

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/19/2017 3:52 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/19/2017	Time: 3:52 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHRISTIAN HOSPITAL NORTHEAST ( 26-0180 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	Hospital	0	405,884	-23,917	-19,872	6,830,169	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	22,295	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	<b>Total</b>	0	428,179	-23,917	-19,872	6,830,169	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/19/2017 3:49 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63136-		County: ST. LOUIS COUNTY			
1.00 Street: 11133 DUNN ROAD		2.00 City: ST. LOUIS									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
3.00	Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an 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.	6,846	600	0	585	1,911	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.	289	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/19/2017 3:49 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					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)	Y	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
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

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.99	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	1.79	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	0.02	0.00	1.000000	67.00	
						1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00	
						1.00		
<b>Long Term Care Hospital PPS</b>								
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	
<b>TEFRA Providers</b>								
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	
<b>Title V and XIX Services</b>								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00	

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	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.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	0		1,000,000		2,075,004	
					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	
<b>Transplant Center Information</b>							
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: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/19/2017 3:49 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269026		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: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK BLVD	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/19/2017 3:49 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2016	03/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/19/2017 3:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2017	Y	04/20/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/19/2017 3:49 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	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.			Y	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	PAUL		BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419		PJB1541@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/19/2017 3:49 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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

VOLUNTARY CONTACT INFORMATION	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part V Date/Time Prepared: 5/19/2017 3:49 pm
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		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC @ THE COMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVENUE	9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/19/2017 3:49 pm
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
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.	N	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.	N	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.	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
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.	N	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	7.00
<b>RHC</b>				
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: 26-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	389	142,374	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)		389	142,374	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,516	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,882	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						13.00
14.00 Total (see instructions)		442	161,772	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		460				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: 26-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

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)	19,633	6,884	46,985			1.00
2.00 HMO and other (see instructions)	11,409	1,911				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	685	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,633	6,884	46,985			7.00
8.00 INTENSIVE CARE UNIT	3,059	639	6,333			8.00
9.00 CORONARY CARE UNIT	2,418	508	5,014			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)	25,110	8,031	58,332	0.00	1,653.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,035	289	3,557	0.00	16.90	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,670.60	27.00
28.00 Observation Bed Days		0	5,274			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			406			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,435	1,538	11,841	1.00
2.00 HMO and other (see instructions)			2,107	469		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,435	1,538	11,841	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	145	0	256	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	96,535,617	0	96,535,617	3,452,076.00	27.96
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		270,520	0	270,520	1,912.00	141.49
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		211,056	0	211,056	2,486.00	84.90
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	167,679	167,679	5,376.00	31.19
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,383,613	360,761	7,744,374	321,146.00	24.11
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,363,318	0	3,363,318	46,529.00	72.28
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		17,814,017	0	17,814,017	413,782.00	43.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		28,704,200	0	28,704,200		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,522,022	0	2,522,022		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		88,097	0	88,097		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		68,733	0	68,733		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		54,606	0	54,606		
25.50	Home office wage-related		3,929,234	0	3,929,234		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,216,173	0	1,216,173	39,164.00	31.05
27.00	Administrative & General	5.00	8,323,465	-189,082	8,134,383	301,451.00	26.98

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

		Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,125,465	0	2,125,465	20,460.00	103.88	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,543,143	0	2,543,143	108,664.00	23.40	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,467,661	0	2,467,661	199,661.00	12.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,684,753	0	3,684,753	195,610.00	18.84	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,533,804	0	3,533,804	111,591.00	31.67	38.00
39.00	Central Services and Supply	14.00	422,672	0	422,672	22,496.00	18.79	39.00
40.00	Pharmacy	15.00	3,396,678	-183,829	3,212,849	82,045.00	39.16	40.00
41.00	Medical Records & Medical Records Library	16.00	3,594,870	0	3,594,870	124,688.00	28.83	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/19/2017 3:49 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	102,134,779	-167,679	101,967,100	3,660,284.00	27.86	1.00
2.00	Excluded area salaries (see instructions)	7,383,613	360,761	7,744,374	321,146.00	24.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,751,166	-528,440	94,222,726	3,339,138.00	28.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,177,335	0	21,177,335	460,311.00	46.01	4.00
5.00	Subtotal wage-related costs (see inst.)	32,721,531	0	32,721,531	0.00	34.73	5.00
6.00	Total (sum of lines 3 thru 5)	148,650,032	-528,440	148,121,592	3,799,449.00	38.99	6.00
7.00	Total overhead cost (see instructions)	31,308,684	-372,911	30,935,773	1,205,830.00	25.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,277,523	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)	10,067,393	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,709,966	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	409,598	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,181	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)	919,529	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,191,730	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,919,244	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	146,038	20.00
<b>OTHER</b>			
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	346,072	22.00
23.00	Tuition Reimbursement	391,384	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,437,658	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0180

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/19/2017 3:49 pm	
			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.258311	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			23,943,217	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			17,867,394	5.00
6.00	Medicaid charges			144,873,882	6.00
7.00	Medicaid cost (line 1 times line 6)			37,422,517	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)			0	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			10,585	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			2,826	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	8,212,335	76,585,596	84,797,931	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,121,336	19,782,902	21,904,238	21.00
22.00	Partial payment by patients approved for charity care	326,743	710,142	1,036,885	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,794,593	19,072,760	20,867,353	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)			36,756,958	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,680,712	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			35,076,246	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			9,060,580	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			29,927,933	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,927,933	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	3,810,605	3,810,605	1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	50,036	50,036	1.03
1.05	00105	NEW CAP REL COSTS-POB I		0	0	225,489	225,489	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	148,600	148,600	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	295,298	295,298	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,600,511	8,600,511	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,216,173	2,299,925	3,516,098	-11,036	3,505,062	4.00
5.01	00570	ADMINISTRATION	2,085,885	790,248	2,876,133	-11,007	2,865,126	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	17	78,292	78,309	-1,786	76,523	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	6,237,563	53,313,362	59,550,925	-8,461,141	51,089,784	5.04
7.00	00700	OPERATION OF PLANT	2,267,815	4,076,956	6,344,771	251,852	6,596,623	7.00
7.01	00701	OPERATION OF PLANT- POB I	809	3,710	4,519	0	4,519	7.01
7.02	00702	OPERATION OF PLANT NW	274,519	447,986	722,505	-266	722,239	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,081,545	1,081,545	-97	1,081,448	8.00
9.00	00900	HOUSEKEEPING	2,113,309	1,830,290	3,943,599	-6,516	3,937,083	9.00
9.01	00901	HOUSEKEEPING-POB I	103,006	112,889	215,895	0	215,895	9.01
9.02	00902	HOUSEKEEPING NW	251,346	251,477	502,823	-1,786	501,037	9.02
10.00	01000	DIETARY	0	5,625,668	5,625,668	-131,198	5,494,470	10.00
11.00	01100	CAFETERIA	0	103,338	103,338	-864	102,474	11.00
13.00	01300	NURSING ADMINISTRATION	3,533,804	2,972,516	6,506,320	-98,974	6,407,346	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	422,672	1,173,189	1,595,861	-797,328	798,533	14.00
15.00	01500	PHARMACY	3,396,678	16,944,804	20,341,482	-16,015,898	4,325,584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,594,870	1,547,857	5,142,727	-15,080	5,127,647	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	167,679	167,679	21.00
23.00	02300	PARAMEDICAL PRGM PASTORAL CARE	0	0	0	157,538	157,538	23.00
23.01	02301	PARAMEDICAL PRGM PHARMACY	0	0	0	241,323	241,323	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,365,839	9,984,942	28,350,781	-769,181	27,581,600	30.00
31.00	03100	INTENSIVE CARE UNIT	5,023,888	2,253,226	7,277,114	-423,204	6,853,910	31.00
32.00	03200	CORONARY CARE UNIT	2,587,813	990,940	3,578,753	-94,750	3,484,003	32.00
41.00	04100	SUBPROVIDER - IIRF	1,003,313	334,263	1,337,576	29,318	1,366,894	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,816,747	20,070,266	25,887,013	-13,965,506	11,921,507	50.00
51.00	05100	RECOVERY ROOM	811,765	285,550	1,097,315	-27,892	1,069,423	51.00
53.00	05300	ANESTHESIOLOGY	0	3,136,036	3,136,036	-370,267	2,765,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,242,748	4,160,029	8,402,777	-751,345	7,651,432	54.00
57.00	05700	CT SCAN	805,092	791,905	1,596,997	-244,228	1,352,769	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	305,516	158,507	464,023	-9,787	454,236	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,128,652	7,800,478	8,929,130	-7,025,402	1,903,728	59.00
60.00	06000	LABORATORY	4,512,722	6,771,420	11,284,142	-590,306	10,693,836	60.00
60.01	06001	G.I. LAB	763,648	952,254	1,715,902	-477,456	1,238,446	60.01
60.02	06002	VASCULAR LAB	223,392	125,194	348,586	0	348,586	60.02
60.03	06003	LABORATORY-PATHOLOGY	448,410	590,982	1,039,392	155,976	1,195,368	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	411,926	1,366,070	1,777,996	305,760	2,083,756	63.00
65.00	06500	RESPIRATORY THERAPY	3,192,978	1,502,254	4,695,232	-43,514	4,651,718	65.00
66.00	06600	PHYSICAL THERAPY	2,402,555	983,293	3,385,848	-263,397	3,122,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	836,183	206,541	1,042,724	194,637	1,237,361	67.00
68.00	06800	SPEECH PATHOLOGY	246,089	62,781	308,870	58,326	367,196	68.00
69.00	06900	ELECTROCARDIOLOGY	578,673	325,964	904,637	-78,977	825,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	302,649	126,968	429,617	-12,105	417,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,909,651	8,909,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,733,547	14,733,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,190,784	15,190,784	73.00
74.00	07400	RENAL DIALYSIS	0	1,697,165	1,697,165	-57,086	1,640,079	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,121,687	2,520,289	3,641,976	-16,476	3,625,500	76.01
76.02	03950	DIABETES CARE CENTER	0	5,526	5,526	-2,084	3,442	76.02
76.03	03550	OP PSYCH	482,971	231,714	714,685	-2,941	711,744	76.03
76.04	03020	CARDIAC REHAB	151,419	52,361	203,780	-1,950	201,830	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	429,494	429,494	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	8,890,176	5,994,934	14,885,110	-2,184,819	12,700,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,456,984	3,348,360	8,805,344	-242,652	8,562,692	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	95,612,301	169,484,264	265,096,565	769,896	265,866,461	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,721	498,062	552,783	0	552,783	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	149,709	149,709	-1,577	148,132	190.09
190.10	19010 RETAIL PHARMACY	356,346	1,589,265	1,945,611	-913	1,944,698	190.10
190.11	19011 PUBLIC RELATIONS	212,049	1,100,440	1,312,489	0	1,312,489	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	246,785	186,454	433,239	-399	432,840	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	546,122	546,122	-546,122	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	53,415	271,951	325,366	-220,885	104,481	192.01
200.00	TOTAL (SUM OF LINES 118-199)	96,535,617	173,826,267	270,361,884	0	270,361,884	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,894,373	5,704,978	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	50,036	1.03
1.05	00105	NEW CAP REL COSTS-POB I	56,784	282,273	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	2,116	150,716	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	390,945	686,243	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,876,321	11,476,832	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,349,115	10,854,177	4.00
5.01	00570	ADMINING	-115,180	2,749,946	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1	76,522	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	2,464,266	53,554,050	5.04
7.00	00700	OPERATION OF PLANT	-125,574	6,471,049	7.00
7.01	00701	OPERATION OF PLANT- POB I	-45	4,474	7.01
7.02	00702	OPERATION OF PLANT NW	-19,889	702,350	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,081,448	8.00
9.00	00900	HOUSEKEEPING	-116,694	3,820,389	9.00
9.01	00901	HOUSEKEEPING-POB I	-5,688	210,207	9.01
9.02	00902	HOUSEKEEPING NW	-13,879	487,158	9.02
10.00	01000	DIETARY	0	5,494,470	10.00
11.00	01100	CAFETERIA	-1,247,393	-1,144,919	11.00
13.00	01300	NURSING ADMINISTRATION	-196,692	6,210,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-23,339	775,194	14.00
15.00	01500	PHARMACY	-202,559	4,123,025	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-287,980	4,839,667	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	3,974	3,974	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	167,679	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	-6,719	150,819	23.00
23.01	02301	PARAMED PRGM PHARMACY	-10,151	231,172	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,570,531	24,011,069	30.00
31.00	03100	INTENSIVE CARE UNIT	-277,412	6,576,498	31.00
32.00	03200	CORONARY CARE UNIT	-142,896	3,341,107	32.00
41.00	04100	SUBPROVIDER - I RF	-55,402	1,311,492	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-603,618	11,317,889	50.00
51.00	05100	RECOVERY ROOM	-44,825	1,024,598	51.00
53.00	05300	ANESTHESIOLOGY	-2,302,090	463,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,046,344	6,605,088	54.00
57.00	05700	CT SCAN	-44,996	1,307,773	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-16,870	437,366	58.00
59.00	05900	CARDIAC CATHETERIZATION	-62,323	1,841,405	59.00
60.00	06000	LABORATORY	-200,732	10,493,104	60.00
60.01	06001	G. I. LAB	-42,168	1,196,278	60.01
60.02	06002	VASCULAR LAB	-12,335	336,251	60.02
60.03	06003	LABORATORY-PATHOLOGY	-29,882	1,165,486	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-20,755	2,063,001	63.00
65.00	06500	RESPIRATORY THERAPY	-176,912	4,474,806	65.00
66.00	06600	PHYSICAL THERAPY	-143,958	2,978,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	-55,232	1,182,129	67.00
68.00	06800	SPEECH PATHOLOGY	-16,255	350,941	68.00
69.00	06900	ELECTROCARDIOLOGY	-31,954	793,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-16,712	400,800	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,909,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,733,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,190,784	73.00
74.00	07400	RENAL DIALYSIS	0	1,640,079	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-1,914,706	1,710,794	76.01
76.02	03950	DIABETES CARE CENTER	0	3,442	76.02
76.03	03550	OP PSYCH	-26,669	685,075	76.03
76.04	03020	CARDIAC REHAB	-8,361	193,469	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-5,696	423,798	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-492,505	12,207,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-640,506	7,922,186	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	663,466	266,529,927	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,022	549,761	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	148,132	190.09
190.10	19010	RETAIL PHARMACY	-19,677	1,925,021	190.10
190.11	19011	PUBLIC RELATIONS	-11,709	1,300,780	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-13,627	419,213	190.12
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-2,950	101,531	192.01
200.00		TOTAL (SUM OF LINES 118-199)	612,481	270,974,365	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED PRGM PHARMACY	02301		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
41.00	SUBPROVIDER - IRF	04100		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.02	DIABETES CARE CENTER	03950		76.02
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 26-0180

