SURREY	10.01	1,265	0	14.00
15.00	CAFETERIA	11.00	815	0	15.00
16.00	NURSING ADMINISTRATION	13.00	939	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	102	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,848	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,888	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	367	0	20.00
21.00	SOCIAL SERVICE	17.00	263	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	190	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,080	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	122	0	24.00
25.00	PHARMACY EDUCATION	23.02	100	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	21,065	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,919	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,152	0	28.00
29.00	NURSERY	43.00	2,746	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,430	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,296	0	31.00
32.00	OPERATING ROOM	50.00	8,882	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	208	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	269	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	978	0	35.00
36.00	RECOVERY ROOM	51.00	899	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	765	0	37.00
38.00	ANESTHESIOLOGY	53.00	365	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,717	0	39.00
40.00	TDOC RADIOLOGY	54.01	288	0	40.00
41.00	CDI RADIOLOGY	54.02	884	0	41.00
42.00	CT SCAN	57.00	454	0	42.00
43.00	TDOC CT SCAN	57.01	109	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	278	0	44.00
45.00	TDOC - MRI	58.01	150	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	861	0	46.00
47.00	LABORATORY	60.00	4,164	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,653	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	54	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,594	0	50.00
51.00	PHYSICAL THERAPY	66.00	3,305	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,022	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	95	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	558	0	54.00
55.00	SPEECH PATHOLOGY	68.00	145	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,049	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	606	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	171	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,651	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,201	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	739	0	61.00
62.00	CARDIAC REHAB	76.02	2,508	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	199	0	63.00
64.00	EMERGENCY	91.00	3,251	0	64.00
65.00	URGENT CARE CENTERS	91.01	4,911	0	65.00
66.00	ADULT DOWN SYNDROME CENTER	91.02	100	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,592	0	67.00
68.00	HOSPICE	116.00	1,141	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,279	0	69.00
70.00	DEVELOPMENT	194.01	242	0	70.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
71.00	COMMUNITY OUTREACH	194.02	325	0	71.00
72.00	FOUNTAIN CAFE	194.03	50	0	72.00
73.00	SLEEP RESEARCH	194.04	135	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	245	0	74.00
75.00	MARKETING	194.11	536	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	50	0	76.00
77.00	VOLUNTEERS	194.13	220	0	77.00
78.00	RETAIL PHARMACY	194.14	622	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	106	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	64	0	80.00
81.00	VALET SERVICES	194.17	279	0	81.00
	0		128,844	0	
500.00	Grand Total: Increases		6,121,262	74,233,270	500.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - MED SUPPLIES CHGD TO PAT					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	321,378	0	1.00
	0		0	321,378		
	B - NUTRITION/DIABETES EDUCATION					
1.00	DIETARY	10.00	438,928	0	0	1.00
	0		438,928	0		
	C - EMPLOYEE BENEFITS					
1.00	CDI RADIOLOGY	54.02	0	310,586	0	1.00
2.00	HOME HEALTH AGENCY	101.00	0	917,126	0	2.00
	0		0	1,227,712		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,482	0	1.00
2.00	HOUSEKEEPING - SURREY	9.01	0	2,075	0	2.00
3.00	DIETARY	10.00	0	6,014	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,389	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	599,762	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	32,827	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	36,052	0	7.00
8.00	NURSERY	43.00	0	2,225	0	8.00
9.00	OPERATING ROOM	50.00	0	167,031	0	9.00
10.00	VASCULAR ACCESS CENTER	50.01	0	18,648	0	10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	32,141	0	11.00
12.00	RECOVERY ROOM	51.00	0	24,013	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,094	0	13.00
14.00	TDOC RADIOLOGY	54.01	0	6,245	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,841	0	15.00
16.00	TDOC - MRI	58.01	0	4,430	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	13,474	0	17.00
18.00	LABORATORY	60.00	0	1,794	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	4,804	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	39,944	0	20.00
21.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	2,612	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	13,828	0	22.00
23.00	TDOC - ELECTROCARDIOLOGY	69.01	0	16,722	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,976	0	24.00
25.00	SLEEP MEDICINE CLINIC	70.01	0	976	0	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.03	0	5,069	0	26.00
27.00	EMERGENCY	91.00	0	84,903	0	27.00
28.00	URGENT CARE CENTERS	91.01	0	27,851	0	28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,819	0	29.00
30.00	SLEEP RESEARCH	194.04	0	4,443	0	30.00
	0		0	1,267,484		
	E - RENTAL/LEASES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	91,824	10	1.00
2.00	PURCHASING	6.01	0	903	10	2.00
3.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,684	0	3.00
4.00	HOUSEKEEPING	9.00	0	1,610	0	4.00
5.00	CAFETERIA	11.00	0	20,700	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	508,642	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	7,528	0	7.00
8.00	CORONARY CARE UNIT	32.00	0	32,498	0	8.00
9.00	SKILLED NURSING FACILITY	44.00	0	5,685	0	9.00
10.00	OTHER LONG TERM CARE	46.00	0	323	0	10.00
11.00	OPERATING ROOM	50.00	0	70,242	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,201	0	12.00
13.00	CT SCAN	57.00	0	430,480	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	140	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	675	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	5,775	0	16.00
17.00	SLEEP MEDICINE CLINIC	70.01	0	4,217	0	17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	0	845	0	18.00
19.00	CARDIAC REHAB	76.02	0	6,450	0	19.00
20.00	EMERGENCY	91.00	0	49,609	0	20.00
21.00	HOSPICE	116.00	0	148,325	0	21.00
22.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,628	0	23.00
24.00	DEVELOPMENT	194.01	0	714	0	24.00
25.00	FOUNTAIN CAFE	194.03	0	3,104	0	25.00
26.00	RETAIL PHARMACY	194.14	0	3,462	0	26.00
	0		0	1,403,265		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	F - INSURANCE AND FEES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,373,685	12	1.00
	0		0	5,373,685		
	G - TELEPHONE EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	404,699	0	1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	23,711	0	2.00
	0		0	428,410		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,211,814	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	0		0	11,211,814		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,044,312	11	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		0	1,044,312		
	K - CLINICAL PASTORAL EDUCATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	103,617	69,106	0	1.00
	0		103,617	69,106		
	L - ALLOCATION OF SECURITY					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	100,489	0	0	1.00
	0		100,489	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	192,937	276,858	0	1.00
2.00		0.00	0	0	0	2.00
	0		192,937	276,858		
	N - MOB PROPERTY TAX					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,270,044	0	1.00
	0		0	1,270,044		
	O - PROPERTY INSURANCE					
1.00	ADMIN & GENERAL - SURREY	5.05	0	10,612	12	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	421,749	12	2.00
3.00		0.00	0	0	0	3.00
	0		0	432,361		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,042,522	0	1.00
	0		0	1,042,522		
	R - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	0	1,130,965	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	153	0	2.00
3.00	FOUNTAIN CAFE	194.03	0	72,214	0	3.00
	0		0	1,203,332		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	428,194	0	1.00
	0		0	428,194		
	U - AUDIO/VISUAL					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	58,364	7,393	0	1.00
2.00		0.00	0	0	0	2.00
	0		58,364	7,393		
	V - PHARMACY EDUCATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	144,876	36,219	0	1.00
	0		144,876	36,219		
	W - LDRP ROUTINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	3,408,850	535,207	0	1.00
2.00		0.00	0	0	0	2.00
	0		3,408,850	535,207		
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	25,603	5,733	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	196,048	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	215,996	31,801	0	3.00
4.00	CORONARY CARE UNIT	32.00	38,581	6,374	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	28,889	15,066	0	5.00
6.00	LABORATORY	60.00	0	3,262	0	6.00
7.00	EMERGENCY	91.00	84,486	15,920	0	7.00
	0		589,603	78,156		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - SUPERVISOR RECLASSIFICATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	99,356	0	0		1.00
2.00	CT SCAN	57.00	52,488	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	52,864	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	59,164	0	0		4.00
5.00	CARDIAC REHAB	76.02	81,508	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		345,380	0			
	Z - VALET RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	117,688	0	0		1.00
	0		117,688	0			
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	CDI RADIOLOGY	54.02	0	26,609	0		1.00
2.00	HOME HEALTH AGENCY	101.00	46,230	0	0		2.00
3.00	HOSPICE	116.00	17,262	0	0		3.00
	0		63,492	26,609			
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	20,392	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	20,392			
	AC - IMPLANT RECLASSIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	0	1,462,499	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	191,545	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	132,562	0		3.00
4.00	NURSERY	43.00	0	9,768	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	75,491	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	13,158	0		6.00
7.00	OPERATING ROOM	50.00	0	32,279,284	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	359,447	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	40,363	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	578,864	0		10.00
11.00	RECOVERY ROOM	51.00	0	32,119	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,949	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	700,536	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,642,644	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	120,251	0		15.00
16.00	CDI RADIOLOGY	54.02	0	120	0		16.00
17.00	CT SCAN	57.00	0	169,681	0		17.00
18.00	TDOC CT SCAN	57.01	0	47,137	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,453	0		19.00
20.00	TDOC - MRI	58.01	0	51,692	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	7,924,347	0		21.00
22.00	LABORATORY	60.00	0	68,128	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	361,603	0		23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	1,648	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	37,363	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	15,529	0		26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	1,022	0		27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	306	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	513	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	134	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	32,921	0		31.00
32.00	TDOC - ELECTROCARDIOLOGY	69.01	0	5,364	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	859	0		33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	21,304	0		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	201,890	0		35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	10	0		36.00
37.00	CARDIAC REHAB	76.02	0	4,912	0		37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	81,906	0		38.00
39.00	EMERGENCY	91.00	0	145,305	0		39.00
40.00	URGENT CARE CENTERS	91.01	0	68,384	0		40.00
	0		0	46,957,011			
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	128,844	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/29/2016 8:52 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
	0		0	128,844			
500.00	Grand Total: Decreases		5,564,224	74,790,308			500.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - MED SUPPLIES CHGD TO PAT								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	321,378	CENTRAL SERVICES & SUPPLY	14.00	0	321,378	1.00
	0		0	321,378	0		0	321,378	
	B - NUTRITION/DIABETES EDUCATION								
1.00	NUTRITION/DIABETES EDUCATION	76.01	438,928	0	DIETARY	10.00	438,928	0	1.00
	0		438,928	0	0		438,928	0	
	C - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,227,712	CDI RADIOLOGY	54.02	0	310,586	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	917,126	2.00
	0		0	1,227,712	0		0	1,227,712	
	D - LAUNDRY/LINEN RECLASSIFICATION								
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,267,484	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,482	1.00
2.00		0.00	0	0	HOUSEKEEPING - SURREY	9.01	0	2,075	2.00
3.00		0.00	0	0	DIETARY	10.00	0	6,014	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	16,389	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	599,762	5.00
6.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	32,827	6.00
7.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	36,052	7.00
8.00		0.00	0	0	NURSERY	43.00	0	2,225	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	167,031	9.00
10.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	18,648	10.00
11.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	32,141	11.00
12.00		0.00	0	0	RECOVERY ROOM	51.00	0	24,013	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	72,094	13.00
14.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	6,245	14.00
15.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,841	15.00
16.00		0.00	0	0	TDOC - MRI	58.01	0	4,430	16.00
17.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	13,474	17.00
18.00		0.00	0	0	LABORATORY	60.00	0	1,794	18.00
19.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	4,804	19.00
20.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	39,944	20.00
21.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	2,612	21.00
22.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	13,828	22.00
23.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	16,722	23.00
24.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,976	24.00
25.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	976	25.00
26.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	5,069	26.00
27.00		0.00	0	0	EMERGENCY	91.00	0	84,903	27.00
28.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	27,851	28.00
29.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,819	29.00
30.00		0.00	0	0	SLEEP RESEARCH	194.04	0	4,443	30.00
	0		0	1,267,484	0		0	1,267,484	
	E - RENTAL/LEASES								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,392,573	ADMIN & GENERAL - HOSPITAL	5.06	0	91,824	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,692	PURCHASING	6.01	0	903	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,684	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	1,610	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	20,700	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	508,642	6.00
7.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	7,528	7.00
8.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	32,498	8.00
9.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	5,685	9.00
10.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	323	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	70,242	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,201	12.00
13.00		0.00	0	0	CT SCAN	57.00	0	430,480	13.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	140	14.00
15.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	675	15.00
16.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	5,775	16.00
17.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	4,217	17.00
18.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	845	18.00
19.00		0.00	0	0	CARDIAC REHAB	76.02	0	6,450	19.00
20.00		0.00	0	0	EMERGENCY	91.00	0	49,609	20.00
21.00		0.00	0	0	HOSPICE	116.00	0	148,325	21.00
22.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1	22.00
23.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,628	23.00
24.00		0.00	0	0	DEVELOPMENT	194.01	0	714	24.00
25.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	3,104	25.00
26.00		0.00	0	0	RETAIL PHARMACY	194.14	0	3,462	26.00
	0		0	1,403,265	0		0	1,403,265	
	F - INSURANCE AND FEES								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	5,373,685	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,373,685	1.00
	0		0	5,373,685	0		0	5,373,685	
	G - TELEPHONE EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	404,699	ADMIN & GENERAL - HOSPITAL	5.06	0	404,699	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	23,711	ADMIN & GENERAL - SURREY	5.05	0	23,711	2.00
	0		0	428,410	0		0	428,410	
	H - MOB DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,633,133	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,211,814	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	432		0.00	0	0	2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	69,902		0.00	0	0	3.00
4.00	LABORATORY	60.00	0	3,293		0.00	0	0	4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	34,860		0.00	0	0	5.00
6.00	URGENT CARE CENTERS	91.01	0	267,069		0.00	0	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,203,125		0.00	0	0	7.00
	0		0	11,211,814	0		0	11,211,814	
	I - INTEREST ON BONDS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	907,710	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,044,312	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	29,800		0.00	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	106,802		0.00	0	0	3.00
	0		0	1,044,312	0		0	1,044,312	
	K - CLINICAL PASTORAL EDUCATION								
1.00	CLINICAL PASTORAL EDUCATION	23.01	103,617	69,106	ADMIN & GENERAL - HOSPITAL	5.06	103,617	69,106	1.00
	0		103,617	69,106	0		103,617	69,106	
	L - ALLOCATION OF SECURITY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	100,489	0	ADMIN & GENERAL - HOSPITAL	5.06	100,489	0	1.00
	0		100,489	0	0		100,489	0	
	M - MAINT AND HOUSEKEEPING RECLASS								
1.00	MAINTENANCE & REPAIRS	6.00	0	229,010	PHYSICIANS' PRIVATE OFFICES	192.00	192,937	276,858	1.00
2.00	HOUSEKEEPING	9.00	192,937	47,848		0.00	0	0	2.00
	0		192,937	276,858	0		192,937	276,858	
	N - MOB PROPERTY TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,270,044	ADMIN & GENERAL - HOSPITAL	5.06	0	1,270,044	1.00
	0		0	1,270,044	0		0	1,270,044	
	O - PROPERTY INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	328,048	ADMIN & GENERAL - SURREY	5.05	0	10,612	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	10,612	ADMIN & GENERAL - HOSPITAL	5.06	0	421,749	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	93,701		0.00	0	0	3.00
	0		0	432,361	0		0	432,361	

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	P - WORKMENS COMPENSATION EXPENSE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,042,522	ADMIN & GENERAL - HOSPITAL	5.06	0	1,042,522	1.00
	0		0	1,042,522	0		0	1,042,522	
	R - CAFETERIA RECLASS								
1.00	DIETARY	10.00	0	1,203,332	CAFETERIA	11.00	0	1,130,965	1.00
2.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	153	2.00
3.00		0.00	0	0	FOUNTAIN CAFE	194.03	0	72,214	3.00
	0		0	1,203,332	0		0	1,203,332	
	T - LOAN FORGIVENESS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	428,194	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	428,194	1.00
	0		428,194	0	0		0	428,194	
	U - AUDIO/VISUAL								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	27,031	3,424	ADMIN & GENERAL - HOSPITAL	5.06	58,364	7,393	1.00
2.00	COMMUNITY OUTREACH	194.02	31,333	3,969		0.00	0	0	2.00
	0		58,364	7,393	0		58,364	7,393	
	V - PHARMACY EDUCATION								
1.00	PHARMACY EDUCATION	23.02	144,876	36,219	DRUGS CHARGED TO PATIENTS	73.00	144,876	36,219	1.00
	0		144,876	36,219	0		144,876	36,219	
	W - LDRP ROUTINE EXPENSE								
1.00	NURSERY	43.00	2,421,404	380,173	ADULTS & PEDIATRICS	30.00	3,408,850	535,207	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	987,446	155,034		0.00	0	0	2.00
	0		3,408,850	535,207	0		3,408,850	535,207	
	X - PHYSICIAN RECLASSIFICATION								
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,066	ADMIN & GENERAL - HOSPITAL	5.06	25,603	5,733	1.00
2.00	ADULTS & PEDIATRICS	30.00	588,809	50,966	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	196,048	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	794	124	INTENSIVE CARE UNIT	31.00	215,996	31,801	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	38,581	6,374	4.00
5.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	28,889	15,066	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	3,262	6.00
7.00		0.00	0	0	EMERGENCY	91.00	84,486	15,920	7.00
	0		589,603	78,156	0		589,603	78,156	
	Y - SUPERVISOR RECLASSIFICATION								
1.00	TDOC RADIOLOGY	54.01	48,353	0	RADIOLOGY-DIAGNOSTIC	54.00	99,356	0	1.00
2.00	CT SCAN	57.00	42,119	0	CT SCAN	57.00	52,488	0	2.00
3.00	TDOC CT SCAN	57.01	14,375	0	ELECTROCARDIOLOGY	69.00	52,864	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,793	0	DRUGS CHARGED TO PATIENTS	73.00	59,164	0	4.00
5.00	TDOC - MRI	58.01	18,205	0	CARDIAC REHAB	76.02	81,508	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	65,049	0		0.00	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	11,324	0		0.00	0	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	57,998	0		0.00	0	0	8.00
9.00	RETAIL PHARMACY	194.14	59,164	0		0.00	0	0	9.00
	0		345,380	0	0		345,380	0	
	Z - VALET RECLASSIFICATION								
1.00	VALET SERVICES	194.17	117,688	0	ADMIN & GENERAL - HOSPITAL	5.06	117,688	0	1.00
	0		117,688	0	0		117,688	0	
	AA - PATIENT BILLING RECLASSIFICATION								
1.00	ADMIN & GENERAL - HOSPITAL	5.06	63,492	26,609	CDI RADIOLOGY	54.02	0	26,609	1.00
2.00		0.00	0	0	HOME HEALTH AGENCY	101.00	46,230	0	2.00
3.00		0.00	0	0	HOSPICE	116.00	17,262	0	3.00
	0		63,492	26,609	0		63,492	26,609	
	AB - MERCY CLINICAL ENGINEERING RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,524	MAINTENANCE & REPAIRS	6.00	0	20,392	1.00
2.00	COMMUNITY OUTREACH	194.02	0	852		0.00	0	0	2.00
3.00	VOLUNTEERS	194.13	0	16		0.00	0	0	3.00
	0		0	20,392	0		0	20,392	
	AC - IMPLANT RECLASSIFICATION								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,378,023	ADULTS & PEDIATRICS	30.00	0	1,462,499	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,578,988	INTENSIVE CARE UNIT	31.00	0	191,545	2.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	132,562	3.00
4.00		0.00	0	0	NURSERY	43.00	0	9,768	4.00
5.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	75,491	5.00
6.00		0.00	0	0	OTHER LONG TERM CARE	46.00	0	13,158	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	32,279,284	7.00
8.00		0.00	0	0	VASCULAR ACCESS CENTER	50.01	0	359,447	8.00
9.00		0.00	0	0	PAIN MGMT - BRAIN & SPINE	50.02	0	40,363	9.00
10.00		0.00	0	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	578,864	10.00
11.00		0.00	0	0	RECOVERY ROOM	51.00	0	32,119	11.00
12.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	24,949	12.00
13.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	700,536	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,642,644	14.00
15.00		0.00	0	0	TDOC RADIOLOGY	54.01	0	120,251	15.00
16.00		0.00	0	0	CDI RADIOLOGY	54.02	0	120	16.00
17.00		0.00	0	0	CT SCAN	57.00	0	169,681	17.00
18.00		0.00	0	0	TDOC CT SCAN	57.01	0	47,137	18.00
19.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	51,453	19.00
20.00		0.00	0	0	TDOC - MRI	58.01	0	51,692	20.00
21.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	7,924,347	21.00
22.00		0.00	0	0	LABORATORY	60.00	0	68,128	22.00
23.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	361,603	23.00
24.00		0.00	0	0	BRAIN & SPINE INFUSION CENTER	64.01	0	1,648	24.00
25.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	37,363	25.00
26.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	15,529	26.00
27.00		0.00	0	0	PHYSICAL THERAPY - SURREY	66.01	0	1,022	27.00
28.00		0.00	0	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	306	28.00
29.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	513	29.00
30.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	134	30.00
31.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	32,921	31.00
32.00		0.00	0	0	TDOC - ELECTROCARDIOLOGY	69.01	0	5,364	32.00
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	859	33.00
34.00		0.00	0	0	SLEEP MEDICINE CLINIC	70.01	0	21,304	34.00
35.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	201,890	35.00
36.00		0.00	0	0	NUTRITION/DIABETES EDUCATION	76.01	0	10	36.00
37.00		0.00	0	0	CARDIAC REHAB	76.02	0	4,912	37.00
38.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.03	0	81,906	38.00
39.00		0.00	0	0	EMERGENCY	91.00	0	145,305	39.00
40.00		0.00	0	0	URGENT CARE CENTERS	91.01	0	68,384	40.00
	0		0	46,957,011	0		0	46,957,011	
	AD - EMPLOYEE HOLIDAY GIFT CARDS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	980	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	128,844	1.00
2.00	NONPATIENT TELEPHONES	5.01	565	0		0.00	0	0	2.00
3.00	ADMITTING	5.04	1,418	0		0.00	0	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	368	0		0.00	0	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	11,396	0		0.00	0	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,616	0		0.00	0	0	6.00
7.00	PURCHASING	6.01	527	0		0.00	0	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	201	0		0.00	0	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	145	0		0.00	0	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	52	0		0.00	0	0	10.00
11.00	HOUSEKEEPING	9.00	4,891	0		0.00	0	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	414	0		0.00	0	0	12.00
13.00	DIETARY	10.00	2,715	0		0.00	0	0	13.00
14.00	DIETARY - SURREY	10.01	1,265	0		0.00	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
15.00	CAFETERIA	11.00	815	0		0.00	0	0	15.00
16.00	NURSING ADMINISTRATION	13.00	939	0		0.00	0	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	102	0		0.00	0	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,848	0		0.00	0	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,888	0		0.00	0	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	367	0		0.00	0	0	20.00
21.00	SOCIAL SERVICE	17.00	263	0		0.00	0	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	190	0		0.00	0	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,080	0		0.00	0	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	122	0		0.00	0	0	24.00
25.00	PHARMACY EDUCATION	23.02	100	0		0.00	0	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	21,065	0		0.00	0	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,919	0		0.00	0	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,152	0		0.00	0	0	28.00
29.00	NURSERY	43.00	2,746	0		0.00	0	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,430	0		0.00	0	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,296	0		0.00	0	0	31.00
32.00	OPERATING ROOM	50.00	8,882	0		0.00	0	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	208	0		0.00	0	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	269	0		0.00	0	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	978	0		0.00	0	0	35.00
36.00	RECOVERY ROOM	51.00	899	0		0.00	0	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	765	0		0.00	0	0	37.00
38.00	ANESTHESIOLOGY	53.00	365	0		0.00	0	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,717	0		0.00	0	0	39.00
40.00	TDOC RADIOLOGY	54.01	288	0		0.00	0	0	40.00
41.00	CDI RADIOLOGY	54.02	884	0		0.00	0	0	41.00
42.00	CT SCAN	57.00	454	0		0.00	0	0	42.00
43.00	TDOC CT SCAN	57.01	109	0		0.00	0	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	278	0		0.00	0	0	44.00
45.00	TDOC - MRI	58.01	150	0		0.00	0	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	861	0		0.00	0	0	46.00
47.00	LABORATORY	60.00	4,164	0		0.00	0	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,653	0		0.00	0	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	54	0		0.00	0	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,594	0		0.00	0	0	50.00
51.00	PHYSICAL THERAPY	66.00	3,305	0		0.00	0	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,022	0		0.00	0	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	95	0		0.00	0	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	558	0		0.00	0	0	54.00
55.00	SPEECH PATHOLOGY	68.00	145	0		0.00	0	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,049	0		0.00	0	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	606	0		0.00	0	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	171	0		0.00	0	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,651	0		0.00	0	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	2,201	0		0.00	0	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	739	0		0.00	0	0	61.00
62.00	CARDIAC REHAB	76.02	2,508	0		0.00	0	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	199	0		0.00	0	0	63.00
64.00	EMERGENCY	91.00	3,251	0		0.00	0	0	64.00
65.00	URGENT CARE CENTERS	91.01	4,911	0		0.00	0	0	65.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/29/2016 8:52 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
66.00	ADULT DOWN SYNDROME CENTER	91.02	100	0		0.00	0	0	66.00
67.00	HOME HEALTH AGENCY	101.00	2,592	0		0.00	0	0	67.00
68.00	HOSPICE	116.00	1,141	0		0.00	0	0	68.00
69.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,279	0		0.00	0	0	69.00
70.00	DEVELOPMENT	194.01	242	0		0.00	0	0	70.00
71.00	COMMUNITY OUTREACH	194.02	325	0		0.00	0	0	71.00
72.00	FOUNTAIN CAFE	194.03	50	0		0.00	0	0	72.00
73.00	SLEEP RESEARCH	194.04	135	0		0.00	0	0	73.00
74.00	PHYSICIAN REFERRAL	194.07	245	0		0.00	0	0	74.00
75.00	MARKETING	194.11	536	0		0.00	0	0	75.00
76.00	CHILDBIRTH INSTRUCTION	194.12	50	0		0.00	0	0	76.00
77.00	VOLUNTEERS	194.13	220	0		0.00	0	0	77.00
78.00	RETAIL PHARMACY	194.14	622	0		0.00	0	0	78.00
79.00	REHAB HOSPITAL COVERAGE	194.15	106	0		0.00	0	0	79.00
80.00	EXECUTIVE HEALTH PROGRAM	194.16	64	0		0.00	0	0	80.00
81.00	VALET SERVICES	194.17	279	0		0.00	0	0	81.00
	0		128,844	0	0		0	128,844	
500.00	Grand Total: Increases		6,121,262	74,233,270	Grand Total: Decreases		5,564,224	74,790,308	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part I Date/Time Prepared: 11/29/2016 8:52 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,758,206	51,043	0	51,043	0	1.00
2.00	Land Improvements	11,599,120	1,161,785	0	1,161,785	0	2.00
3.00	Buildings and Fixtures	312,339,187	7,354,846	-31,178	7,323,668	-16,081	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	215,732,100	22,263,839	38,768	22,302,607	2,122,048	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	555,428,613	30,831,513	7,590	30,839,103	2,105,967	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	555,428,613	30,831,513	7,590	30,839,103	2,105,967	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,809,249	0	1.00
2.00	Land Improvements	12,760,905	0	2.00
3.00	Buildings and Fixtures	319,678,936	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	235,912,659	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	584,161,749	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	584,161,749	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part II Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,963,719	0	3,448,201	5,373,685	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	473,212	0	72,780	0	0	2.01
3.00	Total (sum of lines 1-2)	23,436,931	0	3,520,981	5,373,685	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,785,605	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	545,992	2.01
3.00	Total (sum of lines 1-2)	0	32,331,597	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part III Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	348,249,090	0	348,249,090	0.596152	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	235,912,659	0	235,912,659	0.403848	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	584,161,749	0	584,161,749	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,556,838	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,751,895	1,392,573	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	473,644	10,692	2.01
3.00	Total (sum of lines 1-2)	0	0	0	19,782,377	1,403,265	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,816,713	328,048	0	0	9,701,599	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,144,468	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	60,392	10,612	0	0	555,340	2.01
3.00	Total (sum of lines 1-2)	1,877,105	338,660	0	0	23,401,407	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-154,503	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-12,388	CAP REL COSTS-MVBLE EQUIP	2.01	11	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)	A	-190,699	NONPATIENT TELEPHONES	5.01	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	-21,878,650			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	-4,864,989			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,556,101	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		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	B	-96,671	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-18,179	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-2,403,889	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-22,971	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	GUEST MEALS	B	-51,523	DIETARY	10.00	0	33.03
33.04	CHAPLAIN INCOME	B	-3,537	ADMIN & GENERAL - HOSPITAL	5.06	0	33.04
33.05	MEALS ON WHEELS	B	-55,534	DIETARY	10.00	0	33.05
33.06	TDOC CORNER GOURMET INCOME	B	-203,716	DIETARY	10.00	0	33.06
33.07	SNF CAFETERIA MEALS	B	-14,153	DIETARY - SURREY	10.01	0	33.07
33.08	MATERNITY SERVICES INCOME	B	-480	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	LACTATION INCOME	B	-14,475	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	PHYSICAL THERAPY INCOME	B	-18,225	PHYSICAL THERAPY	66.00	0	33.10
33.11	SPORTS MEDICINE INCOME	B	-59,576	PHYSICAL THERAPY	66.00	0	33.11
33.12	MASSAGE THERAPY INCOME	B	-35,641	PHYSICAL THERAPY	66.00	0	33.12
33.13	SPORTS MEDICINE INCOME	B	-35,646	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-17,575	PHYSICAL THERAPY	66.00	0	33.14
33.15	THERAPY SERVICES-JCC BAXTER	B	-19,170	PHYSICAL THERAPY	66.00	0	33.15
33.16	SLEEP MEDICINE MISCELLANEOUS INCOME	B	-251	SPEECH PATHOLOGY	68.00	0	33.16
33.17	NUTRITION REFERENCE BOOKS	B	-15,585	SLEEP MEDICINE CLINIC	70.01	0	33.17
33.18	NUTRITION REFERENCE BOOKS	B	-8,945	NUTRITION/DIABETES EDUCATION	76.01	0	33.18
33.19	MISCELLANEOUS INCOME	B	-33,111	ADMIN & GENERAL - HOSPITAL	5.06	0	33.19
33.20	MOONLIGHTERS SALARIES	A	-67,800	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.20
33.21	MOONLIGHTERS BENEFITS	A	-17,656	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	ADVERTISING	A	-79	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	ADVERTISING	A	-7,112	ADMIN & GENERAL - SURREY	5.05	0	33.23
33.24	ADVERTISING	A	-4,083	ADMIN & GENERAL - HOSPITAL	5.06	0	33.24
33.25	ADVERTISING	A	-1,520	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	ADVERTISING	A	-2,872	VASCULAR ACCESS CENTER	50.01	0	33.26
33.27	ADVERTISING	A	-1,695	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	ADVERTISING	A	-338	CDI RADIOLOGY	54.02	0	33.28
33.29	ADVERTISING	A	-518	PHYSICAL THERAPY	66.00	0	33.29
33.30	ADVERTISING	A	-2,104	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.30
33.31	ADVERTISING	A	-611	SLEEP MEDICINE CLINIC	70.01	0	33.31
33.32	ADVERTISING	A	-3,182	CARDIAC REHAB	76.02	0	33.32
33.33	ADVERTISING	A	-773	CLINIC	90.00	9	33.33
33.34	ADVERTISING	A	-51,047	URGENT CARE CENTERS	91.01	9	33.34
33.35	ADVERTISING	A	-250	ADULT DOWN SYNDROME CENTER	91.02	0	33.35
33.36	ADVERTISING	A	-1,169	HOME HEALTH AGENCY	101.00	0	33.36
33.37	ADVERTISING	A	-2,296	HOSPICE	116.00	0	33.37
33.38	ASSET LIVES	A	-4,597	CAP REL COSTS-BLDG & FIXT	1.00	9	33.38
33.39	ASSET LIVES	A	-10	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.39
33.40	ASSET LIVES	A	-45,044	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.40
33.41	FRA TAX	A	5,529,394	ADMIN & GENERAL - HOSPITAL	5.06	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-119,808	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-6,576	NONPATIENT TELEPHONES	5.01	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-183,660	ADMIN & GENERAL - HOSPITAL	5.06	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-117,452	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-33,408	ADULTS & PEDIATRICS	30.00	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-100,000	OPERATING ROOM	50.00	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-31,351	PAIN MGMT - BRAIN & SPINE	50.02	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-217,905	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-473,375	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-26,268	CT SCAN	57.00	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-145,340	LABORATORY	60.00	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-143,738	INTRAVENOUS THERAPY	64.00	0	33.53