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6  
Date/Time Prepared:  
5/19/2017 3:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	3,750	1.00
	O		0	3,750	
<b>B - TO RECLASS PROPERTY INSURANCE</b>					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	301,532	1.00
	O		0	301,532	
<b>C - TO RECLASS PHARMACEUTICALS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,190,784	1.00
	O		0	15,190,784	
<b>D - TO RECLASS MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,664,379	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
	O		0	23,664,379	
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>					
1.00	SUBPROVIDER - IRF	41.00	55,249	0	1.00
	O		55,249	0	
<b>F - TO RECLASS HYPERBARIC OXYGEN</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	103,159	326,335	1.00
	O		103,159	326,335	
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>					
1.00	G.I. LAB	60.01	12,150	0	1.00
	O		12,150	0	
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>					
1.00	OPERATING ROOM	50.00	0	55,000	1.00
	O		0	55,000	
<b>I - TO RECLASS POB 1 EXPENSES</b>					
1.00	NEW CAP REL COSTS-POB I	1.05	0	225,489	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	146,859	2.00
3.00	OPERATION OF PLANT	7.00	0	173,774	3.00
	O		0	546,122	
<b>J - TO RECLASS PURCHASING VARIANCE</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,604	1.00
	O		0	10,604	
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,662,012	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	42,481	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	28,762	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	283,710	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,466,715	7.00
	O		0	12,505,454	
<b>L - TO RECLASS PHARMACY RESIDENT PROGRAM</b>					
1.00	PARAMED ED PRGM PHARMACY	23.01	183,829	57,494	1.00
	O		183,829	57,494	
<b>M - TO RECLASS CHIEF OF SURGERY</b>					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	O		0	30,000	
<b>N - TO RECLASS IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,733,547	1.00
	O		0	14,733,547	
<b>O - TO RECLASS LAB ADMIN COSTS</b>					
1.00	LABORATORY-PATHOLOGY	60.03	56,532	110,614	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	51,932	255,687	2.00
	O		108,464	366,301	

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>P - TO RECLASS REHAB ADMIN FEES</b>						
1.00	OCCUPATIONAL THERAPY	67.00	164,066	33,823	1.00	
2.00	SPEECH PATHOLOGY	68.00	48,285	10,281	2.00	
	0		212,351	44,104		
<b>Q - TO RECLASS ADMISSION KITS</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	20,745	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	436	2.00	
	0		0	21,181		
<b>R - TO RECLASS DEPARTMENTAL DEPRECIATION</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,518,587	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	
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	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
	0		0	4,518,587		
<b>S - PASTORAL RESIDENT RECLASS</b>						
1.00	PARAMED PRGM PASTORAL CARE	23.00	121,683	35,855	1.00	
	0		121,683	35,855		
<b>T - RECLASS GRAHAM MOB</b>						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	119,838	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,690	2.00	
3.00	OPERATION OF PLANT	7.00	0	96,357	3.00	
	0		0	220,885		
<b>U - TO RECLASS INTERNS &amp; RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	167,679	0	1.00	
	0		167,679	0		
500.00	Grand Total: Increases		964,564	72,631,914	500.00	

RECLASSIFICATIONS

Provider CCN: 26-0180

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

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,750	0		1.00
	O		0	3,750			
<b>B - TO RECLASS PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	301,532	7		1.00
	O		0	301,532			
<b>C - TO RECLASS PHARMACEUTICALS</b>							
1.00	PHARMACY	15.00	0	15,190,784	0		1.00
	O		0	15,190,784			
<b>D - TO RECLASS MEDICAL SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	597,295	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	376,384	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	91,218	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	17,175	0		4.00
5.00	EMERGENCY	91.00	0	579,781	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	763,658	0		6.00
7.00	PHARMACY	15.00	0	553,990	0		7.00
8.00	OPERATING ROOM	50.00	0	13,001,971	0		8.00
9.00	RECOVERY ROOM	51.00	0	23,352	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	290,331	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	388,941	0		11.00
12.00	CT SCAN	57.00	0	35,532	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	6,472,769	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	11,868	0		14.00
15.00	G.I. LAB	60.01	0	460,114	0		15.00
	O		0	23,664,379			
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	55,249	0	0		1.00
	O		55,249	0	0		
<b>F - TO RECLASS HYPERBARI C OXYGEN</b>							
1.00	OPERATING ROOM	50.00	103,159	326,335	0		1.00
	O		103,159	326,335			
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	12,150	0	0		1.00
	O		12,150	0			
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	0		1.00
	O		0	55,000			
<b>I - TO RECLASS POB 1 EXPENSES</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	546,122	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		0	546,122			
<b>J - TO RECLASS PURCHASING VARIANCE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	10,604	0		1.00
	O		0	10,604			
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	12,505,454	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	O		0	12,505,454			
<b>L - TO RECLASS PHARMACY RESIDENT PROGRAM</b>							
1.00	PHARMACY	15.00	183,829	57,494	0		1.00
	O		183,829	57,494			
<b>M - TO RECLASS CHIEF OF SURGERY</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0		1.00
	O		0	30,000			
<b>N - TO RECLASS IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,733,547	0		1.00
	O		0	14,733,547			
<b>O - TO RECLASS LAB ADMIN COSTS</b>							
1.00	LABORATORY	60.00	108,464	366,301	0		1.00
2.00		0.00	0	0	0		2.00
	O		108,464	366,301			
<b>P - TO RECLASS REHAB ADMIN FEES</b>							
1.00	PHYSICAL THERAPY	66.00	212,351	44,104	0		1.00
2.00		0.00	0	0	0		2.00
	O		212,351	44,104			

RECLASSIFICATIONS

Provider CCN: 26-0180

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

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>Q - TO RECLASS ADMISSION KITS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,181	0		1.00
2.00	0	0.00	0	0	0		2.00
<b>R - TO RECLASS DEPARTMENTAL DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,036	0		1.00
2.00	ADMITTING	5.01	0	11,007	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,786	0		3.00
4.00	OPERATION OF PLANT	7.00	0	18,279	0		4.00
5.00	OPERATION OF PLANT NW	7.02	0	266	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	97	0		6.00
7.00	HOUSEKEEPING	9.00	0	6,516	0		7.00
8.00	HOUSEKEEPING NW	9.02	0	1,786	0		8.00
9.00	DIETARY	10.00	0	131,198	0		9.00
10.00	CAFETERIA	11.00	0	864	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	98,974	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,274	0		12.00
13.00	PHARMACY	15.00	0	29,801	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,080	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	28,702	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	46,820	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	3,532	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	9,192	0		18.00
19.00	OPERATING ROOM	50.00	0	619,041	0		19.00
20.00	RECOVERY ROOM	51.00	0	4,540	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	79,936	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	362,404	0		22.00
23.00	CT SCAN	57.00	0	208,696	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,787	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	552,633	0		25.00
26.00	LABORATORY	60.00	0	115,541	0		26.00
27.00	G.I. LAB	60.01	0	29,492	0		27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	11,170	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,859	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	31,646	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	6,942	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	3,252	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	240	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	78,977	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,105	0		35.00
36.00	RENAL DIALYSIS	74.00	0	57,086	0		36.00
37.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	16,476	0		37.00
38.00	DIABETES CARE CENTER	76.02	0	2,084	0		38.00
39.00	OP PSYCH	76.03	0	2,941	0		39.00
40.00	CARDIAC REHAB	76.04	0	1,950	0		40.00
41.00	EMERGENCY	91.00	0	1,605,038	0		41.00
42.00	AMBULANCE SERVICES	95.00	0	242,652	0		42.00
43.00	CATERING	190.09	0	1,577	0		43.00
44.00	RETAIL PHARMACY	190.10	0	913	0		44.00
45.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	399	0		45.00
<b>S - PASTORAL RESIDENT RECLASS</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	121,683	35,855	0		1.00
			121,683	35,855			
<b>T - RECLASS GRAHAM MOB</b>							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	220,885	9		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
<b>U - TO RECLASS INTERNS &amp; RESIDENTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	167,679	0	0		1.00
			167,679	0			
500.00	Grand Total: Decreases		964,564	72,631,914			500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

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Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RECLASS CHIEF OF GYNECOLOGY</b>									
1.00	ADULTS & PEDIATRICS	30.00	0	3,750	ADMINISTRATIVE AND GENERAL	5.04	0	3,750	1.00
	0		0	3,750	0		0	3,750	
<b>B - TO RECLASS PROPERTY INSURANCE</b>									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	301,532	ADMINISTRATIVE AND GENERAL	5.04	0	301,532	1.00
	0		0	301,532	0		0	301,532	
<b>C - TO RECLASS PHARMACEUTICALS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,190,784	PHARMACY	15.00	0	15,190,784	1.00
	0		0	15,190,784	0		0	15,190,784	
<b>D - TO RECLASS MEDICAL SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,664,379	ADULTS & PEDIATRICS	30.00	0	597,295	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	376,384	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	91,218	3.00
4.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	17,175	4.00
5.00		0.00	0	0	EMERGENCY	91.00	0	579,781	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	763,658	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	553,990	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	13,001,971	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	23,352	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	290,331	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	388,941	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	35,532	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	6,472,769	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	11,868	14.00
15.00		0.00	0	0	G.I. LAB	60.01	0	460,114	15.00
	0		0	23,664,379	0		0	23,664,379	
<b>E - TO RECLASS PROF FEES FOR REHAB DIR</b>									
1.00	SUBPROVIDER - IRF	41.00	55,249	0	ADMINISTRATIVE AND GENERAL	5.04	55,249	0	1.00
	0		55,249	0	0		55,249	0	
<b>F - TO RECLASS HYPERBARIC OXYGEN</b>									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	103,159	326,335	OPERATING ROOM	50.00	103,159	326,335	1.00
	0		103,159	326,335	0		103,159	326,335	
<b>G - TO RECLASS GI MEDICAL DIRECTOR</b>									
1.00	G.I. LAB	60.01	12,150	0	ADMINISTRATIVE AND GENERAL	5.04	12,150	0	1.00
	0		12,150	0	0		12,150	0	
<b>H - TO RECLASS CARDIOTHORACIC SURG FEES</b>									
1.00	OPERATING ROOM	50.00	0	55,000	ADMINISTRATIVE AND GENERAL	5.04	0	55,000	1.00
	0		0	55,000	0		0	55,000	
<b>I - TO RECLASS POB 1 EXPENSES</b>									
1.00	NEW CAP REL COSTS-POB I	1.05	0	225,489	PHYSICIANS' PRIVATE OFFICES	192.00	0	546,122	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	146,859		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	173,774		0.00	0	0	3.00
	0		0	546,122	0		0	546,122	
<b>J - TO RECLASS PURCHASING VARIANCE</b>									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,604	ADMINISTRATIVE AND GENERAL	5.04	0	10,604	1.00
	0		0	10,604	0		0	10,604	
<b>K - TO RECLASS DEPRECIATION EXPENSE</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,662,012	ADMINISTRATIVE AND GENERAL	5.04	0	12,505,454	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	42,481		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	28,762		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	283,710		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,466,715		0.00	0	0	7.00
	0		0	12,505,454	0		0	12,505,454	

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:  
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Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2017 3:49 pm

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		
L - TO RECLASS PHARMACY RESIDENT PROGRAM									
1.00	PARAMED ED PRGM PHARMACY	23.01	183,829	57,494	PHARMACY	15.00	183,829	57,494	1.00
	0		183,829	57,494	0		183,829	57,494	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	0	30,000	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	1.00
	0		0	30,000	0		0	30,000	
N - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,733,547	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,733,547	1.00
	0		0	14,733,547	0		0	14,733,547	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	56,532	110,614	LABORATORY	60.00	108,464	366,301	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	51,932	255,687		0.00	0	0	2.00
	0		108,464	366,301	0		108,464	366,301	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	164,066	33,823	PHYSICAL THERAPY	66.00	212,351	44,104	1.00
2.00	SPEECH PATHOLOGY	68.00	48,285	10,281		0.00	0	0	2.00
	0		212,351	44,104	0		212,351	44,104	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	20,745	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,181	1.00
2.00	SUBPROVIDER - IRF	41.00	0	436		0.00	0	0	2.00
	0		0	21,181	0		0	21,181	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,518,587	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,036	1.00
2.00		0.00	0	0	ADMINITTING	5.01	0	11,007	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	1,786	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	18,279	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	266	5.00
6.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	97	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,516	7.00
8.00		0.00	0	0	HOUSEKEEPING NW	9.02	0	1,786	8.00
9.00		0.00	0	0	DIETARY	10.00	0	131,198	9.00
10.00		0.00	0	0	CAFETERIA	11.00	0	864	10.00
11.00		0.00	0	0	NURSING	13.00	0	98,974	11.00
12.00		0.00	0	0	ADMINISTRATION				
13.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	44,274	12.00
14.00		0.00	0	0	PHARMACY	15.00	0	29,801	13.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	15,080	14.00
16.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	28,702	15.00
17.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	46,820	16.00
18.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	3,532	17.00
19.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	9,192	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	619,041	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	4,540	20.00
22.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	79,936	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	362,404	22.00
24.00		0.00	0	0	CT SCAN	57.00	0	208,696	23.00
25.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,787	24.00
26.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	552,633	25.00
27.00		0.00	0	0	LABORATORY	60.00	0	115,541	26.00
28.00		0.00	0	0	G. I. LAB	60.01	0	29,492	27.00
29.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	11,170	28.00
30.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,859	29.00
31.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	31,646	30.00
32.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	6,942	31.00
33.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,252	32.00
34.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	240	33.00
35.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	78,977	34.00
36.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	12,105	35.00
					RENAL DIALYSIS	74.00	0	57,086	36.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2017 3:49 pm