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-33,678	BRAIN & SPINE INFUSION CENTER	64.01	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-13,204	PHYSICAL THERAPY	66.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-88,087	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-83,166	ELECTROCARDIOLOGY	69.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-50,397	ELECTROENCEPHALOGRAPHY	70.00	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-387,457	SLEEP MEDICINE CLINIC	70.01	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-34,753	DRUGS CHARGED TO PATIENTS	73.00	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-114,608	CARDIAC REHAB	76.02	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-55,940	URGENT CARE CENTERS	91.01	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-40,105	ADULT DOWN SYNDROME CENTER	91.02	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-23,616	HOSPICE	116.00	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-66,769	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-5,088	FOUNTAIN CAFE	194.03	0	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	A	-7,344	PHYSICIAN REFERRAL	194.07	0	33.68
33.69	RENT EXPENSE PAID FOR MOB SPACE	A	-24,168	RETAIL PHARMACY	194.14	0	33.69
33.70	NON-ALLOWABLE	A	-782,804	ADMIN & GENERAL - HOSPITAL	5.06	0	33.70
33.71	NON-ALLOWABLE	A	-12,694	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.71
33.72	NON-ALLOWABLE	A	-35	ADMITTING	5.04	0	33.72
33.73	NON-ALLOWABLE	A	-28,523	ADMIN & GENERAL - SURREY	5.05	0	33.73
33.74	NON-ALLOWABLE	A	-121,978	ADMIN & GENERAL - HOSPITAL	5.06	0	33.74
33.75	NON-ALLOWABLE	A	-3,755	MAINTENANCE & REPAIRS	6.00	0	33.75
33.76	NON-ALLOWABLE	A	-2,785	PURCHASING	6.01	0	33.76
33.77	NON-ALLOWABLE	A	-15,885	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.77
33.78	NON-ALLOWABLE	A	-389	LAUNDRY & LINEN SERVICE - SURREY	8.01	0	33.78
33.79	NON-ALLOWABLE	A	-111	HOUSEKEEPING	9.00	0	33.79
33.80	NON-ALLOWABLE	A	-591	DIETARY	10.00	0	33.80
33.81	NON-ALLOWABLE	A	-280	DIETARY - SURREY	10.01	0	33.81
33.82	NON-ALLOWABLE	A	-1,825	CAFETERIA	11.00	0	33.82
33.83	NON-ALLOWABLE	A	-6,268	NURSING ADMINISTRATION	13.00	0	33.83
33.84	NON-ALLOWABLE	A	-1,152	NURSING ADMINISTRATION - SURREY	13.01	0	33.84
33.85	NON-ALLOWABLE	A	-27,453	CENTRAL SERVICES & SUPPLY	14.00	0	33.85
33.86	NON-ALLOWABLE	A	-585	MEDICAL RECORDS & LIBRARY	16.00	0	33.86
33.87	NON-ALLOWABLE	A	-9	MEDICAL RECORDS & LIBRARY - SURREY	16.01	0	33.87
33.88	NON-ALLOWABLE	A	-1,890	SOCIAL SERVICE	17.00	0	33.88
33.89	NON-ALLOWABLE	A	-3,914	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.89
33.90	NON-ALLOWABLE	A	-7,189	ADULTS & PEDIATRICS	30.00	0	33.90
33.91	NON-ALLOWABLE	A	-1,352	CORONARY CARE UNIT	32.00	0	33.91
33.92	NON-ALLOWABLE	A	-20	NURSERY	43.00	0	33.92
33.93	NON-ALLOWABLE	A	-3,117	SKILLED NURSING FACILITY	44.00	0	33.93
33.94	NON-ALLOWABLE	A	-5,588	OTHER LONG TERM CARE	46.00	0	33.94
33.95	NON-ALLOWABLE	A	-4,985	OPERATING ROOM	50.00	0	33.95
33.96	NON-ALLOWABLE	A	-2,153	VASCULAR ACCESS CENTER	50.01	0	33.96
33.97	NON-ALLOWABLE	A	-2,181	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.97
33.98	NON-ALLOWABLE	A	-61,584	RADIOLOGY-DIAGNOSTIC	54.00	0	33.98
33.99	NON-ALLOWABLE	A	-2,009	CDI RADIOLOGY	54.02	0	33.99
34.00	NON-ALLOWABLE	A	-20,379	LABORATORY	60.00	0	34.00
34.01	NON-ALLOWABLE	A	-2,714	PHYSICAL THERAPY	66.00	0	34.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.02	NON-ALLOWABLE	A	-669	PHYSICAL THERAPY - SURREY	66.01	0	34.02
34.03	NON-ALLOWABLE	A	-1,411	THERAPY SVCS - BRAIN & SPINE	66.02	0	34.03
34.04	NON-ALLOWABLE	A	-224	OCCUPATIONAL THERAPY	67.00	0	34.04
34.05	NON-ALLOWABLE	A	-96	SPEECH PATHOLOGY	68.00	0	34.05
34.06	NON-ALLOWABLE	A	-1,514	ELECTROCARDIOLOGY	69.00	0	34.06
34.07	NON-ALLOWABLE	A	-88	TDOC - ELECTROCARDIOLOGY	69.01	0	34.07
34.08	NON-ALLOWABLE	A	-81	SLEEP MEDICINE CLINIC	70.01	0	34.08
34.09	NON-ALLOWABLE	A	-24,678	CARDIAC REHAB	76.02	0	34.09
34.10	NON-ALLOWABLE	A	-38	HYPERBARIC OXYGEN THERAPY	76.03	0	34.10
34.11	NON-ALLOWABLE	A	-40	EMERGENCY	91.00	0	34.11
34.12	NON-ALLOWABLE	A	-34,349	URGENT CARE CENTERS	91.01	0	34.12
34.13	NON-ALLOWABLE	A	-7,009	ADULT DOWN SYNDROME CENTER	91.02	0	34.13
34.14	NON-ALLOWABLE	A	-101	HOME HEALTH AGENCY	101.00	0	34.14
34.15	NON-ALLOWABLE	A	-2,267	HOSPICE	116.00	0	34.15
34.16	LOBBYING	A	-56,939	ADMIN & GENERAL - HOSPITAL	5.06	0	34.16
34.17	PHYSICIAN BILLING	A	-354,469	ADULTS & PEDIATRICS	30.00	0	34.17
34.18	PHYSICIAN BILLING	A	-17,217	CORONARY CARE UNIT	32.00	0	34.18
34.19	PHYSICIAN BILLING	A	-52,783	SLEEP MEDICINE CLINIC	70.01	0	34.19
34.20	PHYSICIAN BILLING	A	-2,452	EMERGENCY	91.00	0	34.20
34.21	PHYSICIAN BILLING	A	-841	URGENT CARE CENTERS	91.01	0	34.21
34.22	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-229,280	ADMIN & GENERAL - HOSPITAL	5.06	0	34.22
34.23	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-59,709	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.23
34.24	REVENUE ADD BACK	A	38,114	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.24
34.25	REVENUE ADD BACK	A	91,300	ADMIN & GENERAL - HOSPITAL	5.06	0	34.25
34.26	REVENUE ADD BACK	A	390,098	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.26
34.27	REVENUE ADD BACK	A	96,488	COMMUNITY OUTREACH	194.02	0	34.27
34.28	SLEEP RESEARCH	A	241,094	SLEEP RESEARCH	194.04	0	34.28
34.29	REHAB HOSPITAL	A	57,750	REHAB HOSPITAL COVERAGE	194.15	0	34.29
34.30	CHAPLAIN INCOME	B	-5,017	CLINICAL PASTORAL EDUCATION	23.01	0	34.30
34.31	EDUCATION CENTER DEPRECIATION	A	-71,698	CAP REL COSTS-BLDG & FIXT	1.00	9	34.31
34.32	RCE	A	-406,572	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.32
34.33	LOSS ON REFINANCING	A	1,063,506	CAP REL COSTS-BLDG & FIXT	1.00	11	34.33
34.34	LOSS ON REFINANCING	A	1,323,222	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.34
34.35			0		0.00	0	34.35
34.36			0		0.00	0	34.36
34.37			0		0.00	0	34.37
34.38			0		0.00	0	34.38
34.39			0		0.00	0	34.39
34.40			0		0.00	0	34.40
34.41			0		0.00	0	34.41
34.42			0		0.00	0	34.42
34.43			0		0.00	0	34.43
34.44			0		0.00	0	34.44
34.45			0		0.00	0	34.45
34.46			0		0.00	0	34.46
34.47			0		0.00	0	34.47
34.48			0		0.00	0	34.48
34.49			0		0.00	0	34.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,285,757				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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet A-8-1 Date/Time Prepared: 11/29/2016 8:52 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILIL	3,012,687	7,662,344	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,213,729	1,499,927	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	963,645	892,779	3.00
4.00	0.00			0	0	4.00
5.00	0		0	5,190,061	10,055,050	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: 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	C		0.00	ST.LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00	C		0.00	ST. LUKE'S CDI	30.00	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet A-8-1 Date/Time Prepared: 11/29/2016 8:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-4,649,657	0		1.00
2.00	-286,198	0		2.00
3.00	70,866	0		3.00
4.00	0	0		4.00
5.00	-4,864,989			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	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		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: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2016 8:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	ADMIN & GENERAL - SURREY	22,532	0	22,532	211,500	26	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	284,601	0	284,601	211,500	3,389	2.00
3.00	30.00	ADULTS & PEDIATRICS	8,250,734	6,786,877	1,463,857	211,500	14,261	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,623,149	1,547,553	75,596	211,500	1,092	4.00
5.00	32.00	CORONARY CARE UNIT	1,259,976	1,248,823	11,153	211,500	4	5.00
6.00	43.00	NURSERY	50,000	50,000	0	211,500	0	6.00
7.00	50.00	OPERATING ROOM	1,167,137	452,602	714,535	246,400	3,443	7.00
8.00	50.01	VASCULAR ACCESS CENTER	300,004	300,004	0	246,400	0	8.00
9.00	53.00	ANESTHESIOLOGY	552,219	552,219	0	239,400	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	42,000	42,000	0	271,900	0	10.00
11.00	57.01	TDOC CT SCAN	3,815	3,815	0	271,900	0	11.00
12.00	60.00	LABORATORY	186,738	0	186,738	260,300	1,691	12.00
13.00	64.00	INTRAVENOUS THERAPY	1,030,500	618,300	412,200	271,900	6,540	13.00
14.00	64.01	BRAIN & SPINE INFUSION CENTER	153,677	128,496	25,181	211,500	117	14.00
15.00	69.00	ELECTROCARDIOLOGY	918	0	918	211,500	5	15.00
16.00	69.01	TDOC - ELECTROCARDIOLOGY	1,967	1,967	0	211,500	0	16.00
17.00	59.00	CARDIAC CATHETERIZATION	45,505	0	45,505	211,500	795	17.00
18.00	70.01	SLEEP MEDICINE CLINIC	1,040,898	1,040,898	0	211,500	0	18.00
19.00	76.02	CARDIAC REHAB	81,509	81,509	0	211,500	0	19.00
20.00	90.00	CLINIC	2,825	2,825	0	211,500	0	20.00
21.00	91.00	EMERGENCY	5,958,648	5,432,201	526,447	211,500	3,558	21.00
22.00	91.01	URGENT CARE CENTERS	3,109,666	3,109,666	0	211,500	0	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	9,208	8,659	549	211,500	7	23.00
200.00			25,178,226	21,408,414	3,769,812		34,928	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	ADMIN & GENERAL - SURREY	2,644	132	0	0	188	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	344,603	17,230	0	0	1,933	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,450,097	72,505	0	0	180,268	3.00
4.00	31.00	INTENSIVE CARE UNIT	111,038	5,552	0	0	71,736	4.00
5.00	32.00	CORONARY CARE UNIT	407	20	0	0	22,227	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	407,863	20,393	0	0	55,068	7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	1,177	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	57.01	TDOC CT SCAN	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	211,619	10,581	0	0	0	12.00
13.00	64.00	INTRAVENOUS THERAPY	854,916	42,746	0	0	12,870	13.00
14.00	64.01	BRAIN & SPINE INFUSION CENTER	11,897	595	0	0	1,286	14.00
15.00	69.00	ELECTROCARDIOLOGY	508	25	0	0	9	15.00
16.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	59.00	CARDIAC CATHETERIZATION	80,838	4,042	0	0	454	17.00
18.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	0	8,888	18.00
19.00	76.02	CARDIAC REHAB	0	0	0	0	0	19.00
20.00	90.00	CLINIC	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	361,787	18,089	0	0	125,703	21.00
22.00	91.01	URGENT CARE CENTERS	0	0	0	0	40,034	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	712	36	0	0	204	23.00
200.00			3,838,929	191,946	0	0	522,045	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	ADMIN & GENERAL - SURREY	188	2,832	19,700	19,700		1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	1,933	346,536	0	0		2.00
3.00	30.00	ADULTS & PEDIATRICS	31,983	1,482,080	0	6,786,877		3.00
4.00	31.00	INTENSIVE CARE UNIT	3,341	114,379	0	1,547,553		4.00
5.00	32.00	CORONARY CARE UNIT	197	604	10,549	1,259,372		5.00
6.00	43.00	NURSERY	0	0	0	50,000		6.00
7.00	50.00	OPERATING ROOM	33,713	441,576	272,959	725,561		7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	300,004		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	552,219		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	42,000		10.00
11.00	57.01	TDOC CT SCAN	0	0	0	3,815		11.00
12.00	60.00	LABORATORY	0	211,619	0	0		12.00
13.00	64.00	INTRAVENOUS THERAPY	5,148	860,064	0	618,300		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2016 8:52 am

	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		
14.00	64.01	BRAIN & SPINE INFUSION CENTER	211	12,108	13,073	141,569		14.00
15.00	69.00	ELECTROCARDIOLOGY	9	517	401	401		15.00
16.00	69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	1,967		16.00
17.00	59.00	CARDIAC CATHETERIZATION	454	81,292	0	0		17.00
18.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	1,040,898		18.00
19.00	76.02	CARDIAC REHAB	0	0	0	81,509		19.00
20.00	90.00	CLINIC	0	0	0	2,825		20.00
21.00	91.00	EMERGENCY	11,106	372,893	153,554	5,585,755		21.00
22.00	91.01	URGENT CARE CENTERS	0	0	0	3,109,666		22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	12	724	0	8,659		23.00
200.00			88,295	3,927,224	470,236	21,878,650		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,701,599	9,701,599				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,144,468		13,144,468			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	555,340		0	555,340		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,092,910	79,256	107,382	0	46,279,548	4.00
5.01	00591	NONPATIENT TELEPHONES	650,091	19,574	26,521	0	104,986	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	23,711	0	0	0	0	5.03
5.04	00540	ADMITTING	993,889	21,746	29,463	0	263,264	5.04
5.05	00593	ADMIN & GENERAL - SURREY	801,872	0	0	27,732	137,037	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	37,992,100	882,655	1,195,889	0	5,086,672	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,500,247	1,092,940	1,480,799	0	471,783	6.00
6.01	00601	PURCHASING	1,127,466	31,241	42,328	0	150,495	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	565,559	0	0	17,990	53,734	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,265,253	52,268	70,817	0	19,792	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	125,146	0	0	9,231	6,450	8.01
9.00	00900	HOUSEKEEPING	3,397,226	56,851	77,026	0	734,032	9.00
9.01	00901	HOUSEKEEPING - SURREY	290,174	0	0	0	60,611	9.01
10.00	01000	DIETARY	1,631,187	215,871	292,479	0	528,459	10.00
10.01	01001	DIETARY - SURREY	1,393,145	0	0	20,701	189,491	10.01
11.00	01100	CAFETERIA	532,462	189,692	257,010	0	127,409	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,268	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,669,566	23,947	32,446	0	405,446	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	205,474	0	0	1,807	53,581	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,572,621	232,420	314,901	0	364,323	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,979,799	86,010	116,533	0	821,394	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	237,337	0	0	0	63,511	16.01
17.00	01700	SOCIAL SERVICE	443,836	26,089	35,347	0	82,360	17.00
17.01	01701	SOCIAL SERVICE - SURREY	221,702	0	0	1,296	59,325	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,216,944	0	0	0	593,327	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,491,413	67,334	91,230	0	429,637	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	167,828	18,751	25,405	0	27,764	23.01
23.02	02302	PHARMACY EDUCATION	181,195	5,227	7,082	0	38,800	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,071,762	1,957,491	2,652,150	0	7,785,935	30.00
31.00	03100	INTENSIVE CARE UNIT	2,465,004	126,357	171,198	0	1,000,311	31.00
32.00	03200	CORONARY CARE UNIT	2,806,596	183,971	249,258	0	1,014,269	32.00
43.00	04300	NURSERY	4,416,600	280,225	379,671	0	1,066,030	43.00
44.00	04400	SKILLED NURSING FACILITY	2,286,865	0	0	150,796	580,699	44.00
46.00	04600	OTHER LONG TERM CARE	1,906,891	0	0	265,051	492,650	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,060,407	929,427	1,259,258	0	3,719,270	50.00
50.01	03650	VASCULAR ACCESS CENTER	680,206	0	0	0	84,085	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	319,543	57,150	77,432	0	75,015	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,885,558	121,999	165,293	0	317,058	50.04
51.00	05100	RECOVERY ROOM	1,279,493	69,970	94,801	0	321,811	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,157,622	84,692	114,747	0	264,478	52.00
53.00	05300	ANESTHESIOLOGY	577,998	2,172	2,942	0	86,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,885,369	704,764	954,869	0	1,724,750	54.00
54.01	05401	TDOC RADIOLOGY	425,436	39,673	53,752	0	103,115	54.01
54.02	05402	CDI RADIOLOGY	7,756,749	0	0	0	422,914	54.02
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	667,449	54,949	74,449	0	166,254	57.00
57.01	05701	TDOC CT SCAN	179,194	19,290	26,135	0	42,499	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	392,762	61,703	83,600	0	95,949	58.00
58.01	05801	TDOC - MRI	235,359	33,517	45,412	0	55,900	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,569,887	140,869	190,860	0	342,194	59.00
60.00	06000	LABORATORY	10,888,931	279,911	379,245	0	1,156,296	60.00
64.00	06400	INTRAVENOUS THERAPY	20,063,927	80,454	109,005	0	820,123	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	82,295	18,855	25,547	0	58,414	64.01
65.00	06500	RESPIRATORY THERAPY	1,956,077	25,086	33,988	0	488,087	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,812	0	0	471	0	65.01
66.00	06600	PHYSICAL THERAPY	4,275,490	168,246	227,953	0	1,064,322	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,304,553	0	0	20,229	346,875	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	689,098	54,260	73,515	0	17,459	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	669,891	0	0	0	177,732	67.00
68.00	06800	SPEECH PATHOLOGY	229,872	1,123	1,522	0	60,593	68.00
69.00	06900	ELECTROCARDIOLOGY	1,484,186	54,634	74,023	0	325,931	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	784,156	66,451	90,033	0	177,903	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	224,218	29,564	40,055	0	49,616	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,940,838	123,032	166,693	0	747,571	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,699,401	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,578,988	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,209,583	75,017	101,639	0	1,020,018	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	568,227	0	0	0	153,724	76.01
76.02	03952	CARDIAC REHAB	3,602,762	184,091	249,421	0	897,693	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	258,380	31,046	42,064	0	63,944	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	36,248	0	0	0	9,272	90.00
91.00	09100	EMERGENCY	3,872,318	143,969	195,060	0	2,390,622	91.00
91.01	09101	URGENT CARE CENTERS	9,126,185	46,637	63,187	0	2,637,486	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	86,533	19,469	26,379	0	25,691	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,115,678	19,365	26,237	0	970,134	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,114,334	7,084	9,598	0	351,100	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	357,069,291	9,398,385	12,733,649	553,572	44,646,020	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	23,004	31,167	1,768	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,863,468	82,760	112,130	0	603,233	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	439,481	23,992	32,507	0	67,027	194.01
194.02	07952	COMMUNITY OUTREACH	878,653	18,331	24,837	0	142,238	194.02
194.03	07953	FOUNTAIN CAFE	25,408	3,220	4,363	0	5,623	194.03
194.04	07954	SLEEP RESEARCH	237,418	0	0	0	54,505	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	356,552	4,583	6,209	0	93,846	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	80,933	109,654	0	0	194.09
194.10	07960	TV STORAGE	0	1,393	1,887	0	0	194.10
194.11	07961	MARKETING	2,352,443	23,169	31,391	0	197,856	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	91,618	0	0	0	14,718	194.12
194.13	07963	VOLUNTEERS	263,162	19,769	26,785	0	62,320	194.13
194.14	07964	RETAIL PHARMACY	6,743,845	15,081	20,433	0	246,987	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	303,408	0	0	0	73,439	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	124,757	6,979	9,456	0	31,520	194.16
194.17	07967	VALET SERVICES	150,360	0	0	0	40,216	194.17
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)	380,899,865	9,701,599	13,144,468	555,340	46,279,548	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES	801,172					5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	22,765	46,476	0	46,476		5.03
5.04	00540	ADMITTING	11,382	1,319,744	0	0	1,319,744	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	966,641	0	9,745	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	120,803	45,278,119	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	12,484	13,558,253	0	0	0	6.00
6.01	00601	PURCHASING	4,406	1,355,936	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	637,283	0	2,998	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	367	1,408,497	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	140,827	0	750	0	8.01
9.00	00900	HOUSEKEEPING	13,953	4,279,088	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	350,785	0	750	0	9.01
10.00	01000	DIETARY	9,547	2,677,543	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,603,337	0	4,498	0	10.01
11.00	01100	CAFETERIA	2,570	1,109,143	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,268	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	7,711	2,139,116	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	260,862	0	1,499	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,445	3,492,710	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,624	6,021,360	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	300,848	0	2,249	0	16.01
17.00	01700	SOCIAL SERVICE	4,039	591,671	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	282,323	0	1,499	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,810,271	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,937	2,082,551	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	734	240,482	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	367	232,671	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	114,191	37,581,529	0	0	92,321	30.00
31.00	03100	INTENSIVE CARE UNIT	6,242	3,769,112	0	0	10,847	31.00
32.00	03200	CORONARY CARE UNIT	10,281	4,264,375	0	0	10,331	32.00
43.00	04300	NURSERY	24,233	6,166,759	0	0	9,452	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,018,360	0	11,244	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,664,592	0	8,246	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	55,076	24,023,438	0	0	104,023	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,836	766,127	0	0	5,561	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	4,406	533,546	0	0	4,375	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,078	2,497,986	0	0	19,098	50.04
51.00	05100	RECOVERY ROOM	7,711	1,773,786	0	0	9,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,609	1,628,148	0	0	5,790	52.00
53.00	05300	ANESTHESIOLOGY	1,836	671,493	0	0	11,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,342	11,324,094	0	0	87,570	54.00
54.01	05401	TDOC RADIOLOGY	2,570	624,546	0	0	11,590	54.01
54.02	05402	CDI RADIOLOGY	0	8,179,663	0	0	49,732	54.02
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	4,039	967,140	0	0	65,741	57.00
57.01	05701	TDOC CT SCAN	367	267,485	0	0	10,800	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,039	638,053	0	0	17,365	58.00
58.01	05801	TDOC - MRI	367	370,555	0	0	15,576	58.01
59.00	05900	CARDIAC CATHETERIZATION	8,812	2,252,622	0	0	41,342	59.00
60.00	06000	LABORATORY	30,108	12,734,491	0	0	171,664	60.00
64.00	06400	INTRAVENOUS THERAPY	2,937	21,076,446	0	0	101,589	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	367	185,478	0	0	362	64.01
65.00	06500	RESPIRATORY THERAPY	7,343	2,510,581	0	0	17,426	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	9,283	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	15,788	5,751,799	0	0	24,273	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,671,657	0	2,998	1	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	2,937	837,269	0	0	2,452	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,406	852,029	0	0	3,790	67.00
68.00	06800	SPEECH PATHOLOGY	1,469	294,579	0	0	1,188	68.00
69.00	06900	ELECTROCARDIOLOGY	8,812	1,947,586	0	0	34,692	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,609	1,125,152	0	0	25,552	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,937	346,390	0	0	5,162	70.00
70.01	07001	SLEEP MEDICINE CLINIC	18,359	2,996,493	0	0	6,790	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,699,401	0	0	35,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,578,988	0	0	79,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,585	15,419,842	0	0	124,902	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	734	722,685	0	0	2,665	76.01
76.02	03952	CARDIAC REHAB	22,030	4,955,997	0	0	6,436	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,570	398,004	0	0	1,491	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	367	45,887	0	0	83	90.00
91.00	09100	EMERGENCY	12,117	6,614,086	0	0	51,871	91.00
91.01	09101	URGENT CARE CENTERS	0	11,873,495	0	0	39,368	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,102	159,174	0	0	7	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	23,499	5,154,913	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	14,320	2,496,436	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	747,565	354,666,355	0	46,476	1,319,732	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,102	57,042	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,905	12,689,496	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	2,937	565,944	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	4,773	1,068,832	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	367	38,981	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,469	293,392	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	1,836	463,026	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	190,587	0	0	0	194.09
194.10	07960	TV STORAGE	0	3,280	0	0	0	194.10
194.11	07961	MARKETING	4,039	2,608,898	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	367	106,703	0	0	0	194.12
194.13	07963	VOLUNTEERS	5,140	377,176	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,570	7,028,916	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	376,847	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,102	173,814	0	0	12	194.16
194.17	07967	VALET SERVICES	0	190,576	0	0	0	194.17
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)	801,172	380,899,865	0	46,476	1,319,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	976,386	976,386				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	45,278,119	116,352	45,394,471	45,394,471		5.06
6.00	00600	MAINTENANCE & REPAIRS	13,558,253	34,845	13,593,098	1,839,173	15,432,271	6.00
6.01	00601	PURCHASING	1,355,936	3,485	1,359,421	183,932	63,391	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	640,281	1,646	641,927	86,854	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,408,497	3,620	1,412,117	191,062	106,058	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	141,577	364	141,941	19,205	0	8.01
9.00	00900	HOUSEKEEPING	4,279,088	10,997	4,290,085	580,457	115,357	9.00
9.01	00901	HOUSEKEEPING - SURREY	351,535	903	352,438	47,686	0	9.01
10.00	01000	DIETARY	2,677,543	6,881	2,684,424	363,208	438,027	10.00
10.01	01001	DIETARY - SURREY	1,607,835	4,132	1,611,967	218,102	0	10.01
11.00	01100	CAFETERIA	1,109,143	2,850	1,111,993	150,455	384,907	11.00
11.01	01101	CAFETERIA - SURREY	38,268	98	38,366	5,191	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,139,116	5,498	2,144,614	290,171	48,592	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	262,361	674	263,035	35,589	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,492,710	8,976	3,501,686	473,785	471,607	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,021,360	15,475	6,036,835	816,796	174,524	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	303,097	779	303,876	41,115	0	16.01
17.00	01700	SOCIAL SERVICE	591,671	1,521	593,192	80,260	52,938	17.00
17.01	01701	SOCIAL SERVICE - SURREY	283,822	729	284,551	38,500	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,810,271	7,222	2,817,493	381,212	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,082,551	5,352	2,087,903	282,497	136,629	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	240,482	618	241,100	32,621	38,047	23.01
23.02	02302	PHARMACY EDUCATION	232,671	598	233,269	31,562	10,606	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,673,850	96,822	37,770,672	5,110,368	3,971,965	30.00
31.00	03100	INTENSIVE CARE UNIT	3,779,959	9,714	3,789,673	512,750	256,392	31.00
32.00	03200	CORONARY CARE UNIT	4,274,706	10,986	4,285,692	579,863	373,299	32.00
43.00	04300	NURSERY	6,176,211	15,873	6,192,084	837,801	568,609	43.00
44.00	04400	SKILLED NURSING FACILITY	3,029,604	7,786	3,037,390	410,965	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,672,838	6,869	2,679,707	362,570	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,127,461	62,008	24,189,469	3,272,884	1,885,912	50.00
50.01	03650	VASCULAR ACCESS CENTER	771,688	1,983	773,671	104,679	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	537,921	1,382	539,303	72,969	115,964	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,517,084	6,469	2,523,553	341,442	247,549	50.04
51.00	05100	RECOVERY ROOM	1,783,202	4,583	1,787,785	241,891	141,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,633,938	4,199	1,638,137	221,643	171,850	52.00
53.00	05300	ANESTHESIOLOGY	683,336	1,756	685,092	92,694	4,406	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,411,664	29,328	11,440,992	1,547,989	1,430,046	54.00
54.01	05401	TDOC RADIOLOGY	636,136	1,635	637,771	86,292	80,501	54.01
54.02	05402	CDI RADIOLOGY	8,229,395	21,150	8,250,545	1,116,315	0	54.02
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	1,032,881	2,655	1,035,536	140,110	111,497	57.00
57.01	05701	TDOC CT SCAN	278,285	715	279,000	37,749	39,141	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	655,418	1,684	657,102	88,907	125,203	58.00
58.01	05801	TDOC - MRI	386,131	992	387,123	52,379	68,011	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,293,964	5,895	2,299,859	311,176	285,839	59.00
60.00	06000	LABORATORY	12,906,155	33,169	12,939,324	1,750,716	567,971	60.00
64.00	06400	INTRAVENOUS THERAPY	21,178,035	54,428	21,232,463	2,872,795	163,250	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	185,840	478	186,318	25,209	38,260	64.01
65.00	06500	RESPIRATORY THERAPY	2,528,007	6,497	2,534,504	342,923	50,902	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	9,283	24	9,307	1,259	0	65.01
66.00	06600	PHYSICAL THERAPY	5,776,072	14,845	5,790,917	783,523	341,390	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,674,656	4,304	1,678,960	227,167	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	839,721	2,158	841,879	113,908	110,099	66.02
67.00	06700	OCCUPATIONAL THERAPY	855,819	2,199	858,018	116,092	0	67.00
68.00	06800	SPEECH PATHOLOGY	295,767	760	296,527	40,121	2,279	68.00
69.00	06900	ELECTROCARDIOLOGY	1,982,278	5,094	1,987,372	268,895	110,859	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,150,704	2,957	1,153,661	156,093	134,836	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	351,552	903	352,455	47,688	59,988	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,003,283	7,718	3,011,001	407,394	249,646	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,735,189	37,869	14,773,058	1,998,824	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,658,395	83,932	32,742,327	4,430,102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,544,744	39,950	15,584,694	2,108,640	152,219	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	725,350	1,864	727,214	98,394	0	76.01
76.02	03952	CARDIAC REHAB	4,962,433	12,753	4,975,186	673,153	373,542	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	399,495	1,027	400,522	54,191	62,996	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	45,970	118	46,088	6,236	0	90.00
91.00	09100	EMERGENCY	6,665,957	17,132	6,683,089	904,235	292,130	91.00
91.01	09101	URGENT CARE CENTERS	11,912,863	30,616	11,943,479	1,615,977	94,631	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	159,181	409	159,590	21,593	39,506	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,154,913	13,248	5,168,161	699,263	39,293	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,496,436	6,416	2,502,852	338,641	14,374	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	354,666,343	908,967	354,598,924	41,835,901	14,817,015	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,042	147	57,189	7,738	46,678	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,689,496	32,612	12,722,108	1,721,327	167,930	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	565,944	1,454	567,398	76,770	48,683	194.01
194.02	07952	COMMUNITY OUTREACH	1,068,832	2,747	1,071,579	144,987	37,196	194.02
194.03	07953	FOUNTAIN CAFE	38,981	100	39,081	5,288	6,534	194.03
194.04	07954	SLEEP RESEARCH	293,392	754	294,146	39,799	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	463,026	1,190	464,216	62,809	9,299	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	190,587	490	191,077	25,853	164,222	194.09
194.10	07960	TV STORAGE	3,280	8	3,288	445	2,826	194.10
194.11	07961	MARKETING	2,608,898	6,705	2,615,603	353,896	47,012	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	106,703	274	106,977	14,474	0	194.12
194.13	07963	VOLUNTEERS	377,176	969	378,145	51,164	40,113	194.13
194.14	07964	RETAIL PHARMACY	7,028,916	18,064	7,046,980	953,470	30,602	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	376,847	968	377,815	51,119	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	173,826	447	174,273	23,579	14,161	194.16
194.17	07967	VALET SERVICES	190,576	490	191,066	25,852	0	194.17
200.00		Cross Foot Adjustments	0		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	380,899,865	976,386	380,899,865	45,394,471	15,432,271	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING	1,606,744					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	276	729,057				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	1,709,240			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	147	13,206	0	174,499		8.01
9.00	00900	HOUSEKEEPING	8,205	0	0	0	4,994,104	9.00
9.01	00901	HOUSEKEEPING - SURREY	1,230	0	0	0	0	9.01
10.00	01000	DIETARY	12,572	0	0	0	144,417	10.00
10.01	01001	DIETARY - SURREY	17,159	29,614	0	0	0	10.01
11.00	01100	CAFETERIA	32,725	0	0	0	126,904	11.00
11.01	01101	CAFETERIA - SURREY	0	54,747	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,107	0	0	0	16,021	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	67	2,585	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14,073	0	1,658	0	155,488	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	725	0	0	0	57,540	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	106	0	0	0	17,453	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	1,854	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	802	0	0	0	45,046	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	12,544	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,497	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,063	0	841,706	0	1,309,554	30.00
31.00	03100	INTENSIVE CARE UNIT	6,003	0	53,789	0	84,532	31.00
32.00	03200	CORONARY CARE UNIT	6,009	0	57,339	0	123,076	32.00
43.00	04300	NURSERY	11,298	0	98,492	0	187,470	43.00
44.00	04400	SKILLED NURSING FACILITY	2,141	215,728	0	65,177	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,541	379,180	0	109,322	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	682,761	0	190,624	0	621,783	50.00
50.01	03650	VASCULAR ACCESS CENTER	6,420	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,540	0	0	0	38,233	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	12,531	0	49,346	0	81,617	50.04
51.00	05100	RECOVERY ROOM	1,735	0	39,987	0	46,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,688	0	28,941	0	56,659	52.00
53.00	05300	ANESTHESIOLOGY	6,525	0	0	0	1,453	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,359	0	109,123	0	471,485	54.00
54.01	05401	TDOC RADIOLOGY	880	0	0	0	26,541	54.01
54.02	05402	CDI RADIOLOGY	30	0	0	0	0	54.02
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	882	0	0	0	36,761	57.00
57.01	05701	TDOC CT SCAN	421	0	0	0	12,905	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	720	0	28,303	0	41,279	58.00
58.01	05801	TDOC - MRI	542	0	0	0	22,423	58.01
59.00	05900	CARDIAC CATHETERIZATION	177,056	0	22,540	0	94,241	59.00
60.00	06000	LABORATORY	71,101	0	0	0	187,259	60.00
64.00	06400	INTRAVENOUS THERAPY	12,526	0	11,035	0	53,823	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	168	0	0	0	12,614	64.01
65.00	06500	RESPIRATORY THERAPY	2,989	0	0	0	16,782	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	217	674	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,808	0	5,074	0	112,556	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	110	28,940	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	155	0	90	0	36,300	66.02
67.00	06700	OCCUPATIONAL THERAPY	58	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	35	0	0	0	751	68.00
69.00	06900	ELECTROCARDIOLOGY	1,011	0	19,544	0	36,550	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	862	0	0	0	44,455	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	830	0	4,937	0	19,778	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,327	0	0	0	82,308	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	351,395	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,349	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,422	0	0	0	50,186	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	3	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	1,347	0	0	0	123,156	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,347	0	0	0	20,770	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	38	0	0	0	0	90.00
91.00	09100	EMERGENCY	14,915	0	141,766	0	96,315	91.00
91.01	09101	URGENT CARE CENTERS	11,613	0	0	0	31,200	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	141	0	0	0	13,025	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,584	0	0	0	12,955	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,424	0	0	0	4,739	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,584,117	726,528	1,704,294	174,499	4,791,254	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	2,529	0	0	15,390	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,314	0	4,946	0	55,366	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	795	0	0	0	16,051	194.01
194.02	07952	COMMUNITY OUTREACH	1,877	0	0	0	12,264	194.02
194.03	07953	FOUNTAIN CAFE	1,894	0	0	0	2,154	194.03
194.04	07954	SLEEP RESEARCH	124	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	74	0	0	0	3,066	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	54,144	194.09
194.10	07960	TV STORAGE	0	0	0	0	932	194.10
194.11	07961	MARKETING	3,233	0	0	0	15,500	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	514	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	199	0	0	0	13,225	194.13
194.14	07964	RETAIL PHARMACY	1,479	0	0	0	10,089	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	84	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	36	0	0	0	4,669	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,606,744	729,057	1,709,240	174,499	4,994,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY	401,354					9.01
10.00	01000	DIETARY	0	3,642,648				10.00
10.01	01001	DIETARY - SURREY	16,604	0	1,893,446			10.01
11.00	01100	CAFETERIA	0	1,919,250	0	3,726,234		11.00
11.01	01101	CAFETERIA - SURREY	30,695	0	38,712	0	167,711	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	44,917	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,449	0	0	0	2,600	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	88,369	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	9,290	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	12,569	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	1,040	0	0	0	4,830	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	96,828	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,644	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	5,840	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	4,783	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,071,814	0	1,007,620	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	62,219	0	91,781	0	31.00
32.00	03200	CORONARY CARE UNIT	0	68,417	0	102,908	0	32.00
43.00	04300	NURSERY	0	0	0	131,339	0	43.00
44.00	04400	SKILLED NURSING FACILITY	120,951	0	562,518	0	61,624	44.00
46.00	04600	OTHER LONG TERM CARE	212,593	0	943,525	0	58,236	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	404,424	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	12,858	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	45,206	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	42,971	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	36,578	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,448	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	260,804	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	13,795	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	21,702	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	5,215	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,290	0	58.00
58.01	05801	TDOC - MRI	0	0	0	7,162	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,192	0	59.00
60.00	06000	LABORATORY	0	0	0	178,996	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	79,044	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	2,572	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	76,256	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	378	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	125,067	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	16,226	0	0	0	25,919	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	4,566	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,700	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,921	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46,191	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	29,008	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,171	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	78,996	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,259	1,593	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	35,328	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	70,104	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	9,541	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,427	0	90.00
91.00	09100	EMERGENCY	0	0	0	155,468	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	4,783	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	399,936	3,121,700	1,544,755	3,554,641	164,092	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,418	206,051	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	92,118	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	6,585	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,586	0	194.02
194.03	07953	FOUNTAIN CAFE	0	186,712	0	2,379	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	6,441	0	194.04
194.05	07955	MEALS ON WHEELS	0	83,797	0	0	0	194.05
194.06	07956	GUEST MEALS	0	44,388	24,884	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	11,704	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	2,403	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	10,526	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	27,277	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	323,807	0	2,166	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	10,574	1,453	194.17
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)	401,354	3,642,648	1,893,446	3,726,234	167,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	2,545,422					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	305,325				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,706,666			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,086,420		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	354,281	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	7	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,503,062	0	280,303	495,661	0	30.00
31.00	03100	INTENSIVE CARE UNIT	180,023	0	39,799	58,235	0	31.00
32.00	03200	CORONARY CARE UNIT	212,813	0	39,233	55,463	0	32.00
43.00	04300	NURSERY	258,918	0	70,194	50,746	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	114,041	12,520	0	72,995	44.00
46.00	04600	OTHER LONG TERM CARE	0	191,284	9,258	0	103,308	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	558,487	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	46,313	29,857	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	645	0	10,615	23,489	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	83,982	102,534	0	50.04
51.00	05100	RECOVERY ROOM	0	0	8,005	50,555	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,136	0	23,283	31,088	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	46,864	63,581	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,980	0	159,452	470,155	909	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,380	62,224	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	63	267,005	0	54.02
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	5,849	352,957	0	57.00
57.01	05701	TDOC CT SCAN	0	0	2,361	57,983	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,273	93,233	0	58.00
58.01	05801	TDOC - MRI	0	0	2,764	83,627	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	68,102	0	306,986	221,959	0	59.00
60.00	06000	LABORATORY	0	0	521,176	922,519	11,248	60.00
64.00	06400	INTRAVENOUS THERAPY	25,810	0	88,141	545,416	40	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	969	1,941	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	10,376	93,559	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	6	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,368	130,319	8	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	273	8	97,389	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	548	13,163	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	128	20,350	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	206	6,378	25	68.00
69.00	06900	ELECTROCARDIOLOGY	59	0	5,183	186,257	207	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,821	137,183	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,496	27,712	61	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,423	36,457	3	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,727,232	192,142	6,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	426,328	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	20,283	670,585	61,135	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	14,311	0	76.01
76.02	03952	CARDIAC REHAB	10,324	0	2,574	34,554	14	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	1,839	8,002	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	195	446	0	90.00
91.00	09100	EMERGENCY	219,793	0	75,439	278,487	11	91.00
91.01	09101	URGENT CARE CENTERS	0	0	27,256	211,363	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	35	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	22,763	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	23,613	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,542,665	305,325	4,701,806	7,086,354	354,281	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	4,492	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	211	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	23	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	27	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	2,757	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	5	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	84	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	18	66	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	2,545,422	305,325	4,706,666	7,086,420	354,281	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE	756,518					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	330,775				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		3,295,533		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			2,555,528	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0				23.01
23.02	02302	PHARMACY EDUCATION	0	0				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	582,100	0	0	1,941,466	1,505,513	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	316,585	245,496	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	9,536	7,394	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,107	123,547	0	184,992	143,453	44.00
46.00	04600	OTHER LONG TERM CARE	0	207,228	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,410	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	20	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	26,700	20,705	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	119	0	0	24,793	19,226	50.04
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	1,780	0	0	59,121	45,846	54.00
54.01	05401	TDOC RADIOLOGY	257	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	178	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	198	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	277	0	0	0	0	58.00
58.01	05801	TDOC - MRI	198	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	20	0	0	57,214	44,367	59.00
60.00	06000	LABORATORY	1,325	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,345	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	87,728	68,029	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	257	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	119	0	0	0	0	66.02
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	237	0	0	123,964	96,128	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			17.00	17.01	19.00	21.00	22.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	158	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	138	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	99	0	0	57,214	44,367	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	119	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	79	0	0	47,678	36,972	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20	0	0	188,807	146,410	90.00
91.00	09100	EMERGENCY	159,605	0	0	114,428	88,734	91.00
91.01	09101	URGENT CARE CENTERS	554	0	0	51,493	39,930	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	755,391	330,775	0	3,291,719	2,552,570	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	277	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	3,814	2,958	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	850	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	756,518	330,775	0	3,295,533	2,555,528	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		330,152				23.01
23.02	02302	PHARMACY EDUCATION			283,717			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	177,760	0	57,613,627	-3,446,979	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,270	0	5,707,547	-562,081	31.00
32.00	03200	CORONARY CARE UNIT	0	9,731	0	5,930,773	-16,930	32.00
43.00	04300	NURSERY	0	0	0	8,406,951	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	49,449	0	5,178,598	-328,445	44.00
46.00	04600	OTHER LONG TERM CARE	0	82,942	0	5,340,694	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	31,810,754	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	960,960	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	863,021	-47,405	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,531,898	-44,019	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,361,716	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,268,003	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	918,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,036,041	-104,967	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	909,641	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	9,634,136	0	54.02
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	1,705,294	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	434,973	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,052,587	0	58.00
58.01	05801	TDOC - MRI	0	0	0	624,229	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,930,551	-101,581	59.00
60.00	06000	LABORATORY	0	0	0	17,151,635	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	25,085,688	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	268,051	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,284,048	-155,757	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	11,841	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	7,297,287	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,074,992	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,120,827	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,021,346	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	353,243	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,882,457	-220,092	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,661,077	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	527,254	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	3,972,235	-101,581	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,049,573	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,605,106	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	283,717	19,044,405	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	875,250	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	6,264,073	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	644,937	-84,650	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	390,667	-335,217	90.00
91.00	09100	EMERGENCY	0	0	0	9,224,415	-203,162	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	14,027,496	-91,423	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	238,673	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,946,019	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	2,887,643	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	330,152	283,717	349,130,295	-5,844,289	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	336,997	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	14,780,878	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	716,282	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,269,700	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	244,065	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	340,537	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	83,797	0	194.05
194.06	07956	GUEST MEALS	0	0	0	69,272	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	551,168	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	6,772	-6,772	194.08
194.09	07959	VACANT SPACE	0	0	0	435,296	0	194.09
194.10	07960	TV STORAGE	0	0	0	7,491	0	194.10
194.11	07961	MARKETING	0	0	0	3,035,244	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	127,125	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	493,377	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	8,069,981	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	755,841	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	216,802	0	194.16
194.17	07967	VALET SERVICES	0	0	0	228,945	0	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	330,152	283,717	380,899,865	-5,851,061	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00591	NONPATIENT TELEPHONES			5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00592	NONPATIENT TELEPHONES			5.03
5.04	00540	ADMITTING			5.04
5.05	00593	ADMIN & GENERAL - SURREY			5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	PURCHASING			6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - SURREY			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY - SURREY			10.01
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - SURREY			11.01
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01301	NURSING ADMINISTRATION - SURREY			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE - SURREY			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	CLINICAL PASTORAL EDUCATION			23.01
23.02	02302	PHARMACY EDUCATION			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	54,166,648		30.00
31.00	03100	INTENSIVE CARE UNIT	5,145,466		31.00
32.00	03200	CORONARY CARE UNIT	5,913,843		32.00
43.00	04300	NURSERY	8,406,951		43.00
44.00	04400	SKILLED NURSING FACILITY	4,850,153		44.00
46.00	04600	OTHER LONG TERM CARE	5,340,694		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	31,810,754		50.00
50.01	03650	VASCULAR ACCESS CENTER	960,960		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	815,616		50.02
50.03	05002	PAIN MGMT CENTER	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,487,879		50.04
51.00	05100	RECOVERY ROOM	2,361,716		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268,003		52.00
53.00	05300	ANESTHESIOLOGY	918,063		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,931,074		54.00
54.01	05401	TDOC RADIOLOGY	909,641		54.01
54.02	05402	CDI RADIOLOGY	9,634,136		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,705,294		57.00
57.01	05701	TDOC CT SCAN	434,973		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,052,587		58.00
58.01	05801	TDOC - MRI	624,229		58.01
59.00	05900	CARDIAC CATHETERIZATION	3,828,970		59.00
60.00	06000	LABORATORY	17,151,635		60.00
64.00	06400	INTRAVENOUS THERAPY	25,085,688		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	268,051		64.01
65.00	06500	RESPIRATORY THERAPY	3,128,291		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,841		65.01
66.00	06600	PHYSICAL THERAPY	7,297,287		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,074,992		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,120,827		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,021,346		67.00
68.00	06800	SPEECH PATHOLOGY	353,243		68.00
69.00	06900	ELECTROCARDIOLOGY	2,662,365		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,661,077		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	527,254		70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,870,654		70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Total		
			26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,049,573		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,605,106		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,044,405		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	875,250		76.01
76.02	03952	CARDIAC REHAB	6,264,073		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	560,287		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	55,450		90.00
91.00	09100	EMERGENCY	9,021,253		91.00
91.01	09101	URGENT CARE CENTERS	13,936,073		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	238,673		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	5,946,019		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	2,887,643		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	343,286,006		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	336,997		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,780,878		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	716,282		194.01
194.02	07952	COMMUNITY OUTREACH	1,269,700		194.02
194.03	07953	FOUNTAIN CAFE	244,065		194.03
194.04	07954	SLEEP RESEARCH	340,537		194.04
194.05	07955	MEALS ON WHEELS	83,797		194.05
194.06	07956	GUEST MEALS	69,272		194.06
194.07	07957	PHYSICIAN REFERRAL	551,168		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	435,296		194.09
194.10	07960	TV STORAGE	7,491		194.10
194.11	07961	MARKETING	3,035,244		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	127,125		194.12
194.13	07963	VOLUNTEERS	493,377		194.13
194.14	07964	RETAIL PHARMACY	8,069,981		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	755,841		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	216,802		194.16
194.17	07967	VALET SERVICES	228,945		194.17
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	375,048,804		202.00