	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	
37.00		0.00	0		0 PAIN MANAGEMENT & OP	76.01	0	16,476	37.00
					0 CHEMOTHERAPY				
38.00		0.00	0		0 DIABETES CARE CENTER	76.02	0	2,084	38.00
39.00		0.00	0		0 OP PSYCH	76.03	0	2,941	39.00
40.00		0.00	0		0 CARDIAC REHAB	76.04	0	1,950	40.00
41.00		0.00	0		0 EMERGENCY	91.00	0	1,605,038	41.00
42.00		0.00	0		0 AMBULANCE SERVICES	95.00	0	242,652	42.00
43.00		0.00	0		0 CATERING	190.09	0	1,577	43.00
44.00		0.00	0		0 RETAIL PHARMACY	190.10	0	913	44.00
45.00		0.00	0		0 PHYSICIAN PRACTICE	190.12	0	399	45.00
					0 DEVELOPMENT				
			0	4,518,587			0	4,518,587	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM	23.00	121,683	35,855	ADMINISTRATIVE AND	5.04	121,683	35,855	1.00
	PASTORAL CARE				GENERAL				
			121,683	35,855			121,683	35,855	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL	1.06	0	119,838	PHYSICIANS' PRIVATE	192.01	0	220,885	1.00
	COSTS-GRAHAM MOB				OFFICES GRAHAM				
2.00	ADMINISTRATIVE AND	5.04	0	4,690		0.00	0	0	2.00
	GENERAL								
3.00	OPERATION OF PLANT	7.00	0	96,357		0.00	0	0	3.00
			0	220,885			0	220,885	
U - TO RECLASS INTERNS & RESIDENTS									
1.00	I&R SERVICES-SALARY &	21.00	167,679	0	ADULTS & PEDIATRICS	30.00	167,679	0	1.00
	FRINGES APPRVD								
			167,679	0			167,679	0	
500.00	Grand Total:		964,564	72,631,914	Grand Total:		964,564	72,631,914	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,240,325	0	0	0	1.00
2.00	Land Improvements	6,757,771	303,562	0	303,562	2.00
3.00	Buildings and Fixtures	34,427,981	967,233	0	967,233	3.00
4.00	Building Improvements	47,012,167	3,304,983	0	3,304,983	4.00
5.00	Fixed Equipment	71,737,524	7,468,062	0	7,468,062	5.00
6.00	Movable Equipment	109,226,397	7,028,967	0	7,028,967	6.00
7.00	HIT designated Assets	11,049,844	2,734,679	0	2,734,679	7.00
8.00	Subtotal (sum of lines 1-7)	282,452,009	21,807,486	0	21,807,486	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	282,452,009	21,807,486	0	21,807,486	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,240,325	0			1.00
2.00	Land Improvements	7,061,333	0			2.00
3.00	Buildings and Fixtures	35,395,214	0			3.00
4.00	Building Improvements	50,291,050	0			4.00
5.00	Fixed Equipment	79,127,276	0			5.00
6.00	Movable Equipment	114,362,603	0			6.00
7.00	HIT designated Assets	11,065,173	0			7.00
8.00	Subtotal (sum of lines 1-7)	299,542,974	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	299,542,974	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	136,451,054	0	136,451,054	0.492792	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,937,502	0	6,937,502	0.025055	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	10,641,582	0	10,641,582	0.038432	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	122,863,464	0	122,863,464	0.443721	0	2.00
3.00	Total (sum of lines 1-2)	276,893,602	0	276,893,602	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	148,593	148,593	5,556,385	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	7,555	7,555	42,481	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	282,273	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	150,716	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	11,588	11,588	674,655	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	133,796	133,796	11,343,036	0	2.00
3.00	Total (sum of lines 1-2)	0	301,532	301,532	18,071,320	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	148,593	5,704,978	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	7,555	50,036	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	282,273	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	150,716	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	11,588	686,243	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	133,796	11,476,832	2.00
3.00	Total (sum of lines 1-2)	0	0	0	301,532	18,372,852	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:  
5/19/2017 3:49 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			ONEW CAP REL COSTS-WHSE	1.01	0 1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			ONEW CAP REL COSTS-B BLDG	1.02	0 1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			ONEW CAP REL COSTS-PFD	1.03	0 1.03
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			ONEW CAP REL COSTS-POB I	1.05	0 1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0 1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			ONEW CAP REL COSTS-NW BUILDING	1.07	0 1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-19,589	ADMINISTRATIVE AND GENERAL	5.04	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	-7,913,478			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	-3,443,377			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,247,393	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
26.01 Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD	1.03	0	26.03
26.05 Depreciation - NEW CAP REL COSTS-POB I			ONEW CAP REL COSTS-POB I	1.05	0	26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' Assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 PENSION FUNDING	A	7,466,834	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 LOSS ON UNNECESSARY BORROWING	A	-558,601	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 NON ALLOWABLE ASSOC DUES	A	-33,861	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03 OTHER REVENUE EMPLOYEE H&W	B	-44,913	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04 OTHER REVENUE PHARMACY	B	-25,150	PHARMACY	15.00	0	33.04
33.05 GYN PART B PHYSICIAN FEES	A	-60,750	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06 OTHER REVENUE P.T.	B	-19,334	PHYSICAL THERAPY	66.00	0	33.06
33.07 OTHER REVENUE RESPIRATORY THERAPY	B	-600	RESPIRATORY THERAPY	65.00	0	33.07
33.08 ASSET IMPAIRMENT DEPRECIATION	A	1,894,373	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09 INTEREST ON UNNECESSARY BORROWING	A	-845,953	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10 FIN COST ON UNNECESSARY BORROWING	A	-42,623	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 OTHER REVENUE NURSING ADMIN	B	-600	NURSING ADMINISTRATION	13.00	0	33.11
33.12 OTHER REVENUE RADIOLOGY	B	-215	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 OTHER REVENUE EMERGENCY ROOM	B	-540	EMERGENCY	91.00	0	33.13
33.14 RESEARCH ADMIN COSTS	A	3,974	RESEARCH ADMIN	17.01	0	33.14
33.15 OTHER REVENUE OPERATING ROOM	B	-908	OPERATING ROOM	50.00	0	33.15
33.16 OTHER REVENUE OP CHEMO	B	-5,399	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.16
33.17 MEDICAID TAX ASSESSMNT	A	14,195,784	ADMINISTRATIVE AND GENERAL	5.04	0	33.17
33.18 ASBESTOS REMOVAL	B	-540	CT SCAN	57.00	0	33.18
33.19 MALPRACTICE ADJUSTMENT	A	-2,075,004	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20 A&G PHYSICIAN PART B FEES	A	-2,020,037	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21 OTHER REVENUE AMBULANCE	B	-243,851	AMBULANCE SERVICES	95.00	0	33.21
33.22 OTHER REVENUE ADMIN	B	-755,395	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23 OTHER REVENUE MEDICAL RECORDS	B	-89,301	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24 ASBESTOS REMOVAL	A	-107,024	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25 ASBESTOS REMOVAL	A	-348	OPERATION OF PLANT	7.00	0	33.25
33.26 ASBESTOS REMOVAL	A	-4,757	OPERATION OF PLANT NW	7.02	0	33.26
33.27 ENTERTAINMENT	A	-4	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28 ENTERTAINMENT	A	-6,893	ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-4,379	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30 NON OPERATING REVENUE ADMIN	B	-114,740	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.31 NON OPERATING GRANTS & DONATIONS	B	-29,850	ADMINISTRATIVE AND GENERAL	5.04	0	33.31
33.32 PSYCH PART B FEES	A	-74,625	ADMINISTRATIVE AND GENERAL	5.04	0	33.32
33.33 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,268	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
33.34 ASSETS RELEASED FROM RESTRICTED FUND	B	-777	NURSING ADMINISTRATION	13.00	0	33.34

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.38 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,062	EMERGENCY		91.00		0	33.38
33.39 ASSETS RELEASED FROM RESTRICTED FUND	B	-12,328	AMBULANCE SERVICES		95.00		0	33.39
33.40 ADVERTISING EXPENSE	B	-175	MEDICAL RECORDS & LIBRARY		16.00		0	33.40
33.41 PRIOR YR ADJ TOWERE GROVE RAMP ALLOC	A	44,406	ADMINISTRATIVE AND GENERAL		5.04		0	33.41
33.42 ACCELERATED DEPRECIATION	A	-1,172,660	ADMINISTRATIVE AND GENERAL		5.04		0	33.42
33.43 ALCOHOLIC BEVERAGES	A	-22	ADMINISTRATIVE AND GENERAL		5.04		0	33.43
33.44 ALCOHOLIC BEVERAGES	A	-183	NURSING ADMINISTRATION		13.00		0	33.44
34.00 OTHER CONTRIBUTIONS	A	-79	ADMINISTRATIVE AND GENERAL		5.04		0	34.00
35.00 CHARITABLE CONTRIBUTIONS	A	-5,000	ADMINISTRATIVE AND GENERAL		5.04		0	35.00
36.00 ADVERTISING EXPENSE	A	-1,535	LABORATORY		60.00		0	36.00
37.00 ADVERTISING EXPENSE	A	-7,145	ADMINISTRATIVE AND GENERAL		5.04		0	37.00
38.00 ADVERTISING EXPENSE	A	-1,800	RADIOLOGY-DIAGNOSTIC		54.00		0	38.00
38.01 ADVERTISING EXPENSE	A	-3,684	PHYSICAL THERAPY		66.00		0	38.01
38.02 SELF FUNDED INSURANCE	A	-67,155	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	38.02
38.04 SELF FUNDED INSURANCE	A	-115,180	ADMINISTRATIVE AND GENERAL		5.01		0	38.04
38.05 SELF FUNDED INSURANCE	A	-1	CASHIERING/ACCOUNTS RECEIVABLE		5.02		0	38.05
38.06 SELF FUNDED INSURANCE	A	-337,711	ADMINISTRATIVE AND GENERAL		5.04		0	38.06
38.07 SELF FUNDED INSURANCE	A	-125,226	OPERATION OF PLANT		7.00		0	38.07
38.08 SELF FUNDED INSURANCE	A	-45	OPERATION OF PLANT- POB I		7.01		0	38.08
38.09 SELF FUNDED INSURANCE	A	-15,132	OPERATION OF PLANT NW		7.02		0	38.09
38.10 SELF FUNDED INSURANCE	A	-116,694	HOUSEKEEPING		9.00		0	38.10
38.11 SELF FUNDED INSURANCE	A	-5,688	HOUSEKEEPING-POB I		9.01		0	38.11
38.12 SELF FUNDED INSURANCE	A	-13,879	HOUSEKEEPING NW		9.02		0	38.12
38.13 SELF FUNDED INSURANCE	A	-195,132	NURSING ADMINISTRATION		13.00		0	38.13
38.14 SELF FUNDED INSURANCE	A	-23,339	CENTRAL SERVICES & SUPPLY		14.00		0	38.14
38.15 SELF FUNDED INSURANCE	A	-177,409	PHARMACY		15.00		0	38.15
38.16 SELF FUNDED INSURANCE	A	-198,504	MEDICAL RECORDS & LIBRARY		16.00		0	38.16
38.18 SELF FUNDED INSURANCE	A	-6,719	PARAMEDICAL PRGM PASTORAL CARE		23.00		0	38.18
38.19 SELF FUNDED INSURANCE	A	-10,151	PARAMEDICAL PRGM PHARMACY		23.01		0	38.19
38.20 SELF FUNDED INSURANCE	A	-1,004,901	ADULTS & PEDIATRICS		30.00		0	38.20
38.21 SELF FUNDED INSURANCE	A	-277,412	INTENSIVE CARE UNIT		31.00		0	38.21
38.22 SELF FUNDED INSURANCE	A	-142,896	CORONARY CARE UNIT		32.00		0	38.22
38.24 SELF FUNDED INSURANCE	A	-55,402	SUBPROVIDER - IRF		41.00		0	38.24
38.25 SELF FUNDED INSURANCE	A	-315,497	OPERATING ROOM		50.00		0	38.25
38.26 SELF FUNDED INSURANCE	A	-44,825	RECOVERY ROOM		51.00		0	38.26
38.27 SELF FUNDED INSURANCE	A	-234,279	RADIOLOGY-DIAGNOSTIC		54.00		0	38.27
38.28 SELF FUNDED INSURANCE	A	-44,456	CT SCAN		57.00		0	38.28
38.29 SELF FUNDED INSURANCE	A	-16,870	MAGNETIC RESONANCE IMAGING (MRI)		58.00		0	38.29
38.30 SELF FUNDED INSURANCE	A	-62,323	CARDIAC CATHETERIZATION		59.00		0	38.30
38.31 SELF FUNDED INSURANCE	A	-243,197	LABORATORY		60.00		0	38.31
38.32 SELF FUNDED INSURANCE	A	-42,168	G.I. LAB		60.01		0	38.32
38.33 SELF FUNDED INSURANCE	A	-12,335	VASCULAR LAB		60.02		0	38.33
38.34 SELF FUNDED INSURANCE	A	-27,882	LABORATORY-PATHOLOGY		60.03		0	38.34
38.35 SELF FUNDED INSURANCE	A	-25,614	BLOOD STORAGE, PROCESSING & TRANS.		63.00		0	38.35
38.36 SELF FUNDED INSURANCE	A	-176,312	RESPIRATORY THERAPY		65.00		0	38.36
38.37 SELF FUNDED INSURANCE	A	-120,940	PHYSICAL THERAPY		66.00		0	38.37
38.38 SELF FUNDED INSURANCE	A	-55,232	OCCUPATIONAL THERAPY		67.00		0	38.38
38.39 SELF FUNDED INSURANCE	A	-16,255	SPEECH PATHOLOGY		68.00		0	38.39
38.40 SELF FUNDED INSURANCE	A	-31,954	ELECTROCARDIOLOGY		69.00		0	38.40
38.41 SELF FUNDED INSURANCE	A	-16,712	ELECTROENCEPHALOGRAPHY		70.00		0	38.41
38.42 SELF FUNDED INSURANCE	A	-61,938	PAIN MANAGEMENT & OP CHEMOTHERAPY		76.01		0	38.42
38.44 SELF FUNDED INSURANCE	A	-26,669	OP PSYCH		76.03		0	38.44
38.45 SELF FUNDED INSURANCE	A	-8,361	CARDIAC REHAB		76.04		0	38.45
38.46 SELF FUNDED INSURANCE	A	-5,696	HYPERBARIC OXYGEN THERAPY		76.98		0	38.46
38.47 SELF FUNDED INSURANCE	A	-490,903	EMERGENCY		91.00		0	38.47
38.48 SELF FUNDED INSURANCE	A	-301,327	AMBULANCE SERVICES		95.00		0	38.48
38.49 SELF FUNDED INSURANCE	A	-3,022	GI FT, FLOWER, COFFEE SHOP & CANTEEN		190.00		0	38.49
38.50 SELF FUNDED INSURANCE	A	-19,677	RETAIL PHARMACY		190.10		0	38.50
39.00 SELF FUNDED INSURANCE	B	-11,709	PUBLIC RELATIONS		190.11		13	39.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
40.00 SELF FUNDED INSURANCE	B	-13,627	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	40.00
41.00 SELF FUNDED INSURANCE	B	-2,950	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	41.00
42.00 ASSET IMPAIRMENT DEPRECIATION	A	56,784	NEW CAP REL COSTS-POB I	1.05	9	42.00
43.00 ASSET IMPAIRMENT DEPRECIATION	A	2,116	NEW CAP REL COSTS-GRAHAM MOB	1.06	9	43.00
44.00 ASSET IMPAIRMENT DEPRECIATION	A	390,945	NEW CAP REL COSTS-NW BUILDING	1.07	9	44.00
45.00 ASSET IMPAIRMENT DEPRECIATION	A	2,876,321	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		612,481				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: 26-0180  
 Period: From 01/01/2016 To 12/31/2016  
 Worksheet A-8-1  
 Date/Time Prepared: 5/19/2017 3:49 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	31,297,948	34,801,262 1.00
2.00	50.00	OPERATING ROOM	MIDWEST LITHOTRIpsy	39,750	47,025 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	217,773	213,209 3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	27,137	40,334 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	57,409	38,420 4.01
4.02	60.00	LABORATORY	BARNES JEWISH HOSPITAL LAB	131,805	77,808 4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWISH PATHOLOGY LAB	1,098	3,098 4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWISH BLOOD BANK	8,794	3,935 4.04
5.00	0	0	0	31,781,714	35,225,091 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	G	BJC HEALTH CARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE			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: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2017 3:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-3,503,314	0		1.00
2.00	-7,275	0		2.00
3.00	4,564	0		3.00
4.00	-13,197	0		4.00
4.01	18,989	0		4.01
4.02	53,997	0		4.02
4.03	-2,000	0		4.03
4.04	4,859	0		4.04
5.00	-3,443,377			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:  
5/19/2017 3:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,045,000	1,045,000	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,520,630	1,520,630	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	266,741	266,741	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,302,090	2,302,090	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	593,750	593,750	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	216,300	216,300	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	28,986	28,986	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,847,369	1,847,369	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	83,000	83,000	0	0	0	9.00
10.00	5.04	DR. A	27,000	0	27,000	211,500	171	10.00
200.00			7,930,866	7,903,866	27,000		171	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	9.00
10.00	5.04	DR. A	17,388	869	0	0	0	10.00
200.00			17,388	869	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,045,000		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,520,630		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	266,741		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	2,302,090		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	593,750		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	216,300		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	28,986		7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,847,369		8.00
9.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	83,000		9.00
10.00	5.04	DR. A	0	17,388	9,612	9,612		10.00
200.00			0	17,388	9,612	7,913,478		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02	1.03		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,704,978	5,704,978			1.00	
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482		1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292	1.02	
1.03	00103	NEW CAP REL COSTS-PFD	50,036	0	0	0	1.03	
1.05	00105	NEW CAP REL COSTS-POB I	282,273	0	0	0	1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	150,716	0	0	0	1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	686,243	0	0	0	1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,476,832				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,854,177	10,261	0	964	4,632	4.00
5.01	00570	ADMINISTRATIVE	2,749,946	49,554	0	0	4,565	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	76,522	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	53,554,050	476,072	3,093	1,735	29,031	5.04
7.00	00700	OPERATION OF PLANT	6,471,049	790,253	334	1,064	6,161	7.00
7.01	00701	OPERATION OF PLANT- POB I	4,474	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	702,350	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,081,448	60,921	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,820,389	66,356	0	102	232	9.00
9.01	00901	HOUSEKEEPING-POB I	210,207	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	487,158	0	0	0	0	9.02
10.00	01000	DIETARY	5,494,470	37,459	2,055	0	217	10.00
11.00	01100	CAFETERIA	-1,144,919	43,702	0	1,297	596	11.00
13.00	01300	NURSING ADMINISTRATION	6,210,654	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	775,194	67,016	0	0	0	14.00
15.00	01500	PHARMACY	4,123,025	37,419	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,839,667	58,818	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	3,974	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	167,679	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	150,819	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	231,172	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,011,069	1,573,900	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,576,498	106,215	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	3,341,107	93,337	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	1,311,492	87,256	0	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,317,889	674,209	0	58	0	50.00
51.00	05100	RECOVERY ROOM	1,024,598	33,212	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	463,679	5,340	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,605,088	507,881	0	145	0	54.00
57.00	05700	CT SCAN	1,307,773	22,411	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	437,366	13,889	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,841,405	89,980	0	0	0	59.00
60.00	06000	LABORATORY	10,493,104	62,728	0	3,780	0	60.00
60.01	06001	G.I. LAB	1,196,278	20,671	0	946	0	60.01
60.02	06002	VASCULAR LAB	336,251	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,165,486	0	0	336	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,063,001	0	0	372	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,474,806	29,085	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	2,978,493	44,120	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,182,129	24,312	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	350,941	16,572	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	793,706	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	400,800	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,909,651	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,733,547	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,190,784	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,640,079	18,258	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,710,794	4,086	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	3,442	0	0	0	0	76.02
76.03	03550	OP PSYCH	685,075	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	193,469	30,299	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	423,798	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	12,207,786	223,028	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02		1.03
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	7,922,186	0	0	218	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	266,529,927	5,378,620	5,482	15,059	45,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	549,761	16,990	0	0	0	190.00
190.01 19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004	NON REIMBURSABLE CHIP	0	142,002	0	0	0	190.04
190.05 19005	NON REIMBURSABLE PFD	0	0	0	0	2,054	190.05
190.06 19006	NON REIMBURSABLE HOSPITAL	0	162,552	0	0	0	190.06
190.07 19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009	CATERING	148,132	0	0	0	92	190.09
190.10 19010	RETAIL PHARMACY	1,925,021	0	0	0	0	190.10
190.11 19011	PUBLIC RELATIONS	1,300,780	4,814	0	0	1,146	190.11
190.12 19012	PHYSICIAN PRACTICE DEVELOPMENT	419,213	0	0	0	1,310	190.12
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	101,531	0	0	0	0	192.01
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)	270,974,365	5,704,978	5,482	16,292	50,036	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.05	1.06	1.07	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I	282,273				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	150,716			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	686,243		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				11,476,832	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,621	0	0	12,338	10,889,993
5.01	00570	ADMITTING	0	0	18,676	12,306	238,727
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,997	2
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	42,452	7,001	136,792	6,498,034	699,956
7.00	00700	OPERATION OF PLANT	22,185	694	0	20,436	259,549
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	93
7.02	00702	OPERATION OF PLANT NW	0	0	15,836	297	31,418
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,159	108	0
9.00	00900	HOUSEKEEPING	0	0	0	7,285	241,866
9.01	00901	HOUSEKEEPING-POB I	315	0	0	0	11,789
9.02	00902	HOUSEKEEPING NW	0	0	9,792	1,997	28,766
10.00	01000	DIETARY	0	0	0	146,677	0
11.00	01100	CAFETERIA	0	0	17,665	966	0
13.00	01300	NURSING ADMINISTRATION	1,152	0	0	110,651	404,440
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	34,968	48,374
15.00	01500	PHARMACY	0	0	0	33,317	367,707
16.00	01600	MEDICAL RECORDS & LIBRARY	4,292	0	9,273	16,859	411,429
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	13,926
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	21,039
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	32,088	2,082,733
31.00	03100	INTENSIVE CARE UNIT	0	0	0	45,641	574,979
32.00	03200	CORONARY CARE UNIT	0	0	0	3,949	296,173
41.00	04100	SUBPROVIDER - IRF	0	0	0	10,277	114,828
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	682,652	653,914
51.00	05100	RECOVERY ROOM	0	0	0	5,076	92,906
53.00	05300	ANESTHESIOLOGY	0	0	0	89,367	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,347	0	52,930	398,197	485,578
57.00	05700	CT SCAN	0	0	37,106	222,743	92,142
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,483	10,942	34,966
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	617,835	129,173
60.00	06000	LABORATORY	951	0	15,771	129,173	504,063
60.01	06001	G.I. LAB	0	0	0	32,972	87,399
60.02	06002	VASCULAR LAB	0	0	0	0	25,567
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	12,488	57,790
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,078	53,088
65.00	06500	RESPIRATORY THERAPY	0	0	41,555	35,380	365,433
66.00	06600	PHYSICAL THERAPY	0	33,618	0	7,762	250,667
67.00	06700	OCCUPATIONAL THERAPY	0	4,102	0	3,636	114,477
68.00	06800	SPEECH PATHOLOGY	0	4,362	0	268	33,691
69.00	06900	ELECTROCARDIOLOGY	0	0	0	88,295	66,229
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	43,215	13,533	34,638
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	63,821	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,968	0	0	18,420	128,376
76.02	03950	DIABETES CARE CENTER	5,143	0	0	2,330	0
76.03	03550	OP PSYCH	0	0	0	3,288	55,276
76.04	03020	CARDIAC REHAB	0	0	0	2,180	17,330
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	11,806
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	232,485	1,769,694	1,017,472
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	271,281	624,546