COST ALLOCATION STATISTICS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet Non-CMS W | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-29	ACCUM. COST	5.02
5.03	NONPATIENT TELEPHONES	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	79,256	107,382	0	186,638	4.00
5.01	00591	NONPATIENT TELEPHONES	0	19,574	26,521	0	46,095	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	21,746	29,463	0	51,209	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	27,732	27,732	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	882,655	1,195,889	0	2,078,544	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,092,940	1,480,799	0	2,573,739	6.00
6.01	00601	PURCHASING	0	31,241	42,328	0	73,569	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	17,990	17,990	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,268	70,817	0	123,085	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	9,231	9,231	8.01
9.00	00900	HOUSEKEEPING	0	56,851	77,026	0	133,877	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	215,871	292,479	0	508,350	10.00
10.01	01001	DIETARY - SURREY	0	0	0	20,701	20,701	10.01
11.00	01100	CAFETERIA	0	189,692	257,010	0	446,702	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,268	38,268	11.01
13.00	01300	NURSING ADMINISTRATION	0	23,947	32,446	0	56,393	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,807	1,807	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	232,420	314,901	0	547,321	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,010	116,533	0	202,543	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	26,089	35,347	0	61,436	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,296	1,296	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	67,334	91,230	0	158,564	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	18,751	25,405	0	44,156	23.01
23.02	02302	PHARMACY EDUCATION	0	5,227	7,082	0	12,309	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,957,491	2,652,150	0	4,609,641	30.00
31.00	03100	INTENSIVE CARE UNIT	0	126,357	171,198	0	297,555	31.00
32.00	03200	CORONARY CARE UNIT	0	183,971	249,258	0	433,229	32.00
43.00	04300	NURSERY	0	280,225	379,671	0	659,896	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	150,796	150,796	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	265,051	265,051	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	929,427	1,259,258	0	2,188,685	50.00
50.01	03650	VASCULAR ACCESS CENTER	292,867	0	0	0	292,867	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	57,150	77,432	0	134,582	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	76,949	121,999	165,293	0	364,241	50.04
51.00	05100	RECOVERY ROOM	0	69,970	94,801	0	164,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	84,692	114,747	0	199,439	52.00
53.00	05300	ANESTHESIOLOGY	0	2,172	2,942	0	5,114	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	704,764	954,869	0	1,659,633	54.00
54.01	05401	TDOC RADIOLOGY	0	39,673	53,752	0	93,425	54.01
54.02	05402	CDI RADIOLOGY	1,756,723	0	0	0	1,756,723	54.02
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	54,949	74,449	0	129,398	57.00
57.01	05701	TDOC CT SCAN	0	19,290	26,135	0	45,425	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	61,703	83,600	0	145,303	58.00
58.01	05801	TDOC - MRI	0	33,517	45,412	0	78,929	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	140,869	190,860	0	331,729	59.00
60.00	06000	LABORATORY	87,123	279,911	379,245	0	746,279	60.00
64.00	06400	INTRAVENOUS THERAPY	0	80,454	109,005	0	189,459	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	18,855	25,547	0	44,402	64.01
65.00	06500	RESPIRATORY THERAPY	0	25,086	33,988	0	59,074	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	471	471	65.01
66.00	06600	PHYSICAL THERAPY	199,097	168,246	227,953	0	595,296	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	20,229	20,229	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	54,260	73,515	0	127,775	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,123	1,522	0	2,645	68.00
69.00	06900	ELECTROCARDIOLOGY	59,373	54,634	74,023	0	188,030	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	66,451	90,033	0	156,484	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,564	40,055	0	69,619	70.00
70.01	07001	SLEEP MEDICINE CLINIC	35,796	123,032	166,693	0	325,521	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,017	101,639	0	176,656	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	184,091	249,421	0	433,512	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	31,046	42,064	0	73,110	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	143,969	195,060	0	339,029	91.00
91.01	09101	URGENT CARE CENTERS	1,478,501	46,637	63,187	0	1,588,325	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	19,469	26,379	0	45,848	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	19,365	26,237	0	45,602	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,084	9,598	0	16,682	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,986,429	9,398,385	12,733,649	553,572	26,672,035	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,004	31,167	1,768	55,939	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	82,760	112,130	0	194,890	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	23,992	32,507	0	56,499	194.01
194.02	07952	COMMUNITY OUTREACH	0	18,331	24,837	0	43,168	194.02
194.03	07953	FOUNTAIN CAFE	0	3,220	4,363	0	7,583	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	4,583	6,209	0	10,792	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	80,933	109,654	0	190,587	194.09
194.10	07960	TV STORAGE	0	1,393	1,887	0	3,280	194.10
194.11	07961	MARKETING	0	23,169	31,391	0	54,560	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	19,769	26,785	0	46,554	194.13
194.14	07964	RETAIL PHARMACY	0	15,081	20,433	0	35,514	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	6,979	9,456	0	16,435	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,986,429	9,701,599	13,144,468	555,340	27,387,836	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	186,638					4.00
5.01	00591	NONPATIENT TELEPHONES	423	46,518				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,322	0	1,322		5.03
5.04	00540	ADMITTING	1,061	661	0	0	52,931	5.04
5.05	00593	ADMIN & GENERAL - SURREY	552	0	0	277	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	20,508	7,012	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,902	725	0	0	0	6.00
6.01	00601	PURCHASING	607	256	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	217	0	0	85	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	80	21	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	26	0	0	21	0	8.01
9.00	00900	HOUSEKEEPING	2,959	810	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	244	0	0	21	0	9.01
10.00	01000	DIETARY	2,131	554	0	0	0	10.00
10.01	01001	DIETARY - SURREY	764	0	0	128	0	10.01
11.00	01100	CAFETERIA	514	149	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,635	448	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	216	0	0	43	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,469	490	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,312	1,023	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	256	0	0	64	0	16.01
17.00	01700	SOCIAL SERVICE	332	235	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	239	0	0	43	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,392	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,732	171	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	112	43	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	156	21	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,448	6,630	0	0	3,725	30.00
31.00	03100	INTENSIVE CARE UNIT	4,033	362	0	0	438	31.00
32.00	03200	CORONARY CARE UNIT	4,089	597	0	0	417	32.00
43.00	04300	NURSERY	4,298	1,407	0	0	381	43.00
44.00	04400	SKILLED NURSING FACILITY	2,341	0	0	320	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,986	0	0	235	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,995	3,198	0	0	4,197	50.00
50.01	03650	VASCULAR ACCESS CENTER	339	107	0	0	224	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	302	256	0	0	177	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,278	469	0	0	771	50.04
51.00	05100	RECOVERY ROOM	1,297	448	0	0	380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,066	384	0	0	234	52.00
53.00	05300	ANESTHESIOLOGY	349	107	0	0	478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,954	3,155	0	0	3,533	54.00
54.01	05401	TDOC RADIOLOGY	416	149	0	0	468	54.01
54.02	05402	CDI RADIOLOGY	1,705	0	0	0	2,006	54.02
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	670	235	0	0	2,652	57.00
57.01	05701	TDOC CT SCAN	171	21	0	0	436	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	387	235	0	0	701	58.00
58.01	05801	TDOC - MRI	225	21	0	0	628	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,380	512	0	0	1,668	59.00
60.00	06000	LABORATORY	4,662	1,748	0	0	6,609	60.00
64.00	06400	INTRAVENOUS THERAPY	3,306	171	0	0	4,099	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	236	21	0	0	15	64.01
65.00	06500	RESPIRATORY THERAPY	1,968	426	0	0	703	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,291	917	0	0	979	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,398	0	0	85	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	70	171	0	0	99	66.02
67.00	06700	OCCUPATIONAL THERAPY	717	256	0	0	153	67.00
68.00	06800	SPEECH PATHOLOGY	244	85	0	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	1,314	512	0	0	1,400	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	717	384	0	0	1,031	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	200	171	0	0	208	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,014	1,066	0	0	274	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,112	789	0	0	5,039	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	620	43	0	0	108	76.01
76.02	03952	CARDIAC REHAB	3,619	1,279	0	0	260	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	258	149	0	0	60	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37	21	0	0	3	90.00
91.00	09100	EMERGENCY	9,638	704	0	0	2,093	91.00
91.01	09101	URGENT CARE CENTERS	10,633	0	0	0	1,588	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	104	64	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,911	1,364	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,416	831	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,053	43,406	0	1,322	52,931	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,432	1,620	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	270	171	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	573	277	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	23	21	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	220	85	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	378	107	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	798	235	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	59	21	0	0	0	194.12
194.13	07963	VOLUNTEERS	251	298	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	996	149	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	296	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	127	64	0	0	0	194.16
194.17	07967	VALET SERVICES	162	0	0	0	0	194.17
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)	186,638	46,518	0	1,322	52,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	28,561					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,465	2,109,529				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,017	85,473	2,662,856			6.00
6.01	00601	PURCHASING	102	8,548	10,938	94,020		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	48	4,036	0	16	22,392	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	106	8,879	18,300	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	11	893	0	9	406	8.01
9.00	00900	HOUSEKEEPING	321	26,976	19,905	480	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	26	2,216	0	72	0	9.01
10.00	01000	DIETARY	201	16,880	75,582	736	0	10.00
10.01	01001	DIETARY - SURREY	121	10,136	0	1,004	910	10.01
11.00	01100	CAFETERIA	83	6,992	66,416	1,915	0	11.00
11.01	01101	CAFETERIA - SURREY	3	241	0	0	1,681	11.01
13.00	01300	NURSING ADMINISTRATION	160	13,485	8,385	65	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	20	1,654	0	4	79	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	262	22,019	81,376	823	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	452	37,960	30,114	42	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	23	1,911	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	44	3,730	9,134	6	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	21	1,789	0	0	57	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	211	17,716	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	156	13,129	23,575	47	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	18	1,516	6,565	0	0	23.01
23.02	02302	PHARMACY EDUCATION	17	1,467	1,830	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,826	237,372	685,371	2,578	0	30.00
31.00	03100	INTENSIVE CARE UNIT	283	23,829	44,241	351	0	31.00
32.00	03200	CORONARY CARE UNIT	321	26,948	64,413	352	0	32.00
43.00	04300	NURSERY	463	38,936	98,114	661	0	43.00
44.00	04400	SKILLED NURSING FACILITY	227	19,099	0	125	6,626	44.00
46.00	04600	OTHER LONG TERM CARE	200	16,850	0	90	11,645	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,810	152,103	325,416	39,950	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	58	4,865	0	376	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	40	3,391	20,010	90	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	189	15,868	42,715	733	0	50.04
51.00	05100	RECOVERY ROOM	134	11,242	24,498	102	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123	10,301	29,653	216	0	52.00
53.00	05300	ANESTHESIOLOGY	51	4,308	760	382	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	856	71,941	246,756	1,835	0	54.00
54.01	05401	TDOC RADIOLOGY	48	4,010	13,890	51	0	54.01
54.02	05402	CDI RADIOLOGY	617	51,879	0	2	0	54.02
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	77	6,511	19,239	52	0	57.00
57.01	05701	TDOC CT SCAN	21	1,754	6,754	25	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49	4,132	21,604	42	0	58.00
58.01	05801	TDOC - MRI	29	2,434	11,735	32	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	172	14,462	49,322	10,361	0	59.00
60.00	06000	LABORATORY	968	81,362	98,004	4,161	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,588	133,510	28,169	733	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	14	1,172	6,602	10	0	64.01
65.00	06500	RESPIRATORY THERAPY	190	15,937	8,783	175	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	59	0	13	21	65.01
66.00	06600	PHYSICAL THERAPY	433	36,413	58,907	106	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	126	10,557	0	6	889	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	63	5,294	18,998	9	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	64	5,395	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	22	1,865	393	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	149	12,497	19,129	59	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	86	7,254	23,266	50	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	26	2,216	10,351	49	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	225	18,933	43,077	78	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,105	92,893	0	20,562	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,449	205,884	0	372	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,166	97,997	26,265	493	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	54	4,573	0	0	0	76.01
76.02	03952	CARDIAC REHAB	372	31,284	64,455	79	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	30	2,518	10,870	137	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	290	0	2	0	90.00
91.00	09100	EMERGENCY	500	42,023	50,407	873	0	91.00
91.01	09101	URGENT CARE CENTERS	893	75,101	16,329	680	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	12	1,004	6,817	8	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	387	32,497	6,780	210	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	187	15,738	2,480	200	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,595	1,944,147	2,556,693	92,695	22,314	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	360	8,054	0	78	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	952	79,997	28,976	721	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	42	3,568	8,400	47	0	194.01
194.02	07952	COMMUNITY OUTREACH	80	6,738	6,418	110	0	194.02
194.03	07953	FOUNTAIN CAFE	3	246	1,127	111	0	194.03
194.04	07954	SLEEP RESEARCH	22	1,850	0	7	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	35	2,919	1,605	4	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	14	1,201	28,337	0	0	194.09
194.10	07960	TV STORAGE	0	21	488	0	0	194.10
194.11	07961	MARKETING	196	16,447	8,112	189	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	8	673	0	30	0	194.12
194.13	07963	VOLUNTEERS	28	2,378	6,922	12	0	194.13
194.14	07964	RETAIL PHARMACY	527	44,311	5,280	87	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	28	2,376	0	5	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	13	1,096	2,444	2	0	194.16
194.17	07967	VALET SERVICES	14	1,201	0	0	0	194.17
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)	28,561	2,109,529	2,662,856	94,020	22,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	150,471					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	10,597				8.01
9.00	00900	HOUSEKEEPING	0	0	185,328			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,579		9.01
10.00	01000	DIETARY	0	0	5,359	0	609,793	10.00
10.01	01001	DIETARY - SURREY	0	0	0	107	0	10.01
11.00	01100	CAFETERIA	0	0	4,709	0	321,289	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	197	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	595	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	9	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	146	0	5,770	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,135	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	648	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	7	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,672	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	466	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	130	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,098	0	48,596	0	179,426	30.00
31.00	03100	INTENSIVE CARE UNIT	4,735	0	3,137	0	10,416	31.00
32.00	03200	CORONARY CARE UNIT	5,048	0	4,567	0	11,453	32.00
43.00	04300	NURSERY	8,671	0	6,957	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,958	0	777	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,639	0	1,367	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,781	0	23,074	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,419	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	4,344	0	3,029	0	0	50.04
51.00	05100	RECOVERY ROOM	3,520	0	1,737	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,548	0	2,103	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,607	0	17,496	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	985	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	1,364	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	479	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,492	0	1,532	0	0	58.00
58.01	05801	TDOC - MRI	0	0	832	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,984	0	3,497	0	0	59.00
60.00	06000	LABORATORY	0	0	6,949	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	971	0	1,997	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	468	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	623	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	2	0	65.01
66.00	06600	PHYSICAL THERAPY	447	0	4,177	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	104	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	8	0	1,347	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	28	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,721	0	1,356	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,650	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	435	0	734	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,054	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,862	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	4,570	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	771	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,480	0	3,574	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	1,158	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	483	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	481	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	176	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,036	10,597	177,800	2,570	522,584	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	571	9	34,494	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	435	0	2,055	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	596	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	455	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	80	0	31,256	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	14,028	194.05
194.06	07956	GUEST MEALS	0	0	0	0	7,431	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	114	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	2,009	0	0	194.09
194.10	07960	TV STORAGE	0	0	35	0	0	194.10
194.11	07961	MARKETING	0	0	575	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	491	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	374	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	173	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	150,471	10,597	185,328	2,579	609,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	33,871					10.01
11.00	01100	CAFETERIA	0	848,769				11.00
11.01	01101	CAFETERIA - SURREY	693	0	41,083			11.01
13.00	01300	NURSING ADMINISTRATION	0	10,231	0	91,397		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	637	0	4,469	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,129	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,276	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	2,863	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,183	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,056	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	602	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	1,330	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,089	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	229,520	0	53,969	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,906	0	6,464	0	31.00
32.00	03200	CORONARY CARE UNIT	0	23,441	0	7,641	0	32.00
43.00	04300	NURSERY	0	29,917	0	9,297	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,063	0	15,095	0	1,669	44.00
46.00	04600	OTHER LONG TERM CARE	16,878	0	14,266	0	2,800	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	92,120	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,929	0	23	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	10,297	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	9,788	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,332	0	2,016	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,974	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,406	0	251	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,142	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	4,943	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,188	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,027	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,631	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,383	0	2,445	0	59.00
60.00	06000	LABORATORY	0	40,772	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	18,005	0	927	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	586	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	17,370	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	28,488	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,349	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,040	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,082	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,577	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,521	0	2	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	6,607	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,861	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	17,994	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,293	390	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	8,047	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	15,968	0	371	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,173	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	553	0	0	0	90.00
91.00	09100	EMERGENCY	0	35,413	0	7,892	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,089	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,634	809,683	40,196	91,298	4,469	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	20,983	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	1,500	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	361	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	542	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,467	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	445	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,666	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	547	0	99	0	194.12
194.13	07963	VOLUNTEERS	0	2,398	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	6,213	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	5,792	0	531	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	2,409	356	0	0	194.17
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)	33,871	848,769	41,083	91,397	4,469	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	679,805					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	277,581				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,530			16.01
17.00	01700	SOCIAL SERVICE	0	0	0	78,428		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	4,635	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	40,485	19,422	0	60,347	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,748	2,282	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	5,667	2,173	0	0	0	32.00
43.00	04300	NURSERY	10,138	1,988	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,808	0	933	115	1,731	44.00
46.00	04600	OTHER LONG TERM CARE	1,337	0	1,322	0	2,904	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,884	0	457	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	6,689	1,170	0	2	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,533	920	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	12,130	4,018	0	12	0	50.04
51.00	05100	RECOVERY ROOM	1,156	1,981	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363	1,218	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,769	2,491	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,030	18,423	12	185	0	54.00
54.01	05401	TDOC RADIOLOGY	199	2,438	0	27	0	54.01
54.02	05402	CDI RADIOLOGY	9	10,462	0	18	0	54.02
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	845	13,830	0	0	0	57.00
57.01	05701	TDOC CT SCAN	341	2,272	0	21	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	617	3,653	0	29	0	58.00
58.01	05801	TDOC - MRI	399	3,277	0	21	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	44,339	8,697	0	2	0	59.00
60.00	06000	LABORATORY	75,274	36,057	144	137	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,730	21,372	1	139	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	140	76	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	1,499	3,666	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	920	5,106	0	27	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	39	0	1,245	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	79	516	0	12	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	19	797	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	30	250	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	749	7,298	3	25	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	696	5,375	0	16	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	794	1,086	1	14	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	494	1,429	0	10	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	393,910	7,529	88	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,705	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,929	26,276	781	70	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	561	0	0	0	76.01
76.02	03952	CARDIAC REHAB	372	1,354	0	12	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	266	314	0	8	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28	17	0	2	0	90.00
91.00	09100	EMERGENCY	10,896	10,912	0	16,546	0	91.00
91.01	09101	URGENT CARE CENTERS	3,937	8,282	0	57	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,288	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,411	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	679,103	277,578	4,530	78,311	4,635	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	649	0	0	29	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	30	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	3	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	4	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	1	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	12	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	88	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	3	3	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	679,805	277,581	4,530	78,428	4,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		42,375				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			199,649			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					54,206	23.01
23.02	02302	PHARMACY EDUCATION						23.02
		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
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	SLEEP MEDICINE CLINIC						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03020	NUTRITION/DIABETES EDUCATION						76.00
76.01	03951	NUTRITION/DIABETES EDUCATION						76.01
76.02	03952	CARDIAC REHAB						76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY						76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
91.01	09101	URGENT CARE CENTERS						91.01
91.02	04950	ADULT DOWN SYNDROME CENTER						91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	DEVELOPMENT						194.01
194.02	07952	COMMUNITY OUTREACH						194.02
194.03	07953	FOUNTAIN CAFE						194.03
194.04	07954	SLEEP RESEARCH						194.04
194.05	07955	MEALS ON WHEELS						194.05
194.06	07956	GUEST MEALS						194.06
194.07	07957	PHYSICIAN REFERRAL						194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	07959	VACANT SPACE						194.09
194.10	07960	TV STORAGE						194.10
194.11	07961	MARKETING						194.11
194.12	07962	CHILDBIRTH INSTRUCTION						194.12
194.13	07963	VOLUNTEERS						194.13
194.14	07964	RETAIL PHARMACY						194.14
194.15	07965	REHAB HOSPITAL COVERAGE						194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM						194.16
194.17	07967	VALET SERVICES						194.17
200.00		Cross Foot Adjustments	0	42,375	199,649	0	54,206	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	42,375	199,649	0	54,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION						23.01
23.02	02302	PHARMACY EDUCATION	17,019					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,285,454	0	6,285,454		30.00
31.00	03100	INTENSIVE CARE UNIT		424,780	0	424,780		31.00
32.00	03200	CORONARY CARE UNIT		590,356	0	590,356		32.00
43.00	04300	NURSERY		871,124	0	871,124		43.00
44.00	04400	SKILLED NURSING FACILITY		215,683	0	215,683		44.00
46.00	04600	OTHER LONG TERM CARE		343,570	0	343,570		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,884,670	0	2,884,670		50.00
50.01	03650	VASCULAR ACCESS CENTER		306,697	0	306,697		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		165,672	0	165,672		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		460,094	0	460,094		50.04
51.00	05100	RECOVERY ROOM		221,054	0	221,054		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		260,996	0	260,996		52.00
53.00	05300	ANESTHESIOLOGY		24,837	0	24,837		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,123,073	0	2,123,073		54.00
54.01	05401	TDOC RADIOLOGY		119,248	0	119,248		54.01
54.02	05402	CDI RADIOLOGY		1,823,421	0	1,823,421		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		179,816	0	179,816		57.00
57.01	05701	TDOC CT SCAN		58,908	0	58,908		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		183,803	0	183,803		58.00
58.01	05801	TDOC - MRI		100,193	0	100,193		58.01
59.00	05900	CARDIAC CATHETERIZATION		479,953	0	479,953		59.00
60.00	06000	LABORATORY		1,103,126	0	1,103,126		60.00
64.00	06400	INTRAVENOUS THERAPY		417,177	0	417,177		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		53,742	0	53,742		64.01
65.00	06500	RESPIRATORY THERAPY		110,414	0	110,414		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		567	0	567		65.01
66.00	06600	PHYSICAL THERAPY		736,507	0	736,507		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		41,027	0	41,027		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		155,481	0	155,481		66.02
67.00	06700	OCCUPATIONAL THERAPY		13,486	0	13,486		67.00
68.00	06800	SPEECH PATHOLOGY		7,189	0	7,189		68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		244,765	0	244,765		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		203,616	0	203,616		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		87,765	0	87,765		70.00
70.01	07001	SLEEP MEDICINE CLINIC		415,169	0	415,169		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		517,531	0	517,531		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		228,614	0	228,614		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		368,118	0	368,118		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	03020	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		14,006	0	14,006		76.01
76.02	03952	CARDIAC REHAB		557,507	0	557,507		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		90,664	0	90,664		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		956	0	956		90.00
91.00	09100	EMERGENCY		542,980	0	542,980		91.00
91.01	09101	URGENT CARE CENTERS		1,706,983	0	1,706,983		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		55,430	0	55,430		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		94,520	0	94,520		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		41,121	0	41,121		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,931,863	0	25,931,863		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		99,573	0	99,573		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		333,739	0	333,739		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	07951	DEVELOPMENT		71,093	0	71,093		194.01
194.02	07952	COMMUNITY OUTREACH		58,210	0	58,210		194.02
194.03	07953	FOUNTAIN CAFE		40,995	0	40,995		194.03
194.04	07954	SLEEP RESEARCH		3,655	0	3,655		194.04
194.05	07955	MEALS ON WHEELS		14,028	0	14,028		194.05
194.06	07956	GUEST MEALS		7,876	0	7,876		194.06
194.07	07957	PHYSICIAN REFERRAL		18,620	0	18,620		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		222,148	0	222,148		194.09
194.10	07960	TV STORAGE		3,824	0	3,824		194.10
194.11	07961	MARKETING		81,112	0	81,112		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,437	0	1,437		194.12
194.13	07963	VOLUNTEERS		59,333	0	59,333		194.13
194.14	07964	RETAIL PHARMACY		93,463	0	93,463		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		9,116	0	9,116		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,360	0	20,360		194.16
194.17	07967	VALET SERVICES		4,142	0	4,142		194.17
200.00		Cross Foot Adjustments	17,019	313,249	0	313,249		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	17,019	27,387,836	0	27,387,836		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	647,788					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		647,788				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,292	5,292	0	172,921,391		4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	392,276	2,182	5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	62	5.03
5.04	00540	ADMITTING	1,452	1,452	0	983,675	31	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	512,034	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	58,936	58,936	0	19,006,148	329	5.06
6.00	00600	MAINTENANCE & REPAIRS	72,977	72,977	0	1,762,799	34	6.00
6.01	00601	PURCHASING	2,086	2,086	0	562,318	12	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	200,775	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	73,952	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	24,101	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,742,682	38	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	226,469	0	9.01
10.00	01000	DIETARY	14,414	14,414	0	1,974,565	26	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	708,025	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	476,058	7	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,514,934	21	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	200,202	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,361,280	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	3,069,106	48	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	237,308	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	307,733	11	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	221,667	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,216,944	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	4,496	0	1,605,321	8	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	103,739	2	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	144,976	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,704	130,704	0	29,091,537	311	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	3,737,623	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,789,777	28	32.00
43.00	04300	NURSERY	18,711	18,711	0	3,983,178	66	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,169,758	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,840,767	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,059	62,059	0	13,896,902	150	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	314,181	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	280,289	12	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,184,673	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,202,435	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,655	5,655	0	988,211	18	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	323,373	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,058	47,058	0	6,444,460	148	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	385,286	7	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,580,202	0	54.02
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	3,669	3,669	0	621,202	11	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	158,796	1	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	358,510	11	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	208,869	1	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,278,594	24	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,320,453	82	60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	3,064,357	8	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,259	1,259	0	218,260	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,823,717	20	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,234	11,234	0	3,976,795	43	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,296,086	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	65,235	8	66.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	664,088	12	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	226,405	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,217,827	24	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	664,726	18	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,974	1,974	0	185,390	8	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,793,268	50	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009	5,009	0	3,811,256	37	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	574,385	2	76.01
76.02	03952	CARDIAC REHAB	12,292	12,292	0	3,354,193	60	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,073	2,073	0	238,926	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	34,645	1	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	8,932,465	33	91.00
91.01	09101	URGENT CARE CENTERS	3,114	3,114	0	9,854,860	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	95,995	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,293	1,293	0	3,624,867	64	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,311,870	39	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	627,542	627,542	56,372	166,817,779	2,036	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	0	3	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,526	5,526	0	2,253,957	76	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	250,445	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	531,468	13	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	21,009	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	203,654	4	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	306	306	0	350,650	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	5,404	5,404	0	0	0	194.09
194.10	07960	TV STORAGE	93	93	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	739,280	11	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	54,995	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	232,856	14	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	922,856	7	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	274,401	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	117,774	3	194.16
194.17	07967	VALET SERVICES	0	0	0	150,267	0	194.17
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)	9,701,599	13,144,468	555,340	46,279,548	801,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.976503	20.291311	9.819989	0.267633	367.173236	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				186,638	46,518	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001079	21.318973	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL	0	380,899,865				5.02
5.03	00592	NONPATIENT TELEPHONES	0	46,476	62			5.03
5.04	00540	ADMITTING	0	1,319,744	0	1,267,980,667		5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	966,641	13	0	-976,386	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	45,278,119	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	13,558,253	0	0	0	6.00
6.01	00601	PURCHASING	0	1,355,936	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	637,283	4	0	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,408,497	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	140,827	1	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,279,088	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	350,785	1	0	0	9.01
10.00	01000	DIETARY	0	2,677,543	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,603,337	6	0	0	10.01
11.00	01100	CAFETERIA	0	1,109,143	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,268	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	2,139,116	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	260,862	2	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,492,710	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,021,360	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	300,848	3	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	591,671	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	282,323	2	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,810,271	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,082,551	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	240,482	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	232,671	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	37,581,529	0	88,685,123	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,769,112	0	10,419,624	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,264,375	0	9,923,644	0	32.00
43.00	04300	NURSERY	0	6,166,759	0	9,079,542	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,018,360	15	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,664,592	11	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	24,023,438	0	99,926,091	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	766,127	0	5,342,026	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	533,546	0	4,202,703	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,497,986	0	18,345,701	0	50.04
51.00	05100	RECOVERY ROOM	0	1,773,786	0	9,045,478	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,628,148	0	5,562,315	0	52.00
53.00	05300	ANESTHESIOLOGY	0	671,493	0	11,376,134	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,324,094	0	84,121,422	0	54.00
54.01	05401	TDOC RADIOLOGY	0	624,546	0	11,133,322	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,179,663	0	47,773,227	0	54.02
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	967,140	0	63,152,147	0	57.00
57.01	05701	TDOC CT SCAN	0	267,485	0	10,374,446	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	638,053	0	16,681,479	0	58.00
58.01	05801	TDOC - MRI	0	370,555	0	14,962,864	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,252,622	0	39,713,505	0	59.00
60.00	06000	LABORATORY	0	12,734,491	0	165,117,488	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	21,076,446	0	97,587,438	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	185,478	0	347,356	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,510,581	0	16,739,926	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	9,283	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,751,799	0	23,316,962	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,671,657	4	1,407	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	837,269	0	2,355,250	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	852,029	0	3,640,992	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	294,579	0	1,141,105	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,947,586	0	33,325,677	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,125,152	0	24,545,201	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	346,390	0	4,958,305	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,996,493	0	6,523,025	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,699,401	0	34,378,645	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,578,988	0	76,279,915	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,419,842	0	119,983,033	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	722,685	0	2,560,479	0	76.01
76.02	03952	CARDIAC REHAB	0	4,955,997	0	6,182,483	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	398,004	0	1,431,809	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	45,887	0	79,792	0	90.00
91.00	09100	EMERGENCY	0	6,614,086	0	49,827,764	0	91.00
91.01	09101	URGENT CARE CENTERS	0	11,873,495	0	37,817,726	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	159,174	0	6,296	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,154,913	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,496,436	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	354,666,355	62	1,267,968,867	-976,386	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,042	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,689,496	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	565,944	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,068,832	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	38,981	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	293,392	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	463,026	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	190,587	0	0	0	194.09
194.10	07960	TV STORAGE	0	3,280	0	0	0	194.10
194.11	07961	MARKETING	0	2,608,898	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	106,703	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	377,176	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	7,028,916	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	376,847	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	173,814	0	11,800	0	194.16
194.17	07967	VALET SERVICES	0	190,576	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		0	46,476	1,319,744		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	749.612903	0.001041		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,322	52,931		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	21.322581	0.000042		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	379,923,479					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	45,278,119	-45,394,471	335,505,394			5.06
6.00	00600	MAINTENANCE & REPAIRS	13,558,253	0	13,593,098	507,824		6.00
6.01	00601	PURCHASING	1,355,936	0	1,359,421	2,086	65,156,646	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	640,281	0	641,927	0	11,186	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,408,497	0	1,412,117	3,490	122	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	141,577	0	141,941	0	5,941	8.01
9.00	00900	HOUSEKEEPING	4,279,088	0	4,290,085	3,796	332,724	9.00
9.01	00901	HOUSEKEEPING - SURREY	351,535	0	352,438	0	49,887	9.01
10.00	01000	DIETARY	2,677,543	0	2,684,424	14,414	509,813	10.00
10.01	01001	DIETARY - SURREY	1,607,835	0	1,611,967	0	695,829	10.01
11.00	01100	CAFETERIA	1,109,143	0	1,111,993	12,666	1,327,042	11.00
11.01	01101	CAFETERIA - SURREY	38,268	0	38,366	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,139,116	0	2,144,614	1,599	44,886	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	262,361	0	263,035	0	2,702	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,492,710	0	3,501,686	15,519	570,680	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,021,360	0	6,036,835	5,743	29,411	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	303,097	0	303,876	0	0	16.01
17.00	01700	SOCIAL SERVICE	591,671	0	593,192	1,742	4,288	17.00
17.01	01701	SOCIAL SERVICE - SURREY	283,822	0	284,551	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,810,271	0	2,817,493	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,082,551	0	2,087,903	4,496	32,522	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	240,482	0	241,100	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	232,671	0	233,269	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,673,850	0	37,770,672	130,704	1,786,804	30.00
31.00	03100	INTENSIVE CARE UNIT	3,779,959	0	3,789,673	8,437	243,412	31.00
32.00	03200	CORONARY CARE UNIT	4,274,706	0	4,285,692	12,284	243,660	32.00
43.00	04300	NURSERY	6,176,211	0	6,192,084	18,711	458,132	43.00
44.00	04400	SKILLED NURSING FACILITY	3,029,604	0	3,037,390	0	86,839	44.00
46.00	04600	OTHER LONG TERM CARE	2,672,838	0	2,679,707	0	62,489	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,127,461	0	24,189,469	62,059	27,687,841	50.00
50.01	03650	VASCULAR ACCESS CENTER	771,688	0	773,671	0	260,338	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	537,921	0	539,303	3,816	62,469	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,517,084	0	2,523,553	8,146	508,146	50.04
51.00	05100	RECOVERY ROOM	1,783,202	0	1,787,785	4,672	70,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,633,938	0	1,638,137	5,655	149,566	52.00
53.00	05300	ANESTHESIOLOGY	683,336	0	685,092	145	264,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,411,664	0	11,440,992	47,058	1,271,647	54.00
54.01	05401	TDOC RADIOLOGY	636,136	0	637,771	2,649	35,687	54.01
54.02	05402	CDI RADIOLOGY	8,229,395	0	8,250,545	0	1,223	54.02
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	1,032,881	0	1,035,536	3,669	35,785	57.00
57.01	05701	TDOC CT SCAN	278,285	0	279,000	1,288	17,085	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	655,418	0	657,102	4,120	29,187	58.00
58.01	05801	TDOC - MRI	386,131	0	387,123	2,238	21,978	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,293,964	0	2,299,859	9,406	7,179,898	59.00
60.00	06000	LABORATORY	12,906,155	0	12,939,324	18,690	2,883,245	60.00
64.00	06400	INTRAVENOUS THERAPY	21,178,035	0	21,232,463	5,372	507,952	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	185,840	0	186,318	1,259	6,818	64.01
65.00	06500	RESPIRATORY THERAPY	2,528,007	0	2,534,504	1,675	121,202	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	9,283	0	9,307	0	8,812	65.01
66.00	06600	PHYSICAL THERAPY	5,776,072	0	5,790,917	11,234	73,301	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,674,656	0	1,678,960	0	4,451	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	839,721	0	841,879	3,623	6,302	66.02
67.00	06700	OCCUPATIONAL THERAPY	855,819	0	858,018	0	2,345	67.00
68.00	06800	SPEECH PATHOLOGY	295,767	0	296,527	75	1,427	68.00
69.00	06900	ELECTROCARDIOLOGY	1,982,278	0	1,987,372	3,648	40,997	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,150,704	0	1,153,661	4,437	34,950	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	351,552	0	352,455	1,974	33,672	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,003,283	0	3,011,001	8,215	53,795	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,735,189	0	14,773,058	0	14,249,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,658,395	0	32,742,327	0	257,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,544,744	0	15,584,694	5,009	341,512	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	725,350	0	727,214	0	141	76.01
76.02	03952	CARDIAC REHAB	4,962,433	0	4,975,186	12,292	54,605	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	399,495	0	400,522	2,073	95,176	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	45,970	0	46,088	0	1,540	90.00
91.00	09100	EMERGENCY	6,665,957	0	6,683,089	9,613	604,806	91.00
91.01	09101	URGENT CARE CENTERS	11,912,863	0	11,943,479	3,114	470,923	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	159,181	0	159,590	1,300	5,736	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,154,913	0	5,168,161	1,293	145,340	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,496,436	0	2,502,852	473	138,834	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	353,689,957	-45,394,471	309,204,453	487,578	64,239,081	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,042	0	57,189	1,536	153	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,689,496	0	12,722,108	5,526	499,360	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	565,944	0	567,398	1,602	32,233	194.01
194.02	07952	COMMUNITY OUTREACH	1,068,832	0	1,071,579	1,224	76,119	194.02
194.03	07953	FOUNTAIN CAFE	38,981	0	39,081	215	76,816	194.03
194.04	07954	SLEEP RESEARCH	293,392	0	294,146	0	5,026	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	463,026	0	464,216	306	2,992	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	190,587	0	191,077	5,404	0	194.09
194.10	07960	TV STORAGE	3,280	0	3,288	93	0	194.10
194.11	07961	MARKETING	2,608,898	0	2,615,603	1,547	131,120	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	106,703	0	106,977	0	20,859	194.12
194.13	07963	VOLUNTEERS	377,176	0	378,145	1,320	8,055	194.13
194.14	07964	RETAIL PHARMACY	7,028,916	0	7,046,980	1,007	59,968	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	376,847	0	377,815	0	3,424	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	173,826	0	174,273	466	1,440	194.16
194.17	07967	VALET SERVICES	190,576	0	191,066	0	0	194.17
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)	976,386		45,394,471	15,432,271	1,606,744	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002570		0.135302	30.389015	0.024660	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,561		2,109,529	2,662,856	94,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000075		0.006288	5.243659	0.001443	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896					6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,164,194				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	38,789			8.01
9.00	00900	HOUSEKEEPING	0	0	0	498,452		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	50,956	9.01
10.00	01000	DIETARY	0	0	0	14,414	0	10.00
10.01	01001	DIETARY - SURREY	2,108	0	0	0	2,108	10.01
11.00	01100	CAFETERIA	0	0	0	12,666	0	11.00
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	3,897	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	184	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,099	0	15,519	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	132	0	0	0	132	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,496	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,252	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	349	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,065,746	0	130,704	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	68,106	0	8,437	0	31.00
32.00	03200	CORONARY CARE UNIT	0	72,601	0	12,284	0	32.00
43.00	04300	NURSERY	0	124,708	0	18,711	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,356	0	14,488	0	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	26,991	0	24,301	0	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	241,363	0	62,059	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	3,816	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	62,481	0	8,146	0	50.04
51.00	05100	RECOVERY ROOM	0	50,630	0	4,672	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,644	0	5,655	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,169	0	47,058	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	3,669	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	1,288	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,837	0	4,120	0	58.00
58.01	05801	TDOC - MRI	0	0	0	2,238	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,540	0	9,406	0	59.00
60.00	06000	LABORATORY	0	0	0	18,690	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	13,972	0	5,372	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,259	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	0	0	48	65.01
66.00	06600	PHYSICAL THERAPY	0	6,424	0	11,234	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,060	0	0	0	2,060	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	114	0	3,623	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,746	0	3,648	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	4,437	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,251	0	1,974	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	8,215	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,009	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	12,292	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	2,073	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	179,501	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	3,114	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	1,300	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,293	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	473	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,716	2,157,932	38,789	478,206	50,776	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180	0	0	1,536	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,262	0	5,526	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	1,602	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,224	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	215	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	306	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	5,404	0	194.09
194.10	07960	TV STORAGE	0	0	0	93	0	194.10
194.11	07961	MARKETING	0	0	0	1,547	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	1,320	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	1,007	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	466	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	729,057	1,709,240	174,499	4,994,104	401,354	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.048424	0.789781	4.498672	10.019228	7.876482	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	22,392	150,471	10,597	185,328	2,579	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.431478	0.069528	0.273196	0.371807	0.050612	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	642,308					10.00
10.01	01001	DIETARY - SURREY	0	142,672				10.01
11.00	01100	CAFETERIA	338,421	0	155,048			11.00
11.01	01101	CAFETERIA - SURREY	0	2,917	0	13,161		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,869	0	43,394	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	204	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,677	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	729	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	523	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	379	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,029	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	110	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	243	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	199	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	188,993	0	41,927	0	25,624	30.00
31.00	03100	INTENSIVE CARE UNIT	10,971	0	3,819	0	3,069	31.00
32.00	03200	CORONARY CARE UNIT	12,064	0	4,282	0	3,628	32.00
43.00	04300	NURSERY	0	0	5,465	0	4,414	43.00
44.00	04400	SKILLED NURSING FACILITY	0	42,386	0	4,836	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	71,095	0	4,570	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	16,828	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	535	0	11	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	1,881	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,788	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,522	0	957	52.00
53.00	05300	ANESTHESIOLOGY	0	0	726	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,852	0	119	54.00
54.01	05401	TDOC RADIOLOGY	0	0	574	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	903	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	217	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	553	0	0	58.00
58.01	05801	TDOC - MRI	0	0	298	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,714	0	1,161	59.00
60.00	06000	LABORATORY	0	0	7,448	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,289	0	440	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	107	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,173	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,204	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,034	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	190	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,111	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	288	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
			10.00	10.01	11.00	11.01	13.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	1,922	0	1	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,207	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	340	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,287	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,255	125	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	1,470	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	2,917	0	176	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	397	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	101	0	0	90.00
91.00	09100	EMERGENCY	0	0	6,469	0	3,747	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	199	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	550,449	116,398	147,908	12,877	43,347	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,333	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	3,833	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	274	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	66	0	0	194.02
194.03	07953	FOUNTAIN CAFE	32,923	0	99	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	268	0	0	194.04
194.05	07955	MEALS ON WHEELS	14,776	0	0	0	0	194.05
194.06	07956	GUEST MEALS	7,827	1,875	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	487	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	100	0	47	194.12
194.13	07963	VOLUNTEERS	0	0	438	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,135	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	24,399	0	170	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	440	114	0	194.17
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)	3,642,648	1,893,446	3,726,234	167,711	2,545,422	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.671186	13.271322	24.032777	12.743029	58.658386	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	609,793	33,871	848,769	41,083	91,397	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.949378	0.237405	5.474234	3.121571	2.106213	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	38,789					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,368,274				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2	1,267,980,667			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	19,688,451		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	38,256	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,510,793	88,685,123	0	29,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	214,509	10,419,624	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	211,462	9,923,644	0	0	32.00
43.00	04300	NURSERY	0	378,335	9,079,542	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,488	67,483	0	4,056,640	56	44.00
46.00	04600	OTHER LONG TERM CARE	24,301	49,901	0	5,740,956	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	99,926,091	0	223	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	249,622	5,342,026	0	1	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	57,215	4,202,703	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	452,651	18,345,701	0	6	50.04
51.00	05100	RECOVERY ROOM	0	43,148	9,045,478	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	125,492	5,562,315	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	252,591	11,376,134	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	859,420	84,121,422	50,506	90	54.00
54.01	05401	TDOC RADIOLOGY	0	7,438	11,133,322	0	13	54.01
54.02	05402	CDI RADIOLOGY	0	342	47,773,227	0	9	54.02
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	31,526	63,152,147	0	0	57.00
57.01	05701	TDOC CT SCAN	0	12,723	10,374,446	0	10	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,032	16,681,479	0	14	58.00
58.01	05801	TDOC - MRI	0	14,896	14,962,864	0	10	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,654,610	39,713,505	0	1	59.00
60.00	06000	LABORATORY	0	2,809,061	165,117,488	625,080	67	60.00
64.00	06400	INTRAVENOUS THERAPY	0	475,066	97,587,438	2,199	68	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	5,223	347,356	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	55,926	16,739,926	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	310	0	65.01
66.00	06600	PHYSICAL THERAPY	0	34,320	23,316,962	419	13	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,474	1,407	5,412,331	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,953	2,355,250	0	6	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	692	3,640,992	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	1,111	1,141,105	1,414	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,937	33,325,677	11,494	12	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	25,984	24,545,201	0	8	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,621	4,958,305	3,370	7	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	18,450	6,523,025	149	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,699,402	34,378,645	384,692	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	76,279,915	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,320	119,983,033	3,397,509	34	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	2,560,479	0	0	76.01
76.02	03952	CARDIAC REHAB	0	13,873	6,182,483	753	6	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	9,913	1,431,809	0	4	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,050	79,792	0	1	90.00
91.00	09100	EMERGENCY	0	406,605	49,827,764	629	8,071	91.00
91.01	09101	URGENT CARE CENTERS	0	146,907	37,817,726	0	28	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	6,296	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	122,689	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	127,272	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,789	25,342,078	1,267,968,867	19,688,451	38,199	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	24,211	0	0	14	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,136	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	123	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	148	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	28	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	454	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	43	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	96	11,800	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	305,325	4,706,666	7,086,420	354,281	756,518	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.871433	0.185534	0.005589	0.017994	19.775146	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,469	679,805	277,581	4,530	78,428	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.115213	0.026797	0.000219	0.000230	2.050084	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	38,789					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		1,728			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			1,728		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY EDUCATION	0					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,018	1,018	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	166	166	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	5	5	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,488	0	97	97	0	44.00
46.00	04600	OTHER LONG TERM CARE	24,301	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	14	14	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	13	13	0	50.04
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	100	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	31	31	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	30	30	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	46	46	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			17.01	19.00	21.00	22.00	23.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	65	65	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	30	30	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	25	25	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	99	99	0	90.00
91.00	09100	EMERGENCY	0	0	60	60	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	27	27	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,789	100	1,726	1,726	0	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	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	2	2	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	330,775	0	3,295,533	2,555,528	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.527546	0.000000	1,907.137153	1,478.893519	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,635	0	42,375	199,649	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.119493	0.000000	24.522569	115.537616	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00591	NONPATIENT TELEPHONES				5.01
5.02	00590	OTHER ADMINISTRATIVE AND GENERAL				5.02
5.03	00592	NONPATIENT TELEPHONES				5.03
5.04	00540	ADMITTING				5.04
5.05	00593	ADMIN & GENERAL - SURREY				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	PURCHASING				6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY				6.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - SURREY				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY - SURREY				10.01
11.00	01100	CAFETERIA				11.00
11.01	01101	CAFETERIA - SURREY				11.01
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01301	NURSING ADMINISTRATION - SURREY				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY				16.01
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE - SURREY				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	96,730			23.01
23.02	02302	PHARMACY EDUCATION		100		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	52,081	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,009	0		31.00
32.00	03200	CORONARY CARE UNIT	2,851	0		32.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	14,488	0		44.00
46.00	04600	OTHER LONG TERM CARE	24,301	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.01	23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,730	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
194.02	07952	COMMUNITY OUTREACH	0	0		194.02
194.03	07953	FOUNTAIN CAFE	0	0		194.03
194.04	07954	SLEEP RESEARCH	0	0		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0		194.12
194.13	07963	VOLUNTEERS	0	0		194.13
194.14	07964	RETAIL PHARMACY	0	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0		194.16
194.17	07967	VALET SERVICES	0	0		194.17
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)	330,152	283,717		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.413129	2,837.170000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	54,206	17,019		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.560385	170.190000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,166,648		54,166,648	0	54,166,648	30.00
31.00	03100	INTENSIVE CARE UNIT	5,145,466		5,145,466	0	5,145,466	31.00
32.00	03200	CORONARY CARE UNIT	5,913,843		5,913,843	10,549	5,924,392	32.00
43.00	04300	NURSERY	8,406,951		8,406,951	0	8,406,951	43.00
44.00	04400	SKILLED NURSING FACILITY	4,850,153		4,850,153	0	4,850,153	44.00
46.00	04600	OTHER LONG TERM CARE	5,340,694		5,340,694	0	5,340,694	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,810,754		31,810,754	272,959	32,083,713	50.00
50.01	03650	VASCULAR ACCESS CENTER	960,960		960,960	0	960,960	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	815,616		815,616	0	815,616	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,487,879		3,487,879	0	3,487,879	50.04
51.00	05100	RECOVERY ROOM	2,361,716		2,361,716	0	2,361,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268,003		2,268,003	0	2,268,003	52.00
53.00	05300	ANESTHESIOLOGY	918,063		918,063	0	918,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,931,074		15,931,074	0	15,931,074	54.00
54.01	05401	TDOC RADIOLOGY	909,641		909,641	0	909,641	54.01
54.02	05402	CDI RADIOLOGY	9,634,136		9,634,136	0	9,634,136	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,705,294		1,705,294	0	1,705,294	57.00
57.01	05701	TDOC CT SCAN	434,973		434,973	0	434,973	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,052,587		1,052,587	0	1,052,587	58.00
58.01	05801	TDOC - MRI	624,229		624,229	0	624,229	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,828,970		3,828,970	0	3,828,970	59.00
60.00	06000	LABORATORY	17,151,635		17,151,635	0	17,151,635	60.00
64.00	06400	INTRAVENOUS THERAPY	25,085,688		25,085,688	0	25,085,688	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	268,051		268,051	13,073	281,124	64.01
65.00	06500	RESPIRATORY THERAPY	3,128,291	0	3,128,291	0	3,128,291	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,841	0	11,841	0	11,841	65.01
66.00	06600	PHYSICAL THERAPY	7,297,287	0	7,297,287	0	7,297,287	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,074,992	0	2,074,992	0	2,074,992	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,120,827	0	1,120,827	0	1,120,827	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,021,346	0	1,021,346	0	1,021,346	67.00
68.00	06800	SPEECH PATHOLOGY	353,243	0	353,243	0	353,243	68.00
69.00	06900	ELECTROCARDIOLOGY	2,662,365		2,662,365	401	2,662,766	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,661,077		1,661,077	0	1,661,077	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	527,254		527,254	0	527,254	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,870,654		3,870,654	0	3,870,654	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,049,573		20,049,573	0	20,049,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,605,106		37,605,106	0	37,605,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,044,405		19,044,405	0	19,044,405	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	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	875,250		875,250	0	875,250	76.01
76.02	03952	CARDIAC REHAB	6,264,073		6,264,073	0	6,264,073	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	560,287		560,287	0	560,287	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	55,450		55,450	0	55,450	90.00
91.00	09100	EMERGENCY	9,021,253		9,021,253	153,554	9,174,807	91.00
91.01	09101	URGENT CARE CENTERS	13,936,073		13,936,073	0	13,936,073	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	238,673		238,673	0	238,673	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,013,468		6,013,468		6,013,468	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,946,019		5,946,019		5,946,019	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,887,643		2,887,643		2,887,643	116.00
200.00		Subtotal (see instructions)	349,299,474	0	349,299,474	450,536	349,750,010	200.00
201.00		Less Observation Beds	6,013,468		6,013,468		6,013,468	201.00
202.00		Total (see instructions)	343,286,006	0	343,286,006	450,536	343,736,542	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,490,898		58,490,898			30.00
31.00	03100	INTENSIVE CARE UNIT	10,117,279		10,117,279			31.00
32.00	03200	CORONARY CARE UNIT	9,713,823		9,713,823			32.00
43.00	04300	NURSERY	9,103,691		9,103,691			43.00
44.00	04400	SKILLED NURSING FACILITY	4,056,640		4,056,640			44.00
46.00	04600	OTHER LONG TERM CARE	5,740,956		5,740,956			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,286,167	63,639,924	99,926,091	0.318343	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	19,089	5,322,938	5,342,027	0.179887	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,033	4,201,670	4,202,703	0.194069	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,537,674	15,808,027	18,345,701	0.190120	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,099,651	5,945,828	9,045,479	0.261094	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,562,114	2,115,136	7,677,250	0.295419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,047,131	6,329,003	11,376,134	0.080701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,197,459	70,974,469	84,171,928	0.189268	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	46,344	11,086,978	11,133,322	0.081704	0.000000	54.01
54.02	05402	CDI RADIOLOGY	152,097	47,621,130	47,773,227	0.201664	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,276,563	45,875,584	63,152,147	0.027003	0.000000	57.00
57.01	05701	TDOC CT SCAN	49,651	10,324,796	10,374,447	0.041927	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,130,271	12,551,208	16,681,479	0.063099	0.000000	58.00
58.01	05801	TDOC - MRI	18,360	14,944,504	14,962,864	0.041719	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	12,262,385	27,451,120	39,713,505	0.096415	0.000000	59.00
60.00	06000	LABORATORY	60,276,622	105,465,946	165,742,568	0.103484	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,627,300	94,962,337	97,589,637	0.257053	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	347,356	347,356	0.771690	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	15,188,648	1,521,278	16,709,926	0.187212	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	30,325	0	30,325	0.390470	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,914,139	16,403,242	23,317,381	0.312955	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,299,529	114,194	5,413,723	0.383284	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,355,250	2,355,250	0.475885	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,134,693	506,299	3,640,992	0.280513	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	804,326	338,193	1,142,519	0.309179	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,158,396	17,178,775	33,337,171	0.079862	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	105,763	24,439,438	24,545,201	0.067674	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	548,175	4,413,501	4,961,676	0.106265	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	17,544	6,505,630	6,523,174	0.593370	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,501,230	17,262,107	34,763,337	0.576745	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,695,420	36,584,495	76,279,915	0.492988	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,405,805	41,974,737	123,380,542	0.154355	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,032,548	527,931	2,560,479	0.341831	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,153,289	5,029,947	6,183,236	1.013074	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	48,727	1,383,083	1,431,810	0.391314	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	150	79,642	79,792	0.694932	0.000000	90.00
91.00	09100	EMERGENCY	17,670,718	32,141,976	49,812,694	0.181103	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	4,446	37,813,140	37,817,586	0.368508	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,296	6,296	37.908672	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,374,738	26,192,569	28,567,307	0.210502	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,554,935	6,554,935			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,383,329	4,383,329			116.00
200.00		Subtotal (see instructions)	469,901,807	828,677,941	1,298,579,748			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	469,901,807	828,677,941	1,298,579,748			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.321074		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120		50.04
51.00	05100	RECOVERY ROOM	0.261094		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419		52.00
53.00	05300	ANESTHESIOLOGY	0.080701		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268		54.00
54.01	05401	TDOC RADIOLOGY	0.081704		54.01
54.02	05402	CDI RADIOLOGY	0.201664		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.027003		57.00
57.01	05701	TDOC CT SCAN	0.041927		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099		58.00
58.01	05801	TDOC - MRI	0.041719		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415		59.00
60.00	06000	LABORATORY	0.103484		60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.809325		64.01
65.00	06500	RESPIRATORY THERAPY	0.187212		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470		65.01
66.00	06600	PHYSICAL THERAPY	0.312955		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513		67.00
68.00	06800	SPEECH PATHOLOGY	0.309179		68.00
69.00	06900	ELECTROCARDIOLOGY	0.079874		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831		76.01
76.02	03952	CARDIAC REHAB	1.013074		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.694932		90.00
91.00	09100	EMERGENCY	0.184186		91.00
91.01	09101	URGENT CARE CENTERS	0.368508		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Costs: Total Costs	Hospital Costs: RCE Disallowance	Cost Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,166,648		54,166,648	0	54,166,648	30.00
31.00	03100	INTENSIVE CARE UNIT	5,145,466		5,145,466	0	5,145,466	31.00
32.00	03200	CORONARY CARE UNIT	5,913,843		5,913,843	10,549	5,924,392	32.00
43.00	04300	NURSERY	8,406,951		8,406,951	0	8,406,951	43.00
44.00	04400	SKILLED NURSING FACILITY	4,850,153		4,850,153	0	4,850,153	44.00
46.00	04600	OTHER LONG TERM CARE	5,340,694		5,340,694	0	5,340,694	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,810,754		31,810,754	272,959	32,083,713	50.00
50.01	03650	VASCULAR ACCESS CENTER	960,960		960,960	0	960,960	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	815,616		815,616	0	815,616	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,487,879		3,487,879	0	3,487,879	50.04
51.00	05100	RECOVERY ROOM	2,361,716		2,361,716	0	2,361,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268,003		2,268,003	0	2,268,003	52.00
53.00	05300	ANESTHESIOLOGY	918,063		918,063	0	918,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,931,074		15,931,074	0	15,931,074	54.00
54.01	05401	TDOC RADIOLOGY	909,641		909,641	0	909,641	54.01
54.02	05402	CDI RADIOLOGY	9,634,136		9,634,136	0	9,634,136	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,705,294		1,705,294	0	1,705,294	57.00
57.01	05701	TDOC CT SCAN	434,973		434,973	0	434,973	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,052,587		1,052,587	0	1,052,587	58.00
58.01	05801	TDOC - MRI	624,229		624,229	0	624,229	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,828,970		3,828,970	0	3,828,970	59.00
60.00	06000	LABORATORY	17,151,635		17,151,635	0	17,151,635	60.00
64.00	06400	INTRAVENOUS THERAPY	25,085,688		25,085,688	0	25,085,688	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	268,051		268,051	13,073	281,124	64.01
65.00	06500	RESPIRATORY THERAPY	3,128,291	0	3,128,291	0	3,128,291	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	11,841	0	11,841	0	11,841	65.01
66.00	06600	PHYSICAL THERAPY	7,297,287	0	7,297,287	0	7,297,287	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,074,992	0	2,074,992	0	2,074,992	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,120,827	0	1,120,827	0	1,120,827	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,021,346	0	1,021,346	0	1,021,346	67.00
68.00	06800	SPEECH PATHOLOGY	353,243	0	353,243	0	353,243	68.00
69.00	06900	ELECTROCARDIOLOGY	2,662,365		2,662,365	401	2,662,766	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,661,077		1,661,077	0	1,661,077	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	527,254		527,254	0	527,254	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,870,654		3,870,654	0	3,870,654	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,049,573		20,049,573	0	20,049,573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,605,106		37,605,106	0	37,605,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,044,405		19,044,405	0	19,044,405	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	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	875,250		875,250	0	875,250	76.01
76.02	03952	CARDIAC REHAB	6,264,073		6,264,073	0	6,264,073	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	560,287		560,287	0	560,287	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	55,450		55,450	0	55,450	90.00
91.00	09100	EMERGENCY	9,021,253		9,021,253	153,554	9,174,807	91.00
91.01	09101	URGENT CARE CENTERS	13,936,073		13,936,073	0	13,936,073	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	238,673		238,673	0	238,673	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,013,468		6,013,468		6,013,468	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,946,019		5,946,019		5,946,019	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,887,643		2,887,643		2,887,643	116.00
200.00		Subtotal (see instructions)	349,299,474	0	349,299,474	450,536	349,750,010	200.00
201.00		Less Observation Beds	6,013,468		6,013,468		6,013,468	201.00
202.00		Total (see instructions)	343,286,006	0	343,286,006	450,536	343,736,542	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,490,898		58,490,898			30.00
31.00	03100	INTENSIVE CARE UNIT	10,117,279		10,117,279			31.00
32.00	03200	CORONARY CARE UNIT	9,713,823		9,713,823			32.00
43.00	04300	NURSERY	9,103,691		9,103,691			43.00
44.00	04400	SKILLED NURSING FACILITY	4,056,640		4,056,640			44.00
46.00	04600	OTHER LONG TERM CARE	5,740,956		5,740,956			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,286,167	63,639,924	99,926,091	0.318343	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	19,089	5,322,938	5,342,027	0.179887	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,033	4,201,670	4,202,703	0.194069	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,537,674	15,808,027	18,345,701	0.190120	0.000000	50.04
51.00	05100	RECOVERY ROOM	3,099,651	5,945,828	9,045,479	0.261094	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,562,114	2,115,136	7,677,250	0.295419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,047,131	6,329,003	11,376,134	0.080701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,197,459	70,974,469	84,171,928	0.189268	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	46,344	11,086,978	11,133,322	0.081704	0.000000	54.01
54.02	05402	CDI RADIOLOGY	152,097	47,621,130	47,773,227	0.201664	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,276,563	45,875,584	63,152,147	0.027003	0.000000	57.00
57.01	05701	TDOC CT SCAN	49,651	10,324,796	10,374,447	0.041927	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,130,271	12,551,208	16,681,479	0.063099	0.000000	58.00
58.01	05801	TDOC - MRI	18,360	14,944,504	14,962,864	0.041719	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	12,262,385	27,451,120	39,713,505	0.096415	0.000000	59.00
60.00	06000	LABORATORY	60,276,622	105,465,946	165,742,568	0.103484	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,627,300	94,962,337	97,589,637	0.257053	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	347,356	347,356	0.771690	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	15,188,648	1,521,278	16,709,926	0.187212	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	30,325	0	30,325	0.390470	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,914,139	16,403,242	23,317,381	0.312955	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,299,529	114,194	5,413,723	0.383284	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,355,250	2,355,250	0.475885	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,134,693	506,299	3,640,992	0.280513	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	804,326	338,193	1,142,519	0.309179	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,158,396	17,178,775	33,337,171	0.079862	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	105,763	24,439,438	24,545,201	0.067674	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	548,175	4,413,501	4,961,676	0.106265	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	17,544	6,505,630	6,523,174	0.593370	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,501,230	17,262,107	34,763,337	0.576745	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,695,420	36,584,495	76,279,915	0.492988	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,405,805	41,974,737	123,380,542	0.154355	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,032,548	527,931	2,560,479	0.341831	0.000000	76.01
76.02	03952	CARDIAC REHAB	1,153,289	5,029,947	6,183,236	1.013074	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	48,727	1,383,083	1,431,810	0.391314	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	150	79,642	79,792	0.694932	0.000000	90.00
91.00	09100	EMERGENCY	17,670,718	32,141,976	49,812,694	0.181103	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	4,446	37,813,140	37,817,586	0.368508	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,296	6,296	37.908672	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,374,738	26,192,569	28,567,307	0.210502	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	6,554,935	6,554,935			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,383,329	4,383,329			116.00
200.00		Subtotal (see instructions)	469,901,807	828,677,941	1,298,579,748			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	469,901,807	828,677,941	1,298,579,748			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/29/2016 8:52 am