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00				
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)				10,784,321	118.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,263	190.00	
190.01	19001	VISITOR MEALS	0	0	0	0	190.01	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02	
190.03	19003	NON REIMB NW BUILDING	0	0	30,505	0	190.03	
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04	
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06	
190.07	19007	NON REIMBURSABLE POB I	13,258	0	0	0	190.07	
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08	
190.09	19009	CATERING	0	0	0	1,763	190.09	
190.10	19010	RETAIL PHARMACY	0	0	0	1,021	190.10	
190.11	19011	PUBLIC RELATIONS	0	0	0	0	24,269	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	446	28,244	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,589	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	100,939	0	0	6,113	192.01
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)	282,273	150,716	686,243	11,476,832	10,889,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/19/2017 3:49 pm		
Cost Center Description				ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL
				5.01	5.02	5.03	5A.03	5.04
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	3,073,774					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	78,567				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	61,448,216	61,448,216	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,571,725	2,209,179	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	4,567	1,332	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	749,901	218,796	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,149,636	335,426	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,136,230	1,206,815	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	222,311	64,863	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	527,713	153,969	9.02
10.00	01000	DIETARY	0	0	0	5,680,878	1,657,493	10.00
11.00	01100	CAFETERIA	0	0	0	-1,080,693	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,727,194	1,962,773	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	925,552	270,046	14.00
15.00	01500	PHARMACY	0	0	0	4,561,468	1,330,886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,340,338	1,558,134	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	3,974	1,159	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	167,679	48,923	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	164,745	48,067	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	252,211	73,587	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	253,460	6,505	0	27,960,029	8,157,906	30.00
31.00	03100	INTENSIVE CARE UNIT	68,801	1,766	0	7,374,059	2,151,507	31.00
32.00	03200	CORONARY CARE UNIT	44,561	1,144	0	3,780,271	1,102,958	32.00
41.00	04100	SUBPROVIDER - IRF	12,701	326	0	1,536,880	448,411	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	166,881	4,283	0	13,499,886	3,938,821	50.00
51.00	05100	RECOVERY ROOM	34,054	874	0	1,190,720	347,413	51.00
53.00	05300	ANESTHESIOLOGY	60,897	1,563	0	620,846	181,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	190,520	4,890	0	8,263,576	2,411,039	54.00
57.00	05700	CT SCAN	231,578	5,944	0	1,919,697	560,104	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,457	961	0	553,064	161,366	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,864	2,589	0	2,781,846	811,651	59.00
60.00	06000	LABORATORY	420,696	10,798	0	11,641,064	3,396,478	60.00
60.01	06001	G.I. LAB	31,920	819	0	1,371,005	400,014	60.01
60.02	06002	VASCULAR LAB	23,880	613	0	386,694	112,825	60.02
60.03	06003	LABORATORY-PATHOLOGY	28,799	739	0	1,265,638	369,271	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,609	760	0	2,148,908	626,980	63.00
65.00	06500	RESPIRATORY THERAPY	71,974	1,847	0	5,020,133	1,464,709	65.00
66.00	06600	PHYSICAL THERAPY	51,826	1,330	0	3,367,816	982,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,092	490	0	1,348,238	393,371	67.00
68.00	06800	SPEECH PATHOLOGY	6,227	160	0	412,221	120,272	68.00
69.00	06900	ELECTROCARDIOLOGY	95,760	2,458	0	1,047,244	305,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,158	415	0	509,198	148,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,687	1,789	0	8,981,127	2,620,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	154,647	3,969	0	14,892,163	4,345,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,745	6,307	0	15,442,836	4,505,710	73.00
74.00	07400	RENAL DIALYSIS	15,381	395	0	1,737,934	507,072	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	25,864	664	0	1,891,172	551,782	76.01
76.02	03950	DIABETES CARE CENTER	23	1	0	10,939	3,192	76.02
76.03	03550	OP PSYCH	11,585	297	0	755,521	220,436	76.03
76.04	03020	CARDIAC REHAB	1,863	48	0	245,189	71,538	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,327	137	0	441,068	128,689	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	426,864	10,630	0	15,889,554	4,636,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	119,073	3,056	0	8,940,360	2,608,502	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,073,774	78,567	0	265,780,541	59,932,829	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	573,014	167,187	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	360	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	30,505	8,900	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	142,002	41,431	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	2,054	599	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	162,552	47,427	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	13,258	3,868	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	149,987	43,761	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,966,825	573,855	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,331,009	388,345	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	449,213	131,066	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	163,589	47,730	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	208,583	60,858	192.01
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)	3,073,774	78,567	0	270,974,365	61,448,216	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	9,780,904					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	5,899				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	968,697			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	113,316	0	13,468	1,611,846		8.00
9.00	00900	HOUSEKEEPING	143,138	0	0	0	5,486,183	9.00
9.01	00901	HOUSEKEEPING-POB I	0	9	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	18,421	0	0	9.02
10.00	01000	DIETARY	263,628	0	0	0	155,357	10.00
11.00	01100	CAFETERIA	232,502	0	33,231	0	137,015	11.00
13.00	01300	NURSING ADMINISTRATION	28,818	32	0	0	16,983	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	124,653	0	0	20,899	73,459	14.00
15.00	01500	PHARMACY	69,600	0	0	0	41,016	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	109,404	121	17,445	0	64,472	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,954,176	0	0	723,217	1,740,918	30.00
31.00	03100	INTENSIVE CARE UNIT	212,989	0	0	93,721	125,516	31.00
32.00	03200	CORONARY CARE UNIT	173,611	0	0	81,091	102,310	32.00
41.00	04100	SUBPROVIDER - IRF	162,300	0	0	47,651	95,644	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,259,724	0	0	116,433	742,364	50.00
51.00	05100	RECOVERY ROOM	61,775	0	0	334	36,404	51.00
53.00	05300	ANESTHESIOLOGY	9,932	0	0	0	5,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	958,775	515	99,571	72,393	565,013	54.00
57.00	05700	CT SCAN	41,685	0	69,804	33,647	24,565	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,834	0	32,889	0	15,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	167,366	0	0	25,260	98,630	59.00
60.00	06000	LABORATORY	483,815	27	29,669	0	285,115	60.00
60.01	06001	G.I. LAB	130,296	0	0	16,388	76,785	60.01
60.02	06002	VASCULAR LAB	37,220	0	0	0	21,934	60.02
60.03	06003	LABORATORY-PATHOLOGY	32,681	0	0	0	19,259	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,117	0	0	0	21,284	63.00
65.00	06500	RESPIRATORY THERAPY	59,267	0	78,173	0	34,926	65.00
66.00	06600	PHYSICAL THERAPY	82,065	0	0	1,421	48,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,221	0	0	0	26,649	67.00
68.00	06800	SPEECH PATHOLOGY	30,825	0	0	0	18,165	68.00
69.00	06900	ELECTROCARDIOLOGY	77,300	0	0	0	45,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,638	0	81,296	768	25,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33,960	0	0	1,523	20,013	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,600	83	0	2,414	4,478	76.01
76.02	03950	DIABETES CARE CENTER	0	144	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	56,357	0	0	0	33,212	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	569,793	0	437,345	350,140	335,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	21,143	0	0	24,546	12,460	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,859,524	931	911,312	1,611,846	5,069,848	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,602	0	0	0	18,623	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	119,762	0	0	0	70,577	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	57,385	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	264,129	0	0	0	155,653	190.04
190.05	19005	NON REIMBURSABLE PFD	86,856	0	0	0	51,185	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	302,353	0	0	0	51,539	190.06
190.07	19007	NON REIMBURSABLE POB I	0	372	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,888	0	0	0	2,291	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	55,379	0	0	0	32,635	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,411	4,596	0	0	33,832	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	9,780,904	5,899	968,697	1,611,846	5,486,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	287,183					9.01
9.02	00902	HOUSEKEEPING NW	0	700,103				9.02
10.00	01000	DIETARY	0	0	7,757,356			10.00
11.00	01100	CAFETERIA	0	24,834	5,014,299	4,361,188		11.00
13.00	01300	NURSING ADMINISTRATION	1,577	0	0	138,088	8,875,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	29,559	0	14.00
15.00	01500	PHARMACY	0	0	0	98,327	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,877	13,037	0	157,706	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,986	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	8,063	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	6,986	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,840,732	897,874	4,232,962	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	245,986	173,293	816,872	31.00
32.00	03200	CORONARY CARE UNIT	0	0	194,751	104,236	490,997	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	138,165	45,408	214,334	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	233,736	995,469	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,482	134,148	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,126	74,412	0	166,570	0	54.00
57.00	05700	CT SCAN	0	52,167	0	33,314	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,579	0	10,741	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,422	0	59.00
60.00	06000	LABORATORY	1,303	22,172	0	235,614	0	60.00
60.01	06001	G.I. LAB	0	0	0	31,975	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	7,248	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	24,989	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,881	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	58,421	0	136,486	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	98,327	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	45,670	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,741	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,744	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	60,755	0	15,049	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	4,065	0	0	58,565	275,789	76.01
76.02	03950	DIABETES CARE CENTER	7,043	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	24,713	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	5,371	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5,108	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	326,840	0	363,775	1,714,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	319,982	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,991	657,217	7,433,933	3,610,029	8,875,465	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,108	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	711,121	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	42,886	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	18,156	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	323,423	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	13,972	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	8,601	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	6,710	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	224,036	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	5,647	0 192.01
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)	287,183	700,103	7,757,356	4,361,188	8,875,465 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,444,168					14.00
15.00	01500	PHARMACY	0	6,101,297				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,234	7,280,768			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	5,133	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	833	600,332	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	188	162,958	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	141	105,544	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	93	30,084	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	8,365	395,266	0	0	50.00
51.00	05100	RECOVERY ROOM	0	20	80,658	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	21,941	144,238	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9	451,255	0	0	54.00
57.00	05700	CT SCAN	0	4	548,503	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	88,717	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	542	238,900	0	0	59.00
60.00	06000	LABORATORY	0	0	996,436	0	0	60.00
60.01	06001	G.I. LAB	0	12	75,603	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	56,562	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	68,211	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	70,130	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	187	170,475	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	122,752	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	45,220	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	14,749	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	226,813	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	38,271	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	527,893	0	165,057	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	916,275	0	366,287	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,023,900	582,058	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	36,430	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	347	61,259	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	55	0	0	76.02
76.03	03550	OP PSYCH	0	0	27,441	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	4,414	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	12,618	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	598	1,011,443	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	29,883	282,029	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,444,168	6,101,297	7,280,768	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
			14.00	15.00	16.00	17.00	17.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	5,133	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,444,168	6,101,297	7,280,768	0	5,133	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	223,588					21.00
23.00 02300 PARAMED PRGM PASTORAL CARE		220,875				23.00
23.01 02301 PARAMED PRGM PHARMACY			332,784			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	168,031	0	49,277,010	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	22,454	0	11,379,543	0	31.00
32.00 03200 CORONARY CARE UNIT	0	17,778	0	6,153,688	0	32.00
41.00 04100 SUBPROVIDER - IRF	0	12,612	0	2,731,582	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	223,588	0	0	21,413,652	-223,588	50.00
51.00 05100 RECOVERY ROOM	0	0	0	1,879,954	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	983,952	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	13,088,254	0	54.00
57.00 05700 CT SCAN	0	0	0	3,283,490	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	912,414	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,162,617	0	59.00
60.00 06000 LABORATORY	0	0	0	17,091,693	0	60.00
60.01 06001 G.I. LAB	0	0	0	2,102,078	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	622,483	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	1,780,049	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,923,300	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	7,022,777	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,703,361	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,904,369	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	606,973	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,731,205	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	921,669	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,294,473	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,519,767	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	332,784	26,887,288	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,336,932	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	2,857,554	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	0	21,373	0	76.02
76.03 03550 OP PSYCH	0	0	0	1,028,111	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	416,081	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	587,483	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	25,636,213	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:  
From 01/01/2016  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES							
	21.00	23.00	23.01	24.00	25.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	12,238,905	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	223,588	220,875	332,784	261,500,293	-223,588	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	795,534	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	711,121	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	191,932	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	139,676	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	603,215	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	140,694	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	563,871	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	35,654	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	323,423	0	190.08
190.09	19009	CATERING	0	0	0	199,927	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	2,554,652	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,727,955	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	675,003	0	190.12
191.00	19100	RESEARCH	0	0	0	5,133	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	531,194	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	275,088	0	192.01
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)	223,588	220,875	332,784	270,974,365	-223,588	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/19/2017 3:49 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMINISTRATIVE		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	49,277,010	30.00
31.00	03100	INTENSIVE CARE UNIT	11,379,543	31.00
32.00	03200	CORONARY CARE UNIT	6,153,688	32.00
41.00	04100	SUBPROVIDER - IRF	2,731,582	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	21,190,064	50.00
51.00	05100	RECOVERY ROOM	1,879,954	51.00
53.00	05300	ANESTHESIOLOGY	983,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,088,254	54.00
57.00	05700	CT SCAN	3,283,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	912,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,162,617	59.00
60.00	06000	LABORATORY	17,091,693	60.00
60.01	06001	G.I. LAB	2,102,078	60.01
60.02	06002	VASCULAR LAB	622,483	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,780,049	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,923,300	63.00
65.00	06500	RESPIRATORY THERAPY	7,022,777	65.00
66.00	06600	PHYSICAL THERAPY	4,703,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,904,369	67.00
68.00	06800	SPEECH PATHOLOGY	606,973	68.00
69.00	06900	ELECTROCARDIOLOGY	1,731,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	921,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,294,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,519,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,887,288	73.00
74.00	07400	RENAL DIALYSIS	2,336,932	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,857,554	76.01
76.02	03950	DIABETES CARE CENTER	21,373	76.02
76.03	03550	OP PSYCH	1,028,111	76.03
76.04	03020	CARDIAC REHAB	416,081	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	587,483	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	25,636,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	12,238,905	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,276,705	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	795,534	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part I  
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Cost Center Description			Total	
			26.00	
190.01	19001	VISITOR MEALS	711,121	190.01
190.02	19002	NON REIMBURSABLE B BLDG	191,932	190.02
190.03	19003	NON REIMB NW BUILDING	139,676	190.03
190.04	19004	NON REIMBURSABLE CHIP	603,215	190.04
190.05	19005	NON REIMBURSABLE PFD	140,694	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	563,871	190.06
190.07	19007	NON REIMBURSABLE POB I	35,654	190.07
190.08	19008	MEALS ON WHEELS	323,423	190.08
190.09	19009	CATERING	199,927	190.09
190.10	19010	RETAIL PHARMACY	2,554,652	190.10
190.11	19011	PUBLIC RELATIONS	1,727,955	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	675,003	190.12
191.00	19100	RESEARCH	5,133	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	531,194	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	275,088	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	270,750,777	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-0180

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMINISTRATIVE	27	GROSS	REVENUE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH	PATIENT DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMEDICAL PRGM PASTORAL CARE	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	17,366	10,261	0	964	4,632	4.00
5.01	00570 ADMIN TTING	10,668	49,554	0	0	4,565	5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591 ADMINISTRATIVE AND GENERAL	1,508,646	476,072	3,093	1,735	29,031	5.04
7.00	00700 OPERATION OF PLANT	15,365	790,253	334	1,064	6,161	7.00
7.01	00701 OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702 OPERATION OF PLANT NW	4,944	0	0	0	0	7.02
8.00	00800 LAUNDRY & LINEN SERVICE	0	60,921	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	66,356	0	102	232	9.00
9.01	00901 HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902 HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000 DIETARY	26,226	37,459	2,055	0	217	10.00
11.00	01100 CAFETERIA	0	43,702	0	1,297	596	11.00
13.00	01300 NURSING ADMINISTRATION	1,708,877	0	0	297	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	67,016	0	0	0	14.00
15.00	01500 PHARMACY	387,467	37,419	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,002	58,818	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	41,696	1,573,900	0	274	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,989	106,215	0	159	0	31.00
32.00	03200 CORONARY CARE UNIT	559	93,337	0	0	0	32.00
41.00	04100 SUBPROVIDER - I RF	444	87,256	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	290,506	674,209	0	58	0	50.00
51.00	05100 RECOVERY ROOM	0	33,212	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	5,340	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,870	507,881	0	145	0	54.00
57.00	05700 CT SCAN	0	22,411	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,889	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,230	89,980	0	0	0	59.00
60.00	06000 LABORATORY	11,384	62,728	0	3,780	0	60.00
60.01	06001 G. I. LAB	0	20,671	0	946	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	23,681	0	0	336	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	28	0	0	372	0	63.00
65.00	06500 RESPIRATORY THERAPY	21,312	29,085	0	53	0	65.00
66.00	06600 PHYSICAL THERAPY	10,517	44,120	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	24,312	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,572	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,162	0	0	796	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,707	0	0	439	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,216	18,258	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	5,083	4,086	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	3,473	0	0	0	0	76.02
76.03	03550 OP PSYCH	4,579	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	396	30,299	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	25,421	223,028	0	1,595	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
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5/19/2017 3:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD			
		1.00	1.01	1.02	1.03			
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500	AMBULANCE SERVICES	2,464	0	0	218	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,145,278	5,378,620	5,482	15,059	45,434	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,990	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	142,002	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	2,054	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	162,552	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	92	190.09
190.10	19010	RETAIL PHARMACY	891	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	4,253	4,814	0	0	1,146	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,155	0	0	0	1,310	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	4,152,577	5,704,978	5,482	16,292	50,036	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	2A
		NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P		
		1.05	1.06	1.07	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUI LDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,621	0	0	12,338	53,182
5.01	00570	ADMINISTRATIVE	0	0	18,676	12,306	95,769
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,997	2,043
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	42,452	7,001	136,792	6,498,034	8,702,856
7.00	00700	OPERATION OF PLANT	22,185	694	0	20,436	856,492
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	0	15,836	297	21,077
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,159	108	68,188
9.00	00900	HOUSEKEEPING	0	0	0	7,285	73,975
9.01	00901	HOUSEKEEPING-POB I	315	0	0	0	315
9.02	00902	HOUSEKEEPING NW	0	0	9,792	1,997	11,789
10.00	01000	DIETARY	0	0	0	146,677	212,634
11.00	01100	CAFETERIA	0	0	17,665	966	64,226
13.00	01300	NURSING ADMINISTRATION	1,152	0	0	110,651	1,820,977
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	34,968	101,984
15.00	01500	PHARMACY	0	0	0	33,317	458,203
16.00	01600	MEDICAL RECORDS & LIBRARY	4,292	0	9,273	16,859	92,244
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	32,088	1,647,958
31.00	03100	INTENSIVE CARE UNIT	0	0	0	45,641	155,004
32.00	03200	CORONARY CARE UNIT	0	0	0	3,949	97,845
41.00	04100	SUBPROVIDER - IRF	0	0	0	10,277	97,977
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	682,652	1,647,425
51.00	05100	RECOVERY ROOM	0	0	0	5,076	38,288
53.00	05300	ANESTHESIOLOGY	0	0	0	89,367	94,707
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,347	0	52,930	398,197	986,370
57.00	05700	CT SCAN	0	0	37,106	222,743	282,260
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,483	10,942	42,314
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	617,835	710,045
60.00	06000	LABORATORY	951	0	15,771	129,173	223,787
60.01	06001	G. I. LAB	0	0	0	32,972	54,589
60.02	06002	VASCULAR LAB	0	0	0	0	383
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	12,488	36,505
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,078	2,478
65.00	06500	RESPIRATORY THERAPY	0	0	41,555	35,380	127,385
66.00	06600	PHYSICAL THERAPY	0	33,618	0	7,762	96,017
67.00	06700	OCCUPATIONAL THERAPY	0	4,102	0	3,636	32,050
68.00	06800	SPEECH PATHOLOGY	0	4,362	0	268	21,202
69.00	06900	ELECTROCARDIOLOGY	0	0	0	88,295	92,253
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	43,215	13,533	58,894
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	63,821	84,295
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,968	0	0	18,420	30,557
76.02	03950	DIABETES CARE CENTER	5,143	0	0	2,330	10,946
76.03	03550	OP PSYCH	0	0	0	3,288	7,867
76.04	03020	CARDIAC REHAB	0	0	0	2,180	32,875
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	232,485	1,769,694	2,252,223
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	271,281	273,963