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
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
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
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
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
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
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03952	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY				101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part I Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,285,454	0	6,285,454	58,585	107.29	30.00
31.00	INTENSIVE CARE UNIT	424,780		424,780	3,009	141.17	31.00
32.00	CORONARY CARE UNIT	590,356		590,356	2,851	207.07	32.00
43.00	NURSERY	871,124		871,124	5,393	161.53	43.00
44.00	SKILLED NURSING FACILITY	215,683		215,683	14,488	14.89	44.00
200.00	Total (lines 30-199)	8,387,397		8,387,397	84,326		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	25,922	2,781,171	30.00
31.00	INTENSIVE CARE UNIT	1,519	214,437	31.00
32.00	CORONARY CARE UNIT	1,567	324,479	32.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	8,127	121,011	44.00
200.00	Total (lines 30-199)	37,135	3,441,098	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,884,670	99,926,091	0.028868	19,788,023	571,241	50.00
50.01	03650	VASCULAR ACCESS CENTER	306,697	5,342,027	0.057412	10,174	584	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	165,672	4,202,703	0.039420	509	20	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	460,094	18,345,701	0.025079	1,544,242	38,728	50.04
51.00	05100	RECOVERY ROOM	221,054	9,045,479	0.024438	1,586,966	38,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	260,996	7,677,250	0.033996	802	27	52.00
53.00	05300	ANESTHESIOLOGY	24,837	11,376,134	0.002183	4,021,209	8,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,123,073	84,171,928	0.025223	7,255,842	183,014	54.00
54.01	05401	TDOC RADIOLOGY	119,248	11,133,322	0.010711	40,750	436	54.01
54.02	05402	CDI RADIOLOGY	1,823,421	47,773,227	0.038168	15,317	585	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	179,816	63,152,147	0.002847	10,159,592	28,924	57.00
57.01	05701	TDOC CT SCAN	58,908	10,374,447	0.005678	44,454	252	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	183,803	16,681,479	0.011018	1,982,205	21,840	58.00
58.01	05801	TDOC - MRI	100,193	14,962,864	0.006696	18,360	123	58.01
59.00	05900	CARDIAC CATHETERIZATION	479,953	39,713,505	0.012085	7,449,302	90,025	59.00
60.00	06000	LABORATORY	1,103,126	165,742,568	0.006656	32,578,191	216,840	60.00
64.00	06400	INTRAVENOUS THERAPY	417,177	97,589,637	0.004275	1,110,538	4,748	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	53,742	347,356	0.154717	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	110,414	16,709,926	0.006608	9,716,898	64,209	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	567	30,325	0.018697	27,155	508	65.01
66.00	06600	PHYSICAL THERAPY	736,507	23,317,381	0.031586	2,763,447	87,286	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	41,027	5,413,723	0.007578	2,066,261	15,658	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	155,481	2,355,250	0.066015	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,486	3,640,992	0.003704	1,167,801	4,326	67.00
68.00	06800	SPEECH PATHOLOGY	7,189	1,142,519	0.006292	322,252	2,028	68.00
69.00	06900	ELECTROCARDIOLOGY	244,765	33,337,171	0.007342	9,223,137	67,716	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	203,616	24,545,201	0.008296	102,900	854	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	87,765	4,961,676	0.017689	325,482	5,757	70.00
70.01	07001	SLEEP MEDICINE CLINIC	415,169	6,523,174	0.063645	271	17	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	517,531	34,763,337	0.014887	1,265,105	18,834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	228,614	76,279,915	0.002997	19,129,080	57,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	368,118	123,380,542	0.002984	39,845,477	118,899	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	14,006	2,560,479	0.005470	1,098,611	6,009	76.01
76.02	03952	CARDIAC REHAB	557,507	6,183,236	0.090164	536,178	48,344	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	90,664	1,431,810	0.063321	29,628	1,876	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	956	79,792	0.011981	0	0	90.00
91.00	09100	EMERGENCY	542,980	49,812,694	0.010900	7,124,170	77,653	91.00
91.01	09101	URGENT CARE CENTERS	1,706,983	37,817,586	0.045137	4,413	199	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	55,430	6,296	8.804003	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	697,797	28,567,307	0.024426	0	0	92.00
200.00		Total (lines 50-199)	17,763,052	1,190,418,197		182,354,742	1,782,450	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part III Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	177,760	0	0	177,760	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,270	0		10,270	31.00
32.00	03200	CORONARY CARE UNIT	0	9,731	0		9,731	32.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	49,449	0		49,449	44.00
200.00		Total (lines 30-199)	0	247,210	0		247,210	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,585	3.03	25,922	78,544	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,009	3.41	1,519	5,180	0	31.00
32.00	03200	CORONARY CARE UNIT	2,851	3.41	1,567	5,343	0	32.00
43.00	04300	NURSERY	5,393	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,488	3.41	8,127	27,713	0	44.00
200.00		Total (lines 30-199)	84,326		37,135	116,780	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | 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
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	283,717	0	283,717	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	19,736	0	19,736	92.00
200.00		Total (lines 50-199)	0	0	303,453	0	303,453	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | 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	99,926,091	0.000000	0.000000	19,788,023	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	5,342,027	0.000000	0.000000	10,174	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,202,703	0.000000	0.000000	509	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	18,345,701	0.000000	0.000000	1,544,242	50.04
51.00	05100	RECOVERY ROOM	0	9,045,479	0.000000	0.000000	1,586,966	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,677,250	0.000000	0.000000	802	52.00
53.00	05300	ANESTHESIOLOGY	0	11,376,134	0.000000	0.000000	4,021,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,171,928	0.000000	0.000000	7,255,842	54.00
54.01	05401	TDOC RADIOLOGY	0	11,133,322	0.000000	0.000000	40,750	54.01
54.02	05402	CDI RADIOLOGY	0	47,773,227	0.000000	0.000000	15,317	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	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	63,152,147	0.000000	0.000000	10,159,592	57.00
57.01	05701	TDOC CT SCAN	0	10,374,447	0.000000	0.000000	44,454	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,681,479	0.000000	0.000000	1,982,205	58.00
58.01	05801	TDOC - MRI	0	14,962,864	0.000000	0.000000	18,360	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	39,713,505	0.000000	0.000000	7,449,302	59.00
60.00	06000	LABORATORY	0	165,742,568	0.000000	0.000000	32,578,191	60.00
64.00	06400	INTRAVENOUS THERAPY	0	97,589,637	0.000000	0.000000	1,110,538	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	347,356	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	16,709,926	0.000000	0.000000	9,716,898	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	30,325	0.000000	0.000000	27,155	65.01
66.00	06600	PHYSICAL THERAPY	0	23,317,381	0.000000	0.000000	2,763,447	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,413,723	0.000000	0.000000	2,066,261	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,355,250	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,640,992	0.000000	0.000000	1,167,801	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,142,519	0.000000	0.000000	322,252	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,337,171	0.000000	0.000000	9,223,137	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,545,201	0.000000	0.000000	102,900	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,961,676	0.000000	0.000000	325,482	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,523,174	0.000000	0.000000	271	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,763,337	0.000000	0.000000	1,265,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	76,279,915	0.000000	0.000000	19,129,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	283,717	123,380,542	0.002300	0.002300	39,845,477	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,560,479	0.000000	0.000000	1,098,611	76.01
76.02	03952	CARDIAC REHAB	0	6,183,236	0.000000	0.000000	536,178	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,431,810	0.000000	0.000000	29,628	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	79,792	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	49,812,694	0.000000	0.000000	7,124,170	91.00
91.01	09101	URGENT CARE CENTERS	0	37,817,586	0.000000	0.000000	4,413	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,296	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,736	28,567,307	0.000691	0.000691	0	92.00
200.00		Total (lines 50-199)	303,453	1,190,418,197			182,354,742	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	24,694,331	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	4,242,171	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,307,219	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	5,639,533	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	30,319	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	424	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,954,975	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	1,828,106	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	34,416,117	0	0	0	54.02
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	1,836,698	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	7,468,264	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	299,783	0	0	0	58.00
58.01	05801	TDOC - MRI	0	2,923,915	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	17,501,968	0	0	0	59.00
60.00	06000	LABORATORY	0	14,108,531	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	37,278,757	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	305,779	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	115,149	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	228,441	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	31,684	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	45,347	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	895	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,051,244	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	2,645,428	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,105,754	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	728,785	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,792	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,645	15,991,418	36,780	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	50,982	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	2,384,610	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	542,515	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	37,970	0	0	0	90.00
91.00	09100	EMERGENCY	0	7,484,443	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	2,903,554	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,645,374	1,828	0	0	92.00
200.00		Total (lines 50-199)	91,645	229,957,275	38,608	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.318343	24,694,331	318	0	7,861,267	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	4,242,171	0	72	763,111	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	3,307,219	0	0	641,829	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	5,639,533	0	0	1,072,188	50.04
51.00	05100	RECOVERY ROOM	0.261094	30,319	0	8	7,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	424	0	0	34	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	19,954,975	3,424	24,597	3,776,838	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	1,828,106	0	700	149,364	54.01
54.02	05402	CDI RADIOLOGY	0.201664	34,416,117	24,732	4,519	6,940,492	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027003	1,836,698	0	16	49,596	57.00
57.01	05701	TDOC CT SCAN	0.041927	7,468,264	0	16	313,122	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	299,783	0	3	18,916	58.00
58.01	05801	TDOC - MRI	0.041719	2,923,915	0	793	121,983	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	17,501,968	0	2	1,687,452	59.00
60.00	06000	LABORATORY	0.103484	14,108,531	20,696	0	1,460,007	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	37,278,757	0	410,783	9,582,616	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	305,779	0	0	235,967	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	115,149	0	0	21,557	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	228,441	0	0	71,492	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	31,684	0	0	12,144	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	45,347	0	0	21,580	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	895	0	0	277	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	15,051,244	0	1,616	1,202,022	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	2,645,428	0	0	179,027	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	3,105,754	0	0	330,033	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	728,785	0	0	432,439	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	126,792	0	4	73,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	15,991,418	0	35,831	2,468,355	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	50,982	0	0	17,427	76.01
76.02	03952	CARDIAC REHAB	1.013074	2,384,610	0	0	2,415,786	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	542,515	0	1,219	212,294	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.694932	37,970	0	0	26,387	90.00
91.00	09100	EMERGENCY	0.181103	7,484,443	0	0	1,355,455	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	2,903,554	0	5	1,069,983	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	2,645,374	0	0	556,857	92.00
200.00		Subtotal (see instructions)		229,957,275	49,170	480,184	45,148,940	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		229,957,275	49,170	480,184	45,148,940	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	101	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	13		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	2		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	648	4,655		54.00
54.01	05401	TDOC RADIOLOGY	0	57		54.01
54.02	05402	CDI RADIOLOGY	4,988	911		54.02
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
57.01	05701	TDOC CT SCAN	0	1		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	33		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	2,142	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	105,593		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	129		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,531		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	477		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	2		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	7,879	117,406		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	7,879	117,406		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 8:52 am