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P				
	1.05	1.06	1.07	2.00			2A	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)				21,874,416	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	16,990	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUI LDING	0	0	30,505	0	30,505	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	142,002	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	2,054	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	162,552	190.06
190.07	19007	NON REIMBURSABLE POB I	13,258	0	0	0	13,258	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	1,763	1,855	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,021	1,912	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	10,213	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	446	3,911	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,589	0	0	0	163,589	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	100,939	0	0	100,939	192.01
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)	282,273	150,716	686,243	11,476,832	22,525,429	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm			
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINITTING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATIVE AND GENERAL 5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,182					4.00
5.01	00570	ADMINITTING	1,166	96,935				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,043			5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	3,419	0	0	0	8,706,275	5.04
7.00	00700	OPERATION OF PLANT	1,268	0	0	0	313,008	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	189	7.01
7.02	00702	OPERATION OF PLANT NW	153	0	0	0	31,000	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	47,525	8.00
9.00	00900	HOUSEKEEPING	1,181	0	0	0	170,988	9.00
9.01	00901	HOUSEKEEPING-POB I	58	0	0	0	9,190	9.01
9.02	00902	HOUSEKEEPING NW	141	0	0	0	21,815	9.02
10.00	01000	DIETARY	0	0	0	0	234,842	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,975	0	0	0	278,095	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	236	0	0	0	38,261	14.00
15.00	01500	PHARMACY	1,796	0	0	0	188,567	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,010	0	0	0	220,764	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	164	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	6,932	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	68	0	0	0	6,810	23.00
23.01	02301	PARAMED PRGM PHARMACY	103	0	0	0	10,426	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,163	8,007	167	0	1,155,838	30.00
31.00	03100	INTENSIVE CARE UNIT	2,808	2,173	45	0	304,836	31.00
32.00	03200	CORONARY CARE UNIT	1,447	1,408	29	0	156,273	32.00
41.00	04100	SUBPROVIDER - IRF	561	401	8	0	63,533	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,194	5,272	110	0	558,072	50.00
51.00	05100	RECOVERY ROOM	454	1,076	22	0	49,223	51.00
53.00	05300	ANESTHESIOLOGY	0	1,924	40	0	25,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,372	6,018	125	0	341,608	54.00
57.00	05700	CT SCAN	450	7,315	152	0	79,358	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	171	1,183	25	0	22,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	631	3,186	66	0	114,999	59.00
60.00	06000	LABORATORY	2,462	13,290	277	0	481,230	60.00
60.01	06001	G.I. LAB	427	1,008	21	0	56,676	60.01
60.02	06002	VASCULAR LAB	125	754	16	0	15,986	60.02
60.03	06003	LABORATORY-PATHOLOGY	282	910	19	0	52,320	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	259	935	19	0	88,834	63.00
65.00	06500	RESPIRATORY THERAPY	1,785	2,274	47	0	207,527	65.00
66.00	06600	PHYSICAL THERAPY	1,224	1,637	34	0	139,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	559	603	13	0	55,735	67.00
68.00	06800	SPEECH PATHOLOGY	165	197	4	0	17,041	68.00
69.00	06900	ELECTROCARDIOLOGY	323	3,025	63	0	43,292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169	510	11	0	21,050	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,201	46	0	371,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,885	102	0	615,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,763	162	0	638,391	73.00
74.00	07400	RENAL DIALYSIS	0	486	10	0	71,844	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	627	817	17	0	78,179	76.01
76.02	03950	DIABETES CARE CENTER	0	1	0	0	452	76.02
76.03	03550	OP PSYCH	270	366	8	0	31,232	76.03
76.04	03020	CARDIAC REHAB	85	59	1	0	10,136	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	58	168	4	0	18,233	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,970	13,322	302	0	656,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,050	3,761	78	0	369,586	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,665	96,935	2,043	0	8,491,566	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINING 5.01	CASHIERING/ACCOUNTS RECEIVABLE 5.02	MENTAL HEALTH ADMINISTRATION 5.03	ADMINISTRATION AND GENERAL 5.04		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31	0	0	0	23,688	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	51	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	1,261	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	5,870	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	85	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	6,720	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	548	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	6,200	190.09
190.10	19010	RETAIL PHARMACY	199	0	0	0	81,307	190.10
190.11	19011	PUBLIC RELATIONS	119	0	0	0	55,023	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	138	0	0	0	18,570	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,763	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	30	0	0	0	8,623	192.01
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)	53,182	96,935	2,043	0	8,706,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,170,768					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	189				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	52,230			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	13,564	0	726	130,003		8.00
9.00	00900	HOUSEKEEPING	17,134	0	0	0	263,278	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	993	0	0	9.02
10.00	01000	DIETARY	31,556	0	0	0	7,455	10.00
11.00	01100	CAFETERIA	27,830	0	1,792	0	6,575	11.00
13.00	01300	NURSING ADMINISTRATION	3,450	1	0	0	815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,921	0	0	1,686	3,525	14.00
15.00	01500	PHARMACY	8,331	0	0	0	1,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,096	4	941	0	3,094	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	353,612	0	0	58,329	83,545	30.00
31.00	03100	INTENSIVE CARE UNIT	25,495	0	0	7,559	6,023	31.00
32.00	03200	CORONARY CARE UNIT	20,781	0	0	6,540	4,910	32.00
41.00	04100	SUBPROVIDER - IRF	19,427	0	0	3,843	4,590	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	150,788	0	0	9,391	35,626	50.00
51.00	05100	RECOVERY ROOM	7,394	0	0	27	1,747	51.00
53.00	05300	ANESTHESIOLOGY	1,189	0	0	0	281	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,765	17	5,369	5,839	27,115	54.00
57.00	05700	CT SCAN	4,990	0	3,764	2,714	1,179	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,092	0	1,773	0	731	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,034	0	0	2,037	4,733	59.00
60.00	06000	LABORATORY	57,912	1	1,600	0	13,682	60.00
60.01	06001	G.I. LAB	15,596	0	0	1,322	3,685	60.01
60.02	06002	VASCULAR LAB	4,455	0	0	0	1,053	60.02
60.03	06003	LABORATORY-PATHOLOGY	3,912	0	0	0	924	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,323	0	0	0	1,021	63.00
65.00	06500	RESPIRATORY THERAPY	7,094	0	4,215	0	1,676	65.00
66.00	06600	PHYSICAL THERAPY	9,823	0	0	115	2,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,413	0	0	0	1,279	67.00
68.00	06800	SPEECH PATHOLOGY	3,690	0	0	0	872	68.00
69.00	06900	ELECTROCARDIOLOGY	9,253	0	0	0	2,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,104	0	4,383	62	1,206	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,065	0	0	123	960	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	910	3	0	195	215	76.01
76.02	03950	DIABETES CARE CENTER	0	5	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	6,746	0	0	0	1,594	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	68,204	0	23,580	28,241	16,114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,531	0	0	1,980	598	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,060,480	31	49,136	130,003	243,298	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,783	0	0	0	894	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	14,335	0	0	0	3,387	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	3,094	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	31,616	0	0	0	7,470	190.04
190.05	19005	NON REIMBURSABLE PFD	10,397	0	0	0	2,456	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	36,191	0	0	0	2,473	190.06
190.07	19007	NON REIMBURSABLE POB I	0	12	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	465	0	0	0	110	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	6,629	0	0	0	1,566	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,872	146	0	0	1,624	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,170,768	189	52,230	130,003	263,278	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description			HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	9,563					9.01
9.02	00902	HOUSEKEEPING NW	0	34,738				9.02
10.00	01000	DIETARY	0	0	486,487			10.00
11.00	01100	CAFETERIA	0	1,232	314,462	329,592		11.00
13.00	01300	NURSING ADMINISTRATION	53	0	0	10,436	2,115,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,234	0	14.00
15.00	01500	PHARMACY	0	0	0	7,431	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	196	647	0	11,918	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	528	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	609	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	528	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	115,438	67,858	1,009,085	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,426	13,096	194,732	31.00
32.00	03200	CORONARY CARE UNIT	0	0	12,213	7,877	117,048	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,665	3,432	51,095	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	17,664	237,308	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,152	31,979	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	837	3,692	0	12,588	0	54.00
57.00	05700	CT SCAN	0	2,588	0	2,518	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,220	0	812	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,904	0	59.00
60.00	06000	LABORATORY	43	1,100	0	17,806	0	60.00
60.01	06001	G. I. LAB	0	0	0	2,416	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	548	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,889	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,502	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,899	0	10,315	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,431	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,451	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	812	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,172	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,015	0	1,137	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	135	0	0	4,426	65,745	76.01
76.02	03950	DIABETES CARE CENTER	235	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	1,868	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	406	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	386	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	16,217	0	27,492	408,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	24,182	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,499	32,610	466,204	272,824	2,115,802	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		OB I	NW			ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	386	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	53,742	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	2,128	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	605	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	20,283	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,056	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	650	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	507	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,459	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	427	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	86,525	0 201.00
202.00		TOTAL (sum lines 118-201)	9,563	34,738	486,487	416,117	2,115,802 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN
			14.00	15.00	16.00	17.00	17.01
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	162,847				14.00
15.00	01500	PHARMACY	0	666,296			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,554	346,468		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	164 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0 23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	91	28,607	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	21	7,765	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	15	5,029	0	0 32.00
41.00	04100	SUBPROVIDER - IRF	0	10	1,434	0	0 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	914	18,835	0	0 50.00
51.00	05100	RECOVERY ROOM	0	2	3,844	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	2,396	6,873	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1	21,503	0	0 54.00
57.00	05700	CT SCAN	0	0	26,137	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,228	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59	11,384	0	0 59.00
60.00	06000	LABORATORY	0	0	47,482	0	0 60.00
60.01	06001	G.I. LAB	0	1	3,603	0	0 60.01
60.02	06002	VASCULAR LAB	0	0	2,695	0	0 60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	3,250	0	0 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,342	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	20	8,123	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,849	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,155	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	703	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,808	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,824	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,530	0	7,865	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	103,317	0	17,454	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	657,846	27,736	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	1,736	0	0 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	38	2,919	0	0 76.01
76.02	03950	DIABETES CARE CENTER	0	0	3	0	0 76.02
76.03	03550	OP PSYCH	0	0	1,308	0	0 76.03
76.04	03020	CARDIAC REHAB	0	0	210	0	0 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	601	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	65	47,724	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	3,263	13,439	0	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	162,847	666,296	346,468	0	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN		
		14.00	15.00	16.00	17.00	17.01		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	164	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	162,847	666,296	346,468	0	164	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	7,460					21.00
23.00 02300 PARAMED PRGM PASTORAL CARE		7,487				23.00
23.01 02301 PARAMED PRGM PHARMACY			11,057			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS				4,538,698		0 30.00
31.00 03100 INTENSIVE CARE UNIT				734,983		0 31.00
32.00 03200 CORONARY CARE UNIT				431,415		0 32.00
41.00 04100 SUBPROVIDER - IRF				254,976		0 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM				2,684,599		0 50.00
51.00 05100 RECOVERY ROOM				136,208		0 51.00
53.00 05300 ANESTHESIOLOGY				133,075		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,528,219		0 54.00
57.00 05700 CT SCAN				413,425		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				78,412		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				870,078		0 59.00
60.00 06000 LABORATORY				860,672		0 60.00
60.01 06001 G.I. LAB				139,344		0 60.01
60.02 06002 VASCULAR LAB				26,015		0 60.02
60.03 06003 LABORATORY-PATHOLOGY				100,011		0 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				102,713		0 63.00
65.00 06500 RESPIRATORY THERAPY				373,360		0 65.00
66.00 06600 PHYSICAL THERAPY				263,673		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				101,258		0 67.00
68.00 06800 SPEECH PATHOLOGY				44,686		0 68.00
69.00 06900 ELECTROCARDIOLOGY				163,375		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				97,365		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				440,913		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				741,385		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,331,898		0 73.00
74.00 07400 RENAL DIALYSIS				163,519		0 74.00
76.00 03320 SHOCK THERAPY				0		0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY				184,783		0 76.01
76.02 03950 DIABETES CARE CENTER				11,642		0 76.02
76.03 03550 OP PSYCH				42,919		0 76.03
76.04 03020 CARDIAC REHAB				52,112		0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY				19,450		0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY				3,564,122		0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES							
	21.00	23.00	23.01	24.00	25.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES				696,431	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	21,325,734	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				45,772	0	190.00
190.01	19001	VISITOR MEALS				53,742	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG				19,006	0	190.02
190.03	19003	NON REIMB NW BUILDING				36,988	0	190.03
190.04	19004	NON REIMBURSABLE CHIP				186,958	0	190.04
190.05	19005	NON REIMBURSABLE PFD				14,992	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL				207,936	0	190.06
190.07	19007	NON REIMBURSABLE POBI				14,423	0	190.07
190.08	19008	MEALS ON WHEELS				20,283	0	190.08
190.09	19009	CATERING				8,630	0	190.09
190.10	19010	RETAIL PHARMACY				84,474	0	190.10
190.11	19011	PUBLIC RELATIONS				66,005	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT				31,321	0	190.12
191.00	19100	RESEARCH				164	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				186,453	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM				110,019	0	192.01
200.00		Cross Foot Adjustments	7,460	7,487	11,057	26,004	0	200.00
201.00		Negative Cost Centers	0	0	0	86,525	0	201.00
202.00		TOTAL (sum lines 118-201)	7,460	7,487	11,057	22,525,429	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMINISTRATIVE		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE		23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	4,538,698	30.00
31.00	03100	INTENSIVE CARE UNIT	734,983	31.00
32.00	03200	CORONARY CARE UNIT	431,415	32.00
41.00	04100	SUBPROVIDER - IRF	254,976	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	2,684,599	50.00
51.00	05100	RECOVERY ROOM	136,208	51.00
53.00	05300	ANESTHESIOLOGY	133,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,219	54.00
57.00	05700	CT SCAN	413,425	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,412	58.00
59.00	05900	CARDIAC CATHETERIZATION	870,078	59.00
60.00	06000	LABORATORY	860,672	60.00
60.01	06001	G.I. LAB	139,344	60.01
60.02	06002	VASCULAR LAB	26,015	60.02
60.03	06003	LABORATORY-PATHOLOGY	100,011	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,713	63.00
65.00	06500	RESPIRATORY THERAPY	373,360	65.00
66.00	06600	PHYSICAL THERAPY	263,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,258	67.00
68.00	06800	SPEECH PATHOLOGY	44,686	68.00
69.00	06900	ELECTROCARDIOLOGY	163,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,331,898	73.00
74.00	07400	RENAL DIALYSIS	163,519	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	184,783	76.01
76.02	03950	DIABETES CARE CENTER	11,642	76.02
76.03	03550	OP PSYCH	42,919	76.03
76.04	03020	CARDIAC REHAB	52,112	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,450	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	3,564,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	696,431	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,325,734	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,772	190.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Total	
			26.00	
190.01	19001	VISITOR MEALS	53,742	190.01
190.02	19002	NON REIMBURSABLE B BLDG	19,006	190.02
190.03	19003	NON REIMB NW BUILDING	36,988	190.03
190.04	19004	NON REIMBURSABLE CHIP	186,958	190.04
190.05	19005	NON REIMBURSABLE PFD	14,992	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	207,936	190.06
190.07	19007	NON REIMBURSABLE POB I	14,423	190.07
190.08	19008	MEALS ON WHEELS	20,283	190.08
190.09	19009	CATERING	8,630	190.09
190.10	19010	RETAIL PHARMACY	84,474	190.10
190.11	19011	PUBLIC RELATIONS	66,005	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	31,321	190.12
191.00	19100	RESEARCH	164	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	186,453	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	110,019	192.01
200.00		Cross Foot Adjustments	26,004	200.00
201.00		Negative Cost Centers	86,525	201.00
202.00		TOTAL (sum lines 118-201)	22,525,429	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMINISTRATIVE	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	116,722	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,638	0	266	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,303	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,440	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	1,438	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	398,884	19,654	58,325	76,582	29,478	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	155	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	45,741	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	5,704,978	5,482	16,292	50,036	282,273	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.484172	0.278925	0.258193	0.593265	3.576426	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
		NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP			
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)			
		1.06	1.07	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			10,265,653		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	11,036	95,151,765	4.00
5.01	00570	ADMITTING	0	1,440	11,007	2,085,885	1,011,460,254
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,786	17	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	5,812,283	6,115,880	0
7.00	00700	OPERATION OF PLANT	187	0	18,279	2,267,815	0
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	809	0
7.02	00702	OPERATION OF PLANT NW	0	1,221	266	274,519	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	97	0	0
9.00	00900	HOUSEKEEPING	0	0	6,516	2,113,309	0
9.01	00901	HOUSEKEEPING-POB I	0	0	0	103,006	0
9.02	00902	HOUSEKEEPING NW	0	755	1,786	251,346	0
10.00	01000	DIETARY	0	0	131,198	0	0
11.00	01100	CAFETERIA	0	1,362	864	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	98,974	3,533,804	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,278	422,672	0
15.00	01500	PHARMACY	0	0	29,801	3,212,849	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	715	15,080	3,594,870	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	121,683	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	183,829	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	28,702	18,198,160	83,402,581
31.00	03100	INTENSIVE CARE UNIT	0	0	40,824	5,023,888	22,639,366
32.00	03200	CORONARY CARE UNIT	0	0	3,532	2,587,813	14,662,977
41.00	04100	SUBPROVIDER - IRF	0	0	9,192	1,003,313	4,179,475
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	610,610	5,713,588	54,913,261
51.00	05100	RECOVERY ROOM	0	0	4,540	811,765	11,205,596
53.00	05300	ANESTHESIOLOGY	0	0	79,936	0	20,038,556
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,081	356,174	4,242,748	62,691,721
57.00	05700	CT SCAN	0	2,861	199,236	805,092	76,202,156
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	9,787	305,516	12,325,298
59.00	05900	CARDIAC CATHETERIZATION	0	0	552,633	1,128,652	33,189,739
60.00	06000	LABORATORY	0	1,216	115,541	4,404,258	138,432,324
60.01	06001	G.I. LAB	0	0	29,492	763,648	10,503,294
60.02	06002	VASCULAR LAB	0	0	0	223,392	7,857,979
60.03	06003	LABORATORY-PATHOLOGY	0	0	11,170	504,942	9,476,416
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,859	463,858	9,742,916
65.00	06500	RESPIRATORY THERAPY	0	3,204	31,646	3,192,978	23,683,601
66.00	06600	PHYSICAL THERAPY	9,056	0	6,943	2,190,204	17,053,630
67.00	06700	OCCUPATIONAL THERAPY	1,105	0	3,252	1,000,249	6,282,244
68.00	06800	SPEECH PATHOLOGY	1,175	0	240	294,374	2,049,046
69.00	06900	ELECTROCARDIOLOGY	0	0	78,977	578,673	31,510,502
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	12,105	302,649	5,316,921
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,930,956
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	50,887,317
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	80,863,818
74.00	07400	RENAL DIALYSIS	0	0	57,086	0	5,061,061
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	16,476	1,121,687	8,510,606
76.02	03950	DIABETES CARE CENTER	0	0	2,084	0	7,609
76.03	03550	OP PSYCH	0	0	2,941	482,971	3,812,241
76.04	03020	CARDIAC REHAB	0	0	1,950	151,419	613,194
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	103,159	1,752,996
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	17,925	1,582,933	8,890,176	140,479,276
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)			
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.06	1.07	2.00					
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	242,652	5,456,984	39,181,581	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,409	50,559	10,262,764	94,228,449	1,011,460,254	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,721	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	1,577	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	913	356,346	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	212,049	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	399	246,785	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	53,415	0	192.01
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)	150,716	686,243	11,476,832	10,889,993	3,073,774	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.712217	12.969761	1.117984	0.114449	0.003039	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				53,182	96,935	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000559	0.000096	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATION						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,011,460,254					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	-61,448,216	210,606,842		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,571,725	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	4,567	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	749,901	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,149,636	4,518	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,136,230	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	222,311	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	527,713	0	9.02
10.00	01000	DIETARY	0	0	0	5,680,878	10,511	10.00
11.00	01100	CAFETERIA	0	0	1,080,693	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,727,194	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	925,552	4,970	14.00
15.00	01500	PHARMACY	0	0	0	4,561,468	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,340,338	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	3,974	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	167,679	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	164,745	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	252,211	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	83,402,581	0	0	27,960,029	117,785	30.00
31.00	03100	INTENSIVE CARE UNIT	22,639,366	0	0	7,374,059	8,492	31.00
32.00	03200	CORONARY CARE UNIT	14,662,977	0	0	3,780,271	6,922	32.00
41.00	04100	SUBPROVIDER - IRF	4,179,475	0	0	1,536,880	6,471	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	54,913,261	0	0	13,499,886	50,226	50.00
51.00	05100	RECOVERY ROOM	11,205,596	0	0	1,190,720	2,463	51.00
53.00	05300	ANESTHESIOLOGY	20,038,556	0	0	620,846	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,691,721	0	0	8,263,576	38,227	54.00
57.00	05700	CT SCAN	76,202,156	0	0	1,919,697	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,325,298	0	0	553,064	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,189,739	0	0	2,781,846	6,673	59.00
60.00	06000	LABORATORY	138,432,324	0	0	11,641,064	19,290	60.00
60.01	06001	G.I. LAB	10,503,294	0	0	1,371,005	5,195	60.01
60.02	06002	VASCULAR LAB	7,857,979	0	0	386,694	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	9,476,416	0	0	1,265,638	1,303	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,742,916	0	0	2,148,908	1,440	63.00
65.00	06500	RESPIRATORY THERAPY	23,683,601	0	0	5,020,133	2,363	65.00
66.00	06600	PHYSICAL THERAPY	17,053,630	0	0	3,367,816	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,282,244	0	0	1,348,238	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	2,049,046	0	0	412,221	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	31,510,502	0	0	1,047,244	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,316,921	0	0	509,198	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,930,956	0	0	8,981,127	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,887,317	0	0	14,892,163	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,863,818	0	0	15,442,836	0	73.00
74.00	07400	RENAL DIALYSIS	5,061,061	0	0	1,737,934	1,354	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	8,510,606	0	0	1,891,172	303	76.01
76.02	03950	DIABETES CARE CENTER	7,609	0	0	10,939	0	76.02
76.03	03550	OP PSYCH	3,812,241	0	0	755,521	0	76.03
76.04	03020	CARDIAC REHAB	613,194	0	0	245,189	2,247	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,752,996	0	0	441,068	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	140,479,276	0	0	15,889,554	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	39,181,581	0	0	8,940,360	843	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	7.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,011,460,254	0	-60,367,523	205,413,018	353,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	573,014	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	30,505	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	142,002	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	2,054	3,463	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	162,552	12,055	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	13,258	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	149,987	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	1,966,825	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,331,009	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	449,213	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	163,589	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	208,583	0	192.01
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)	78,567	0		61,448,216	9,780,904	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000078	0.000000		0.291767	25.081106	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,043	0		8,706,275	1,170,768	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000002	0.000000		0.041339	3.002192	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I	58,722				7.01
7.02	00702	OPERATION OF PLANT NW	0	39,703			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	1,727,234		8.00
9.00	00900	HOUSEKEEPING	0	0	0	371,178	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	58,634
9.02	00902	HOUSEKEEPING NW	0	755	0	0	0
10.00	01000	DIETARY	0	0	0	10,511	0
11.00	01100	CAFETERIA	0	1,362	0	9,270	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	1,149	322
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,395	4,970	0
15.00	01500	PHARMACY	0	0	0	2,775	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	774,991	117,785	0
31.00	03100	INTENSIVE CARE UNIT	0	0	100,430	8,492	0
32.00	03200	CORONARY CARE UNIT	0	0	86,896	6,922	0
41.00	04100	SUBPROVIDER - IRF	0	0	51,062	6,471	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	124,768	50,226	0
51.00	05100	RECOVERY ROOM	0	0	358	2,463	0
53.00	05300	ANESTHESIOLOGY	0	0	0	396	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	4,081	77,575	38,227	5,130
57.00	05700	CT SCAN	0	2,861	36,056	1,662	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	27,068	6,673	0
60.00	06000	LABORATORY	266	1,216	0	19,290	266
60.01	06001	G. I. LAB	0	0	17,561	5,195	0
60.02	06002	VASCULAR LAB	0	0	0	1,484	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,303	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,440	0
65.00	06500	RESPIRATORY THERAPY	0	3,204	0	2,363	0
66.00	06600	PHYSICAL THERAPY	0	0	1,523	3,272	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,803	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,229	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,082	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	823	1,700	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	1,632	1,354	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	2,587	303	830
76.02	03950	DIABETES CARE CENTER	1,438	0	0	0	1,438
76.03	03550	OP PSYCH	0	0	0	0	0
76.04	03020	CARDIAC REHAB	0	0	0	2,247	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	17,925	375,206	22,718	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	26,303	843	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,274	37,351	1,727,234	343,010	9,186	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	4,775	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	10,531	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0	190.06
190.07	19007 NON REIMBURSABLE POB I	3,707	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	45,741	0	0	2,289	45,741	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	5,899	968,697	1,611,846	5,486,183	287,183	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.100456	24.398584	0.933195	14.780464	4.897892	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	189	52,230	130,003	263,278	9,563	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003219	1.315518	0.075267	0.709304	0.163096	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1  
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Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
5.04	00591						5.04
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
10.00	01000	38,396	0	582,624			10.00
11.00	01100	1,362	376,604	315,890			11.00
13.00	01300	0	0	10,002	1,462,834		13.00
14.00	01400	0	0	2,141	0	23,222,066	14.00
15.00	01500	0	0	7,122	0	0	15.00
16.00	01600	715	0	11,423	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01850	0	0	0	0	0	17.01
21.00	02100	0	0	506	0	0	21.00
23.00	02300	0	0	584	0	0	23.00
23.01	02301	0	0	506	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	138,250	65,035	697,667	0	30.00
31.00	03100	0	18,475	12,552	134,635	0	31.00
32.00	03200	0	14,627	7,550	80,925	0	32.00
41.00	04100	0	10,377	3,289	35,326	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	16,930	164,071	0	50.00
51.00	05100	0	0	2,063	22,110	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,081	0	12,065	0	0	54.00
57.00	05700	2,861	0	2,413	0	0	57.00
58.00	05800	1,348	0	778	0	0	58.00
59.00	05900	0	0	2,783	0	0	59.00
60.00	06000	1,216	0	17,066	0	0	60.00
60.01	06001	0	0	2,316	0	0	60.01
60.02	06002	0	0	525	0	0	60.02
60.03	06003	0	0	1,810	0	0	60.03
63.00	06300	0	0	1,440	0	0	63.00
65.00	06500	3,204	0	9,886	0	0	65.00
66.00	06600	0	0	7,122	0	0	66.00
67.00	06700	0	0	3,308	0	0	67.00
68.00	06800	0	0	778	0	0	68.00
69.00	06900	0	0	2,082	0	0	69.00
70.00	07000	3,332	0	1,090	0	0	70.00
71.00	07100	0	0	0	0	8,488,519	71.00
72.00	07200	0	0	0	0	14,733,547	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03320	0	0	0	0	0	76.00
76.01	03480	0	0	4,242	45,455	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.03	03550	0	0	1,790	0	0	76.03
76.04	03020	0	0	389	0	0	76.04
76.98	07698	0	0	370	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	17,925	0	26,349	282,645	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	23,177	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)		
		9.02	10.00	11.00	13.00	14.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)		36,044	558,333	261,482	1,462,834	23,222,066	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	370	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	51,508	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	24,291	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	1,012	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	623	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	486	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	409	0	0	192.01
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)	700,103	7,757,356	4,361,188	8,875,465	1,444,168	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.233748	13.314515	13.806034	6.067308	0.062189	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,738	486,487	416,117	2,115,802	162,847	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.904730	0.834993	1.043376	1.446372	0.007013	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATION					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	15,385,963				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,895	1,011,460,254			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	100	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	100	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,101	83,402,581	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	475	22,639,366	0	0	31.00
32.00	03200	CORONARY CARE UNIT	356	14,662,977	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	234	4,179,475	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	21,095	54,913,261	0	100	50.00
51.00	05100	RECOVERY ROOM	50	11,205,596	0	0	51.00
53.00	05300	ANESTHESIOLOGY	55,330	20,038,556	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23	62,691,721	0	0	54.00
57.00	05700	CT SCAN	10	76,202,156	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,325,298	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,367	33,189,739	0	0	59.00
60.00	06000	LABORATORY	0	138,432,324	0	0	60.00
60.01	06001	G.I. LAB	30	10,503,294	0	0	60.01
60.02	06002	VASCULAR LAB	0	7,857,979	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	9,476,416	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,742,916	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	471	23,683,601	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,053,630	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,282,244	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,049,046	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,510,502	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,316,921	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,930,956	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	50,887,317	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,190,784	80,863,818	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,061,061	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	876	8,510,606	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	7,609	0	0	76.02
76.03	03550	OP PSYCH	0	3,812,241	0	0	76.03
76.04	03020	CARDIAC REHAB	0	613,194	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,752,996	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,508	140,479,276	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