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
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	283,717	0	283,717	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	283,717	0	283,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D Part IV
Date/Time Prepared: 11/29/2016 8:52 am

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	99,926,091	0.000000	0.000000	45,582	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	5,342,027	0.000000	0.000000	54	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,202,703	0.000000	0.000000	1	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	18,345,701	0.000000	0.000000	2,448	50.04
51.00	05100	RECOVERY ROOM	0	9,045,479	0.000000	0.000000	7,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,677,250	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,376,134	0.000000	0.000000	35,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,171,928	0.000000	0.000000	35,166	54.00
54.01	05401	TDOC RADIOLOGY	0	11,133,322	0.000000	0.000000	135	54.01
54.02	05402	CDI RADIOLOGY	0	47,773,227	0.000000	0.000000	5	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	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	63,152,147	0.000000	0.000000	547	57.00
57.01	05701	TDOC CT SCAN	0	10,374,447	0.000000	0.000000	3	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,681,479	0.000000	0.000000	6	58.00
58.01	05801	TDOC - MRI	0	14,962,864	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	39,713,505	0.000000	0.000000	7,630	59.00
60.00	06000	LABORATORY	0	165,742,568	0.000000	0.000000	334,963	60.00
64.00	06400	INTRAVENOUS THERAPY	0	97,589,637	0.000000	0.000000	4,896	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	347,356	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	16,709,926	0.000000	0.000000	17,060	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	30,325	0.000000	0.000000	536	65.01
66.00	06600	PHYSICAL THERAPY	0	23,317,381	0.000000	0.000000	1,079,755	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,413,723	0.000000	0.000000	995,543	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,355,250	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,640,992	0.000000	0.000000	683,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,142,519	0.000000	0.000000	188,920	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,337,171	0.000000	0.000000	13,267	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	24,545,201	0.000000	0.000000	144	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,961,676	0.000000	0.000000	2,689	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,523,174	0.000000	0.000000	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,763,337	0.000000	0.000000	22,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	76,279,915	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	283,717	123,380,542	0.002300	0.002300	1,521,864	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	2,560,479	0.000000	0.000000	1,258	76.01
76.02	03952	CARDIAC REHAB	0	6,183,236	0.000000	0.000000	742	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,431,810	0.000000	0.000000	17,922	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	79,792	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	49,812,694	0.000000	0.000000	172	91.00
91.01	09101	URGENT CARE CENTERS	0	37,817,586	0.000000	0.000000	33	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,296	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,567,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	283,717	1,190,418,197			5,020,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D Part IV
Date/Time Prepared: 11/29/2016 8:52 am

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,500	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	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	3,500	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D Part IV
Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D Part V
Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.318343	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.261094	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	0	0	129	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	0	0	4	0	54.01
54.02	05402	CDI RADIOLOGY	0.201664	0	0	24	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027003	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0.041927	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0.041719	0	0	4	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	0	0	0	0	59.00
60.00	06000	LABORATORY	0.103484	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	0	0	2,163	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	0	0	9	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	0	0	189	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	1.013074	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	0	0	6	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.694932	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.181103	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	2,528	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	2,528	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
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	24		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	5		54.02
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
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	556		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03952	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	617		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	617		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/29/2016 8:52 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.318343	0	1,311,157	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	0	34,115	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	0	55,703	0	0	50.04
51.00	05100	RECOVERY ROOM	0.261094	0	144,176	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	0	296,828	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	0	153,417	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	0	849,627	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	0	107,430	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.201664	0	607,038	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027003	0	743,188	0	0	57.00
57.01	05701	TDOC CT SCAN	0.041927	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	0	69,708	0	0	58.00
58.01	05801	TDOC - MRI	0.041719	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	0	147,731	0	0	59.00
60.00	06000	LABORATORY	0.103484	0	1,299,786	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	0	832,974	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	0	38,234	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	0	13,365	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	0	673	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	0	1,756	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	0	458	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	0	201,471	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	0	45,128	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	0	22,965	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	0	76,708	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	0	634,812	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	0	400,430	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	0	659,364	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	0	8,279	0	0	76.01
76.02	03952	CARDIAC REHAB	1.013074	0	4,683	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	0	2,834	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.694932	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.181103	0	1,155,640	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	0	1,038,484	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	1,969	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	0	465,871	0	0	92.00
200.00		Subtotal (see instructions)		0	11,426,002	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	11,426,002	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/29/2016 8:52 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	417,398	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	6,137	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	10,590	0		50.04
51.00	05100	RECOVERY ROOM	37,643	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87,689	0		52.00
53.00	05300	ANESTHESIOLOGY	12,381	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,807	0		54.00
54.01	05401	TDOC RADIOLOGY	8,777	0		54.01
54.02	05402	CDI RADIOLOGY	122,418	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	20,068	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,399	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	14,243	0		59.00
60.00	06000	LABORATORY	134,507	0		60.00
64.00	06400	INTRAVENOUS THERAPY	214,118	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	7,158	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	4,183	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	258	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	493	0		67.00
68.00	06800	SPEECH PATHOLOGY	142	0		68.00
69.00	06900	ELECTROCARDIOLOGY	16,090	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	3,054	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,440	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	45,516	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	366,125	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197,407	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,776	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	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	2,830	0		76.01
76.02	03952	CARDIAC REHAB	4,744	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,109	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	209,290	0		91.00
91.01	09101	URGENT CARE CENTERS	382,690	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	74,642	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	98,067	0		92.00
200.00		Subtotal (see instructions)	2,769,189	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,769,189	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	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)	58,585	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	58,585	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.	24,782	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,299	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)	25,922	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)	54,166,648	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)	54,166,648	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	82,154,367	28.00
29.00	Private room charges (excluding swing-bed charges)	37,476,500	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	44,677,867	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.659328	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,512.25	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,636.61	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)	54,166,648	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)	924.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	23,966,963	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)	23,966,963	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,145,466	3,009	1,710.03	1,519	2,597,536	43.00
44.00	CORONARY CARE UNIT	5,924,392	2,851	2,078.00	1,567	3,256,226	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)	36,791,473	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	66,612,198	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)	3,409,154	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,874,095	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,283,249	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	61,328,949	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)	6,504	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	924.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,013,468	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	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	6,285,454	54,166,648	0.116039	6,013,468	697,797	90.00
91.00	Nursing School cost	0	54,166,648	0.000000	6,013,468	0	91.00
92.00	Allied health cost	177,760	54,166,648	0.003282	6,013,468	19,736	92.00
93.00	All other Medical Education	0	54,166,648	0.000000	6,013,468	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	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)	14,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,488	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.	4,981	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	9,507	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)	8,127	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)	4,850,153	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)	4,850,153	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,661,680	28.00
29.00	Private room charges (excluding swing-bed charges)	1,394,680	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,267,000	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.822215	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	133.27	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	146.73	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	267.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,331,770	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,518,383	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: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	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 anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,518,383	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	242.85	71.00
72.00	Program routine service cost (line 9 x line 71)	1,973,642	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,973,642	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,973,642	83.00
84.00	Program inpatient ancillary services (see instructions)	1,293,697	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)	3,267,339	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: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Hospital	Cost

	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)	58,585	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	58,585	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.	24,782	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,299	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)	681	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)	5,393	15.00
16.00	Nursery days (title V or XIX only)	110	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)	54,166,648	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)	54,166,648	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	82,154,367	28.00
29.00	Private room charges (excluding swing-bed charges)	37,476,500	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	44,677,867	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.659328	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,512.25	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,636.61	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)	54,166,648	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)	924.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	629,639	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)	629,639	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179

Period: From 07/01/2015 To 06/30/2016

Worksheet D-1

Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,406,951	5,393	1,558.86	110	171,475	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,145,466	3,009	1,710.03	39	66,691	43.00
44.00	CORONARY CARE UNIT	5,913,843	2,851	2,074.30	32	66,378	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,413,535	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,347,718	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,504	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	924.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,013,468	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Hospital	Cost

	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	6,285,454	54,166,648	0.116039	6,013,468	697,797	90.00
91.00	Nursing School cost	0	54,166,648	0.000000	6,013,468	0	91.00
92.00	Allied health cost	0	54,166,648	0.000000	6,013,468	0	92.00
93.00	All other Medical Education	0	54,166,648	0.000000	6,013,468	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Skilled Nursing Facility	Cost

	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)	14,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,488	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.	4,981	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	9,507	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,073	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)	5,393	15.00
16.00	Nursery days (title V or XIX only)	110	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)	4,850,153	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)	4,850,153	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	2,661,680	28.00
29.00	Private room charges (excluding swing-bed charges)	1,394,680	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,267,000	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.822215	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	280.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	133.27	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	146.73	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	267.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,331,770	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,518,383	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: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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 anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,518,383	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	242.85	71.00
72.00	Program routine service cost (line 9 x line 71)	260,578	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)	260,578	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	215,683	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	14.89	76.00
77.00	Program capital-related costs (line 9 x line 76)	15,977	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	244,601	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)	244,601	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)	15,977	83.00
84.00	Program inpatient ancillary services (see instructions)	1,772	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)	17,749	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: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | 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		35,914,191		30.00
31.00	03100	INTENSIVE CARE UNIT		5,236,772		31.00
32.00	03200	CORONARY CARE UNIT		5,352,202		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.321074	19,788,023	6,353,420	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	10,174	1,830	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	509	99	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	1,544,242	293,591	50.04
51.00	05100	RECOVERY ROOM	0.261094	1,586,966	414,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	802	237	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	4,021,209	324,516	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	7,255,842	1,373,299	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	40,750	3,329	54.01
54.02	05402	CDI RADIOLOGY	0.201664	15,317	3,089	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027003	10,159,592	274,339	57.00
57.01	05701	TDOC CT SCAN	0.041927	44,454	1,864	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	1,982,205	125,075	58.00
58.01	05801	TDOC - MRI	0.041719	18,360	766	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	7,449,302	718,224	59.00
60.00	06000	LABORATORY	0.103484	32,578,191	3,371,322	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	1,110,538	285,467	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.809325	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	9,716,898	1,819,120	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	27,155	10,603	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	2,763,447	864,835	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	2,066,261	791,965	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	1,167,801	327,583	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	322,252	99,634	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079874	9,223,137	736,689	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	102,900	6,964	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	325,482	34,587	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	271	161	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	1,265,105	729,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	19,129,080	9,430,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	39,845,477	6,150,349	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	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	1,098,611	375,539	76.01
76.02	03952	CARDIAC REHAB	1.013074	536,178	543,188	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	29,628	11,594	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.694932	0	0	90.00
91.00	09100	EMERGENCY	0.184186	7,124,170	1,312,172	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	4,413	1,626	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		182,354,742	36,791,473	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)		182,354,742		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D-3
Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.318343	45,582	14,511	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	54	10	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	1	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	2,448	465	50.04
51.00	05100	RECOVERY ROOM	0.261094	7,152	1,867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	35,600	2,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	35,166	6,656	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	135	11	54.01
54.02	05402	CDI RADIOLOGY	0.201664	5	1	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027003	547	15	57.00
57.01	05701	TDOC CT SCAN	0.041927	3	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	6	0	58.00
58.01	05801	TDOC - MRI	0.041719	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	7,630	736	59.00
60.00	06000	LABORATORY	0.103484	334,963	34,663	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	4,896	1,259	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	17,060	3,194	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	536	209	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	1,079,755	337,915	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	995,543	381,576	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	683,587	191,755	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	188,920	58,410	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	13,267	1,060	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	144	10	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	2,689	286	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	1	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	22,660	13,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	1,521,864	234,907	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	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	1,258	430	76.01
76.02	03952	CARDIAC REHAB	1.013074	742	752	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	17,922	7,013	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.694932	0	0	90.00
91.00	09100	EMERGENCY	0.181103	172	31	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	33	12	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,020,341	1,293,697	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)		5,020,341		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/29/2016 8:52 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,661,620		30.00
31.00	03100	INTENSIVE CARE UNIT		322,590		31.00
32.00	03200	CORONARY CARE UNIT		123,024		32.00
43.00	04300	NURSERY		1,142,692		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.318343	216,923	69,056	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	52,347	9,952	50.04
51.00	05100	RECOVERY ROOM	0.261094	41,228	10,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	607,217	179,383	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	74,003	5,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	236,748	44,809	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.201664	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027003	341,032	9,209	57.00
57.01	05701	TDOC CT SCAN	0.041927	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	131,944	8,326	58.00
58.01	05801	TDOC - MRI	0.041719	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	196,307	18,927	59.00
60.00	06000	LABORATORY	0.103484	1,508,886	156,146	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	106,183	27,295	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	286,519	53,640	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	77,735	24,328	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	29,384	8,243	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	7,572	2,341	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	305,085	24,365	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	2,719	184	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	19,806	2,105	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	572	339	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	434,688	250,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	297,137	146,485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	1,727,615	266,666	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	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	47,740	16,319	76.01
76.02	03952	CARDIAC REHAB	1.013074	13,855	14,036	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.694932	0	0	90.00
91.00	09100	EMERGENCY	0.181103	314,621	56,979	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	33,072	6,962	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,110,938	1,413,535	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)		7,110,938		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2015 To 06/30/2016

Worksheet D-3
Date/Time Prepared: 11/29/2016 8:52 am

Title XIX | Skilled Nursing Facility | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.318343	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.179887	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.194069	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.190120	0	0	50.04
51.00	05100	RECOVERY ROOM	0.261094	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295419	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.080701	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189268	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081704	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.201664	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027003	0	0	57.00
57.01	05701	TDOC CT SCAN	0.041927	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063099	0	0	58.00
58.01	05801	TDOC - MRI	0.041719	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.096415	0	0	59.00
60.00	06000	LABORATORY	0.103484	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.257053	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.771690	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.187212	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.390470	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.312955	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.383284	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.475885	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.280513	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.309179	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079862	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.067674	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.106265	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.593370	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.576745	2,984	1,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.492988	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154355	332	51	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	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.341831	0	0	76.01
76.02	03952	CARDIAC REHAB	1.013074	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.391314	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.694932	0	0	90.00
91.00	09100	EMERGENCY	0.181103	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.368508	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	37.908672	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.210502	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,316	1,772	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)		3,316		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	14,145,219	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	42,435,658	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	1,755,067	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	17,962,181	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	373.46	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)	40.04	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)	2.33	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)	37.71	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	38.18	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)	37.71	12.00
13.00	Total allowable FTE count for the prior year.	37.71	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.	37.71	14.00
15.00	Sum of lines 12 through 14 divided by 3.	37.71	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	37.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.100975	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.100485	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.100485	21.00
22.00	IME payment adjustment (see instructions)	3,020,287	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	958,821	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)	0.47	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)	3,020,287	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	958,821	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)	3.37	31.00
32.00	Sum of lines 30 and 31	4.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000086475	0.000081538	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	61,356,231		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)	62,315,052	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,052,748	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).	1,589,454	52.00
53.00	Nursing and Allied Health Managed Care payment	167,946	53.00
54.00	Special add-on payments for new technologies	1,036	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 intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	89,067	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	91,645	58.00
59.00	Total (sum of amounts on lines 49 through 58)	69,306,948	59.00
60.00	Primary payer payments	112,328	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	69,194,620	61.00
62.00	Deductibles billed to program beneficiaries	5,652,024	62.00
63.00	Coinsurance billed to program beneficiaries	119,896	63.00
64.00	Allowable bad debts (see instructions)	490,425	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	318,776	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	311,283	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	63,741,476	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)	412,962	70.93
70.94	HRR adjustment amount (see instructions)	-63,517	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,090,921	71.00
71.01	Sequestration adjustment (see instructions)		1,281,818	71.01
72.00	Interim payments		63,125,841	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)		-316,738	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	1.0081998340	1.0070075112	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.9954	1.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet DSH | Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.24	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	3.37	0.00			3.37	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	4.61	0.00			3.37	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	373.46	0.00			373.46	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.24	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	840	0			840	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	22	0			22	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,307	0			1,307	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,169	0			2,169	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	63,334	0			63,334	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	978	0			978	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	64,312	0			64,312	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	3.37	0.00			3.37	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet DSH Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	9.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet DSH Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	10.06		29.00
30.00	Line 28 or 29 as applicable	10.06		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	125,285	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	45,110,332	2.00
3.00	PPS payments	47,726,410	3.00
4.00	Outlier payment (see instructions)	28,843	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	38,608	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	125,285	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	529,354	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)	529,354	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 chargebasis 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)	529,354	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	404,069	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)	125,285	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)	47,793,861	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	9,326,545	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)	38,592,601	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	995,923	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)	39,588,524	30.00
31.00	Primary payer payments	17,501	31.00
32.00	Subtotal (line 30 minus line 31)	39,571,023	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)	440,459	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	286,298	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	166,441	36.00
37.00	Subtotal (see instructions)	39,857,321	37.00
38.00	MSP-LCC reconciliation amount from PS&R	550	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	39,856,771	40.00
40.01	Sequestration adjustment (see instructions)	797,135	40.01
41.00	Interim payments	39,196,024	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-136,388	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	617	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	617	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,528	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)	2,528	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 chargebasis 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)	2,528	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,911	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)	617	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)	617	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)	617	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	617	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	617	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	617	40.00
40.01	Sequestration adjustment (see instructions)	12	40.01
41.00	Interim payments	545	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	60	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part I Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		63,125,841		39,129,524	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	01/22/2016	66,500	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		66,500	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)		63,125,841		39,196,024	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		316,738		136,388	6.02
7.00	Total Medicare program liability (see instructions)		62,809,103		39,059,636	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: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part I Date/Time Prepared: 11/29/2016 8:52 am
	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		3,184,822		545	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)		3,184,822		545	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		42,340		60	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,227,162		605	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	13,816	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	29,008	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	9,160	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	57,941	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,298,579,748	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	11,477,077	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)	753,225	8.00
9.00	Sequestration adjustment amount (see instructions)	15,065	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	738,160	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	753,097	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)	-14,937	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	3,729,696	1.00
2.00	Routine service other pass through costs	27,713	2.00
3.00	Ancillary service other pass through costs	3,500	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,760,909	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	479,878	7.00
8.00	Allowable bad debts (see instructions)	18,448	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	1,421	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	11,991	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)	3,293,022	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	3,293,022	15.00
15.01	Sequestration adjustment (see instructions)	65,860	15.01
16.00	Interim payments	3,184,822	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)	42,340	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: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2016 8:52 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,347,718		1.00
2.00	Medical and other services			2,769,189	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,347,718	2,769,189	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)		2,347,718	2,769,189	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		7,110,938	11,426,002	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)		7,110,938	11,426,002	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)		7,110,938	11,426,002	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,763,220	8,656,813	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)		2,347,718	2,769,189	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)		2,347,718	2,769,189	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)		2,347,718	2,769,189	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		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)		2,347,718	2,769,189	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,347,718	2,769,189	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		132,329		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,480,047	2,769,189	40.00
41.00	Interim payments		1,809,436	2,033,896	41.00
42.00	Balance due provider/program (line 40 minus line 41)		670,611	735,293	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
	OVERRIDES				
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Skilled Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	17,749		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	17,749	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	17,749	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	3,316	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	3,316	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	3,316	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	14,433	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)	3,316	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,316	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	14,433	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,316	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	3,316	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,316	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,316	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,316	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.18	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	38.12	0.00	38.12	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	37.46	0.00	37.46	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	37.46	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.26	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.57	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.10	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	37.10	0.00		17.00
18.00	Per resident amount	111,349.58	105,438.23		18.00
19.00	Approved amount for resident costs	4,131,069	0	4,131,069	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.66	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			101,553.20	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,131,069	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	29,008	9,160		26.00
27.00	Total Inpatient Days (see instructions)	58,919	58,919		27.00
28.00	Ratio of inpatient days to total inpatient days	0.492337	0.155468		28.00
29.00	Program direct GME amount	2,033,878	642,249		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		90,750		30.00
31.00	Net Program direct GME amount			2,585,377	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	72,346,749	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	112,328	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	72,234,421	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	45,278,230	42.00
43.00	Primary payer payments (see instructions)	17,501	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	45,260,729	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	117,495,150	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.614786	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.385214	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,585,377	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,589,454	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	995,923	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.18	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	38.12	0.00	38.12	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	37.46	0.00	37.46	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	37.46	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.26	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.57	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	37.10	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	37.10	0.00		17.00
18.00	Per resident amount	111,349.58	105,438.23		18.00
19.00	Approved amount for resident costs	4,131,069	0	4,131,069	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.66	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			101,553.20	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,131,069	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	765	1,307		26.00
27.00	Total Inpatient Days (see instructions)	58,919	58,919		27.00
28.00	Ratio of inpatient days to total inpatient days	0.012984	0.022183		28.00
29.00	Program direct GME amount	53,638	91,640		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		12,949		30.00
31.00	Net Program direct GME amount			132,329	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 8:52 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	132,329	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260179

Period: From 07/01/2015 To 06/30/2016

Worksheet G

Date/Time Prepared: 11/29/2016 8:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	64,760,903	0	0	0	1.00
2.00	Temporary investments	16,546,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	115,363,823	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-65,179,768	0	0	0	6.00
7.00	Inventory	6,730,703	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	9,233,348	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)	147,455,009	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,809,248	0	0	0	12.00
13.00	Land improvements	12,760,904	0	0	0	13.00
14.00	Accumulated depreciation	-6,780,491	0	0	0	14.00
15.00	Buildings	308,854,689	0	0	0	15.00
16.00	Accumulated depreciation	-191,476,693	0	0	0	16.00
17.00	Leasehold improvements	10,759,747	0	0	0	17.00
18.00	Accumulated depreciation	-5,814,752	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	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	238,860,936	0	0	0	23.00
24.00	Accumulated depreciation	-177,339,738	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	205,698,498	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	229,572,709	5,400,375	18,200,281	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	229,572,709	5,400,375	18,200,281	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	582,726,216	5,400,375	18,200,281	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	9,562,755	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,178,317	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,700,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,321,469	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,762,541	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	90,141,861	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	42,277,710	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	132,419,571	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	183,182,112	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	399,544,104				52.00
53.00	Specific purpose fund		5,400,375			53.00
54.00	Donor created - endowment fund balance - restricted			18,200,281		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	399,544,104	5,400,375	18,200,281	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	582,726,216	5,400,375	18,200,281	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260179

Period: From 07/01/2015 To 06/30/2016

Worksheet G-1

Date/Time Prepared: 11/29/2016 8:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		396,562,089		4,636,690		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,150,855				2.00
3.00	Total (sum of line 1 and line 2)		414,712,944		4,636,690		3.00
4.00	ADDITIONS	501,000		2,335,191		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		501,000		2,335,191		10.00
11.00	Subtotal (line 3 plus line 10)		415,213,944		6,971,881		11.00
12.00	DEDUCTIONS	15,669,000		1,571,506		54,049	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		15,669,000		1,571,506		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		399,544,944		5,400,375		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	18,254,330		29,240		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)	18,254,330		29,240		3.00
4.00	ADDITIONS		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)	18,254,330		29,240		11.00
12.00	DEDUCTIONS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	54,049		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	18,200,281		29,240		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/29/2016 8:52 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	75,415,624		75,415,624	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	4,056,640		4,056,640	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	5,741,926		5,741,926	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	85,214,190		85,214,190	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	10,079,664		10,079,664	11.00
12.00	CORONARY CARE UNIT	9,903,480		9,903,480	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,983,144		19,983,144	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,197,334		105,197,334	17.00
18.00	Ancillary services	372,229,538	810,214,601	1,182,444,139	18.00
19.00	Outpatient services	0	0	0	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		6,554,935	6,554,935	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,383,329	4,383,329	26.00
27.00	MEDICAL GROUP	0	112,132,502	112,132,502	27.00
27.01	NON-REIMB/PRO FEES	0	14,280,631	14,280,631	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	477,426,872	947,565,998	1,424,992,870	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		409,185,622		29.00
30.00	MEDICAL GROUP EXPENSE	67,418,641			30.00
31.00	FRA EXPENSE	21,590,279			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)		89,008,920		36.00
37.00	MISCELLANEOUS	2,542			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)		2,542		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		498,192,000		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 260179 | Period: From 07/01/2015 To 06/30/2016 | Worksheet G-3 | Date/Time Prepared: 11/29/2016 8:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,424,992,870	1.00
2.00	Less contractual allowances and discounts on patients' accounts	940,489,870	2.00
3.00	Net patient revenues (line 1 minus line 2)	484,503,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	498,192,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-13,689,000	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	1,969,954	6.00
7.00	Income from investments	4,548,335	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,895,497	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	8,945	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	276,078	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	9,146,478	22.00
23.00	Governmental appropriations	0	23.00
24.00	JOINT VENTURE REVENUE	2,888,263	24.00
24.01	OTHER OPERATING	777,134	24.01
24.02	RETAIL PHARMACY	6,984,913	24.02
24.03	MEDICAL GROUP OTHER INCOME	6,875,062	24.03
24.04	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.04
24.05	GAIN ON SALE OF ASSETS, NET	-167,612	24.05
24.06	MEANINGFUL USE INCOME	713,097	24.06
25.00	Total other income (sum of lines 6-24)	36,416,140	25.00
26.00	Total (line 5 plus line 25)	22,727,140	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
27.01	LOSS ON RETIRED DEBT - 2011 ISSUE	576,289	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	4,576,285	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,150,855	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	782,745	195,686	3,119	0	268,196	1,249,746	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,384,331	346,083	83,901	0	0	1,814,315	6.00
7.00	Physical Therapy	1,039,999	260,000	58,677	0	0	1,358,676	7.00
8.00	Occupational Therapy	309,080	77,270	20,482	0	0	406,832	8.00
9.00	Speech Pathology	23,622	5,905	2,946	0	0	32,473	9.00
10.00	Medical Social Services	94,750	23,687	1,968	0	0	120,405	10.00
11.00	Home Health Aide	33,978	8,494	8,143	0	0	50,615	11.00
12.00	Supplies (see instructions)	0	0	0	0	75,280	75,280	12.00
13.00	Drugs	0	0	0	0	2,154	2,154	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,668,505	917,125	179,236	0	345,630	5,110,496	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-239,324	1,010,422	-34,055	976,367			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-346,083	1,468,232	0	1,468,232			6.00
7.00	Physical Therapy	-260,000	1,098,676	0	1,098,676			7.00
8.00	Occupational Therapy	-77,270	329,562	0	329,562			8.00
9.00	Speech Pathology	-5,905	26,568	0	26,568			9.00
10.00	Medical Social Services	-23,687	96,718	0	96,718			10.00
11.00	Home Health Aide	-8,494	42,121	0	42,121			11.00
12.00	Supplies (see instructions)	0	75,280	0	75,280			12.00
13.00	Drugs	0	2,154	0	2,154			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-960,763	4,149,733	-34,055	4,115,678			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-1 Part I
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	976,367	0	0	0	0	976,367	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,468,232	0	0	0	0	1,468,232	6.00
7.00	Physical Therapy	1,098,676	0	0	0	0	1,098,676	7.00
8.00	Occupational Therapy	329,562	0	0	0	0	329,562	8.00
9.00	Speech Pathology	26,568	0	0	0	0	26,568	9.00
10.00	Medical Social Services	96,718	0	0	0	0	96,718	10.00
11.00	Home Health Aide	42,121	0	0	0	0	42,121	11.00
12.00	Supplies (see instructions)	75,280	0	0	0	0	75,280	12.00
13.00	Drugs	2,154	0	0	0		2,154	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,115,678	0	0	0	0	4,115,678	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	976,367		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	456,639	1,924,871	6.00
7.00	Physical Therapy	341,703	1,440,379	7.00
8.00	Occupational Therapy	102,498	432,060	8.00
9.00	Speech Pathology	8,263	34,831	9.00
10.00	Medical Social Services	30,081	126,799	10.00
11.00	Home Health Aide	13,100	55,221	11.00
12.00	Supplies (see instructions)	23,413	98,693	12.00
13.00	Drugs	670	2,824	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		4,115,678	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2015
To 06/30/2016

Worksheet H-1
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,293				0		1.00
2.00	Capital Related - Movable Equipment		1,293			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-976,367	3,139,311	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	258	258	258	0	0	1,468,232	6.00
7.00	Physical Therapy	148	148	148	0	0	1,098,676	7.00
8.00	Occupational Therapy	46	46	46	0	0	329,562	8.00
9.00	Speech Pathology	3	3	3	0	0	26,568	9.00
10.00	Medical Social Services	22	22	22	0	0	96,718	10.00
11.00	Home Health Aide	12	12	12	0	0	42,121	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	75,280	12.00
13.00	Drugs	0	0	0		0	2,154	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,293	1,293	1,293	0	-976,367	3,139,311	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		976,367	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.311013	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	12,041	16,316	0	197,809	4,773	1.00
2.00	Skilled Nursing Care	1,924,871	3,864	5,235	0	370,493	10,281	2.00
3.00	Physical Therapy	1,440,379	2,217	3,003	0	278,338	5,508	3.00
4.00	Occupational Therapy	432,060	689	933	0	82,720	1,836	4.00
5.00	Speech Pathology	34,831	45	61	0	6,322	0	5.00
6.00	Medical Social Services	126,799	329	446	0	25,358	734	6.00
7.00	Home Health Aide	55,221	180	243	0	9,094	367	7.00
8.00	Supplies (see instructions)	98,693	0	0	0	0	0	8.00
9.00	Drugs	2,824	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,115,678	19,365	26,237	0	970,134	23,499	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	
		5A.01	5.02	5.03	5.04	5A.04	5.05	
1.00	Administrative and General	230,939	0	0	0	230,939	594	1.00
2.00	Skilled Nursing Care	2,314,744	0	0	0	2,314,744	5,948	2.00
3.00	Physical Therapy	1,729,445	0	0	0	1,729,445	4,445	3.00
4.00	Occupational Therapy	518,238	0	0	0	518,238	1,332	4.00
5.00	Speech Pathology	41,259	0	0	0	41,259	106	5.00
6.00	Medical Social Services	153,666	0	0	0	153,666	395	6.00
7.00	Home Health Aide	65,105	0	0	0	65,105	167	7.00
8.00	Supplies (see instructions)	98,693	0	0	0	98,693	254	8.00
9.00	Drugs	2,824	0	0	0	2,824	7	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,154,913	0	0	0	5,154,913	13,248	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2015
To 06/30/2016

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	6.01	6.02	8.00	
1.00	Administrative and General	231,533	31,327	24,432	1,728	0	0	1.00
2.00	Skilled Nursing Care	2,320,692	313,994	7,840	0	0	0	2.00
3.00	Physical Therapy	1,733,890	234,599	4,498	0	0	0	3.00
4.00	Occupational Therapy	519,570	70,299	1,398	0	0	0	4.00
5.00	Speech Pathology	41,365	5,597	91	0	0	0	5.00
6.00	Medical Social Services	154,061	20,845	669	0	0	0	6.00
7.00	Home Health Aide	65,272	8,831	365	0	0	0	7.00
8.00	Supplies (see instructions)	98,947	13,388	0	1,856	0	0	8.00
9.00	Drugs	2,831	383	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,168,161	699,263	39,293	3,584	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

	Cost Center Description	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	
		8.01	9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	8,056	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,585	0	0	0	0	2.00
3.00	Physical Therapy	0	1,483	0	0	0	0	3.00
4.00	Occupational Therapy	0	461	0	0	0	0	4.00
5.00	Speech Pathology	0	30	0	0	0	0	5.00
6.00	Medical Social Services	0	220	0	0	0	0	6.00
7.00	Home Health Aide	0	120	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	12,955	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2015
To 06/30/2016

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	8,796	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	13,967	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	22,763	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.00	17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2015
To 06/30/2016

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	305,872	0	305,872		1.00
2.00	Skilled Nursing Care	0	0	2,645,111	0	2,645,111	143,449	2.00
3.00	Physical Therapy	0	0	1,974,470	0	1,974,470	107,077	3.00
4.00	Occupational Therapy	0	0	591,728	0	591,728	32,090	4.00
5.00	Speech Pathology	0	0	47,083	0	47,083	2,553	5.00
6.00	Medical Social Services	0	0	175,795	0	175,795	9,534	6.00
7.00	Home Health Aide	0	0	74,588	0	74,588	4,045	7.00
8.00	Supplies (see instructions)	0	0	128,158	0	128,158	6,950	8.00
9.00	Drugs	0	0	3,214	0	3,214	174	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	5,946,019	0	5,946,019	305,872	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.054231	21.00

	Cost Center Description	Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	2,788,560		2.00
3.00	Physical Therapy	2,081,547		3.00
4.00	Occupational Therapy	623,818		4.00
5.00	Speech Pathology	49,636		5.00
6.00	Medical Social Services	185,329		6.00
7.00	Home Health Aide	78,633		7.00
8.00	Supplies (see instructions)	135,108		8.00
9.00	Drugs	3,388		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19) (2)	5,946,019		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	Reconciliation	
		1.00	2.00	2.01	4.00	5.01	5A.02	
1.00	Administrative and General	804	804	0	739,107	13	-230,939	1.00
2.00	Skilled Nursing Care	258	258	0	1,384,331	28	-2,314,744	2.00
3.00	Physical Therapy	148	148	0	1,039,999	15	-1,729,445	3.00
4.00	Occupational Therapy	46	46	0	309,080	5	-518,238	4.00
5.00	Speech Pathology	3	3	0	23,622	0	-41,259	5.00
6.00	Medical Social Services	22	22	0	94,750	2	-153,666	6.00
7.00	Home Health Aide	12	12	0	33,978	1	-65,105	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-98,693	8.00
9.00	Drugs	0	0	0	0	0	-2,824	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	1,293	0	3,624,867	64		20.00
21.00	Total cost to be allocated	19,365	26,237	0	970,134	23,499		21.00
22.00	Unit cost multiplier	14.976798	20.291570	0.000000	0.267633	367.171875		22.00

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	
		5.02	5.03	5.04	5A.05	5.05	5A.06	
1.00	Administrative and General	0	0	0	0	230,939	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,314,744	0	2.00
3.00	Physical Therapy	0	0	0	0	1,729,445	0	3.00
4.00	Occupational Therapy	0	0	0	0	518,238	0	4.00
5.00	Speech Pathology	0	0	0	0	41,259	0	5.00
6.00	Medical Social Services	0	0	0	0	153,666	0	6.00
7.00	Home Health Aide	0	0	0	0	65,105	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	98,693	0	8.00
9.00	Drugs	0	0	0	0	2,824	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0		5,154,913		20.00
21.00	Total cost to be allocated	0	0	0		13,248		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002570		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	231,533	804	70,060	0	0	0	1.00
2.00	Skilled Nursing Care	2,320,692	258	0	0	0	0	2.00
3.00	Physical Therapy	1,733,890	148	0	0	0	0	3.00
4.00	Occupational Therapy	519,570	46	0	0	0	0	4.00
5.00	Speech Pathology	41,365	3	0	0	0	0	5.00
6.00	Medical Social Services	154,061	22	0	0	0	0	6.00
7.00	Home Health Aide	65,272	12	0	0	0	0	7.00
8.00	Supplies (see instructions)	98,947	0	75,280	0	0	0	8.00
9.00	Drugs	2,831	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,168,161	1,293	145,340	0	0	0	20.00
21.00	Total cost to be allocated	699,263	39,293	3,584	0	0	0	21.00
22.00	Unit cost multiplier	0.135302	30.389018	0.024659	0.000000	0.000000	0.000000	22.00

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	804	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	258	0	0	0	0	0	2.00
3.00	Physical Therapy	148	0	0	0	0	0	3.00
4.00	Occupational Therapy	46	0	0	0	0	0	4.00
5.00	Speech Pathology	3	0	0	0	0	0	5.00
6.00	Medical Social Services	22	0	0	0	0	0	6.00
7.00	Home Health Aide	12	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	0	0	0	0	0	20.00
21.00	Total cost to be allocated	12,955	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.019335	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	47,410	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	75,279	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2016 8:52 am

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	13.01	14.00	16.00	16.01	17.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	122,689	0	0	0	20.00
21.00	Total cost to be allocated	0	0	22,763	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.185534	0.000000	0.000000	0.000000	22.00

	Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)	
		23.02	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2015 To 06/30/2016

Worksheet H-3 Part I
Date/Time Prepared: 11/29/2016 8:52 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,788,560		2,788,560	17,843	156.28	1.00
2.00	Physical Therapy	3.00	2,081,547	0	2,081,547	14,260	145.97	2.00
3.00	Occupational Therapy	4.00	623,818	0	623,818	4,004	155.80	3.00
4.00	Speech Pathology	5.00	49,636	0	49,636	392	126.62	4.00
5.00	Medical Social Services	6.00	185,329		185,329	298	621.91	5.00
6.00	Home Health Aide	7.00	78,633		78,633	968	81.23	6.00
7.00	Total (sum of lines 1-6)		5,807,523	0	5,807,523	37,765		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	9,002			8.00
9.00	Physical Therapy		41180	0	6,912			9.00
10.00	Occupational Therapy		41180	0	2,169			10.00
11.00	Speech Pathology		41180	0	185			11.00
12.00	Medical Social Services		41180	0	152			12.00
13.00	Home Health Aide		41180	0	587			13.00
14.00	Total (sum of lines 8-13)			0	19,007			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	135,108	0	135,108	24,686	5.473062	15.00
16.00	Cost of Drugs	9.00	3,388	0	3,388	2,100	1.613333	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	9,002		0	1,406,833		1.00
2.00	Physical Therapy	0	6,912		0	1,008,945		2.00
3.00	Occupational Therapy	0	2,169		0	337,930		3.00
4.00	Speech Pathology	0	185		0	23,425		4.00
5.00	Medical Social Services	0	152		0	94,530		5.00
6.00	Home Health Aide	0	587		0	47,682		6.00
7.00	Total (sum of lines 1-6)	0	19,007		0	2,919,345		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	24,686	0	0	135,108	0	15.00
16.00	Cost of Drugs		1,050	1,050		1,694	1,694	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,406,833						1.00
2.00	Physical Therapy	1,008,945						2.00
3.00	Occupational Therapy	337,930						3.00
4.00	Speech Pathology	23,425						4.00
5.00	Medical Social Services	94,530						5.00
6.00	Home Health Aide	47,682						6.00
7.00	Total (sum of lines 1-6)	2,919,345						7.00

	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part II Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.312955	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.383284	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.475885	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.280513	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.309179	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.576745	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.154355	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2015 To 06/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	1,694	1,694	1.00
2.00	Total charges	0	3,280,756	1,050	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	3,280,756	1,050	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,279,062	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	644	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	3,388	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,605,151	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	47,921	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	60,993	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	61,610	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	9,928	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	409	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,789,400	22.00
23.00	Excess reasonable cost (from line 8)	0	644	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,788,756	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,788,756	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,788,756	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	3,788,756	31.00
31.01	Sequestration adjustment (see instructions)	0	75,726	31.01
32.00	Interim payments (see instructions)	0	3,710,603	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	2,427	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2015 To 06/30/2016	Worksheet H-5 Date/Time Prepared: 11/29/2016 8:52 am
		Home Health Agency I	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		0		3,710,603	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			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			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. H-4, Part II, column as appropriate, line 32)		0		3,710,603	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			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		2,427	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,713,030	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2015 To 06/30/2016

Worksheet K
Date/Time Prepared: 11/29/2016 8:52 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	423,810	0	840	0	915,458	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	664,825	0	35,610	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	944	0	0	0	0	12.00
13.00	Occupational Therapy	149	0	11	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	110,376	0	8,139	0	0	15.00
16.00	Spiritual Counseling	50,001	0	4,755	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	77,886	0	14,155	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,327,991	0	63,510	0	915,458	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2015 To 06/30/2016

Worksheet K
Date/Time Prepared: 11/29/2016 8:52 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,340,108	-164,446	1,175,662	-28,179	1,147,483	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	700,435	0	700,435	0	700,435	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	944	0	944	0	944	12.00
13.00	Occupational Therapy	160	0	160	0	160	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	118,515	0	118,515	0	118,515	15.00
16.00	Spiritual Counseling	54,756	0	54,756	0	54,756	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	92,041	0	92,041	0	92,041	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,306,959	-164,446	2,142,513	-28,179	2,114,334	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2015 To 06/30/2016

Worksheet K-1

Date/Time Prepared: 11/29/2016 8:52 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	54,008	0	0	180,647	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	664,825	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	110,376	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	54,008	0	110,376	180,647	664,825	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-1

Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	189,155	423,810		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	664,825		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	944	0	0	944		12.00
13.00	Occupational Therapy	149	0	0	149		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	110,376		15.00
16.00	Spiritual Counseling		0	50,001	50,001		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		77,886	0	77,886		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	1,093	77,886	239,156	1,327,991		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-4
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST BUILDINGS & FIXTURES	CAPITAL RELATED COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,147,483	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	700,435	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	944	0	0	0	0	12.00
13.00	Occupational Therapy	160	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	118,515	0	0	0	0	15.00
16.00	Spiritual Counseling	54,756	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	92,041	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,114,334	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-4
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	1,147,483	1,147,483			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	700,435	831,293	1,531,728		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	944	1,120	2,064		12.00
13.00	Occupational Therapy	0	160	190	350		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	118,515	140,657	259,172		15.00
16.00	Spiritual Counseling	0	54,756	64,986	119,742		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	92,041	109,237	201,278		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	2,114,334		2,114,334		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-4
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	473					1.00
2.00	Capital Related Costs-Movable Equip.	473	473				2.00
3.00	Plant Operation and Maintenance	0	473	473			3.00
4.00	Transportation - Staff	0	0	473	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-4
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-1,147,483	966,851		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	700,435		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	944		12.00
13.00	Occupational Therapy	0	160		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	118,515		15.00
16.00	Spiritual Counseling	0	54,756		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	92,041		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,147,483		39.00
40.00	Unit Cost Multiplier		1.186825		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General		7,084	9,598	0	112,049	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,531,728	0	0	0	175,769	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,064	0	0	0	250	7.00
8.00	Occupational Therapy	350	0	0	0	39	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	259,172	0	0	0	29,182	10.00
11.00	Spiritual Counseling	119,742	0	0	0	13,219	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	201,278	0	0	0	20,592	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,114,334	7,084	9,598	0	351,100	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
		5.01	5A.01	5.02	5.03	5.04	
1.00	Administrative and General	3,672	132,403	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	6,609	1,714,106	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	2,314	0	0	0	7.00
8.00	Occupational Therapy	0	389	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	1,469	289,823	0	0	0	10.00
11.00	Spiritual Counseling	734	133,695	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,836	223,706	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	14,320	2,496,436	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
		5A.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	132,403	340	132,743	17,960	14,374	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,714,106	4,405	1,718,511	232,518	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,314	6	2,320	314	0	7.00
8.00	Occupational Therapy	389	1	390	53	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	289,823	745	290,568	39,314	0	10.00
11.00	Spiritual Counseling	133,695	344	134,039	18,136	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	223,706	575	224,281	30,346	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,496,436	6,416	2,502,852	338,641	14,374	34.00
35.00	Unit Cost Multiplier (see instructions)	0		0			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.01	6.02	8.00	8.01	9.00	
1.00	Administrative and General	3,424	0	0	0	4,739	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,424	0	0	0	4,739	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
		13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	23,613	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	23,613	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		17.00	17.01	19.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
1.00	Administrative and General	0	0	0	196,853		1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	1,951,029	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	2,634	0	7.00
8.00	Occupational Therapy	0	0	0	443	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	329,882	0	10.00
11.00	Spiritual Counseling	0	0	0	152,175	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	254,627	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,887,643	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part I
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	1,951,029	142,733	2,093,762		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	2,634	193	2,827		7.00
8.00	Occupational Therapy	443	32	475		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	329,882	24,134	354,016		10.00
11.00	Spiritual Counseling	152,175	11,133	163,308		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	254,627	18,628	273,255		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,887,643		2,887,643		34.00
35.00	Unit Cost Multiplier (see instructions)		0.073158			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	473	473	0	423,811	10	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	664,825	18	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	944	0	7.00
8.00	Occupational Therapy	0	0	0	149	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	110,376	4	10.00
11.00	Spiritual Counseling	0	0	0	50,001	2	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	77,886	5	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	473	473	0	1,327,992	39	34.00
35.00	Total cost to be allocated	7,084	9,598	0	351,100	14,320	35.00
36.00	Unit Cost Multiplier (see instructions)	14.976744	20.291755	0.000000	0.264384	367.179487	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5A.05	
1.00	Administrative and General	-132,403	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	-1,714,106	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	-2,314	0	0	0	0	7.00
8.00	Occupational Therapy	-389	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	-289,823	0	0	0	0	10.00
11.00	Spiritual Counseling	-133,695	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	-223,706	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		0	0	0		34.00
35.00	Total cost to be allocated		0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)		0.000000	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
		5.05	5A.06	5.06	6.00	6.01	
1.00	Administrative and General	132,403	0	132,743	473	138,834	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,714,106	0	1,718,511	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,314	0	2,320	0	0	7.00
8.00	Occupational Therapy	389	0	390	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	289,823	0	290,568	0	0	10.00
11.00	Spiritual Counseling	133,695	0	134,039	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	223,706	0	224,281	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,496,436		2,502,852	473	138,834	34.00
35.00	Total cost to be allocated	6,416		338,641	14,374	3,424	35.00
36.00	Unit Cost Multiplier (see instructions)	0.002570		0.135302	30.389006	0.024663	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		6.02	8.00	8.01	9.00	9.01	
1.00	Administrative and General	0	0	0	473	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	473	0	34.00
35.00	Total cost to be allocated	0	0	0	4,739	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	10.019027	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
		10.00	10.01	11.00	11.01	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	127,272	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	127,272	0	0	0	34.00
35.00	Total cost to be allocated	0	23,613	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.185532	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.01	23.02		
1.00	Administrative and General	0	0		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0		34.00
35.00	Total cost to be allocated	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part III
Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.312955	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.383284	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.475885	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.280513	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.309179	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.154355	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.103484	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.576745	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.341831	0	0	10.01
10.02	CARDIAC REHAB	76.02	1.013074	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.391314	0	0	10.03
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-6

Date/Time Prepared:
11/29/2016 8:52 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,887,643	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				22,051	2.00
3.00	Average cost per diem (line 1 divided by line 2)				130.95	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	19,983				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,616,774				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		5			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		655			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2,063		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			270,150		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260179	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 8:52 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,502,303	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	201,067	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)	160.98	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.83	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)	307,507	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	3.37	8.00
9.00	Sum of lines 7 and 8	4.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.93	10.00
11.00	Disproportionate share adjustment (see instructions)	41,871	11.00
12.00	Total prospective capital payments (see instructions)	5,052,748	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