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Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	21.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	75,358	39,181,581	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,385,963	1,011,460,254	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	100	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	192.01
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)	6,101,297	7,280,768	0	5,133	223,588
203.00		Unit cost multiplier (Wkst. B, Part I)	0.396550	0.007198	0.000000	51.330000	2,235.880000
204.00		Cost to be allocated (per Wkst. B, Part II)	666,296	346,468	0	164	7,460
205.00		Unit cost multiplier (Wkst. B, Part II)	0.043305	0.000343	0.000000	1.640000	74.600000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

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Cost Center Description		PARAMED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	62,295	23.00
23.01	02301	PARAMED PRGM PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	47,391	30.00
31.00	03100	INTENSIVE CARE UNIT	6,333	31.00
32.00	03200	CORONARY CARE UNIT	5,014	32.00
41.00	04100	SUBPROVIDER - IRF	3,557	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	G. I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	76.01
76.02	03950	DIABETES CARE CENTER	0	76.02
76.03	03550	OP PSYCH	0	76.03
76.04	03020	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

Period:  
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Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	62,295	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
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)	220,875	332,784	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.545630	3,327.840000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,487	11,057	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.120186	110.570000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	49,277,010		49,277,010	0	49,277,010	30.00
31.00	03100	INTENSIVE CARE UNIT	11,379,543		11,379,543	0	11,379,543	31.00
32.00	03200	CORONARY CARE UNIT	6,153,688		6,153,688	0	6,153,688	32.00
41.00	04100	SUBPROVIDER - I RF	2,731,582		2,731,582	0	2,731,582	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	21,190,064		21,190,064	0	21,190,064	50.00
51.00	05100	RECOVERY ROOM	1,879,954		1,879,954	0	1,879,954	51.00
53.00	05300	ANESTHESIOLOGY	983,952		983,952	0	983,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,088,254		13,088,254	0	13,088,254	54.00
57.00	05700	CT SCAN	3,283,490		3,283,490	0	3,283,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	912,414		912,414	0	912,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,162,617		4,162,617	0	4,162,617	59.00
60.00	06000	LABORATORY	17,091,693		17,091,693	0	17,091,693	60.00
60.01	06001	G.I. LAB	2,102,078		2,102,078	0	2,102,078	60.01
60.02	06002	VASCULAR LAB	622,483		622,483	0	622,483	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,780,049		1,780,049	0	1,780,049	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,923,300		2,923,300	0	2,923,300	63.00
65.00	06500	RESPIRATORY THERAPY	7,022,777	0	7,022,777	0	7,022,777	65.00
66.00	06600	PHYSICAL THERAPY	4,703,361	0	4,703,361	0	4,703,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,904,369	0	1,904,369	0	1,904,369	67.00
68.00	06800	SPEECH PATHOLOGY	606,973	0	606,973	0	606,973	68.00
69.00	06900	ELECTROCARDIOLOGY	1,731,205		1,731,205	0	1,731,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	921,669		921,669	0	921,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,294,473		12,294,473	0	12,294,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,519,767		20,519,767	0	20,519,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,887,288		26,887,288	0	26,887,288	73.00
74.00	07400	RENAL DIALYSIS	2,336,932		2,336,932	0	2,336,932	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,857,554		2,857,554	0	2,857,554	76.01
76.02	03950	DIABETES CARE CENTER	21,373		21,373	0	21,373	76.02
76.03	03550	OP PSYCH	1,028,111		1,028,111	0	1,028,111	76.03
76.04	03020	CARDIAC REHAB	416,081		416,081	0	416,081	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	587,483		587,483	0	587,483	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	25,636,213		25,636,213	0	25,636,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,973,066		4,973,066	0	4,973,066	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	12,238,905		12,238,905	0	12,238,905	95.00
200.00		Subtotal (see instructions)	266,249,771	0	266,249,771	0	266,249,771	200.00
201.00		Less Observation Beds	4,973,066		4,973,066	0	4,973,066	201.00
202.00		Total (see instructions)	261,276,705	0	261,276,705	0	261,276,705	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/19/2017 3:49 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	78,813,355		78,813,355				30.00
31.00	03100	INTENSIVE CARE UNIT	22,639,366		22,639,366				31.00
32.00	03200	CORONARY CARE UNIT	14,662,977		14,662,977				32.00
41.00	04100	SUBPROVIDER - I RF	4,179,475		4,179,475				41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	29,184,775	25,728,486	54,913,261	0.385882	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,556,744	7,648,852	11,205,596	0.167769	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	10,348,832	9,689,723	20,038,555	0.049103	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,649,552	45,042,169	62,691,721	0.208772	0.000000		54.00
57.00	05700	CT SCAN	21,761,620	54,440,536	76,202,156	0.043089	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,584,952	7,740,346	12,325,298	0.074028	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,726,041	15,463,698	33,189,739	0.125419	0.000000		59.00
60.00	06000	LABORATORY	48,678,986	89,753,339	138,432,325	0.123466	0.000000		60.00
60.01	06001	G.I. LAB	3,591,488	6,911,805	10,503,293	0.200135	0.000000		60.01
60.02	06002	VASCULAR LAB	4,154,866	3,703,113	7,857,979	0.079217	0.000000		60.02
60.03	06003	LABORATORY-PATHOLOGY	2,187,537	7,288,879	9,476,416	0.187840	0.000000		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,742,506	2,000,411	9,742,917	0.300044	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	20,039,973	3,643,628	23,683,601	0.296525	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,650,698	10,402,932	17,053,630	0.275798	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,152,570	1,129,673	6,282,243	0.303135	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,722,882	326,164	2,049,046	0.296222	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	16,980,081	14,530,421	31,510,502	0.054941	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	755,083	4,561,838	5,316,921	0.173346	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,864,592	10,066,365	22,930,957	0.536152	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,097,053	20,790,264	50,887,317	0.403239	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,872,885	37,990,934	80,863,819	0.332501	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,680,184	380,868	5,061,052	0.461748	0.000000		74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	36,541	8,474,065	8,510,606	0.335764	0.000000		76.01
76.02	03950	DIABETES CARE CENTER	0	7,609	7,609	2.808911	0.000000		76.02
76.03	03550	OP PSYCH	2,303	3,809,938	3,812,241	0.269687	0.000000		76.03
76.04	03020	CARDIAC REHAB	613	612,581	613,194	0.678547	0.000000		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,281	1,733,715	1,752,996	0.335131	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	20,407,785	120,071,491	140,479,276	0.182491	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	489,167	4,100,059	4,589,226	1.083639	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	118,242	39,083,339	39,201,581	0.312204	0.000000		95.00
200.00		Subtotal (see instructions)	454,353,005	557,127,241	1,011,480,246				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	454,353,005	557,127,241	1,011,480,246				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.385882		50.00
51.00	05100 RECOVERY ROOM	0.167769		51.00
53.00	05300 ANESTHESIOLOGY	0.049103		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208772		54.00
57.00	05700 CT SCAN	0.043089		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074028		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125419		59.00
60.00	06000 LABORATORY	0.123466		60.00
60.01	06001 G. I. LAB	0.200135		60.01
60.02	06002 VASCULAR LAB	0.079217		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.187840		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.300044		63.00
65.00	06500 RESPIRATORY THERAPY	0.296525		65.00
66.00	06600 PHYSICAL THERAPY	0.275798		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.303135		67.00
68.00	06800 SPEECH PATHOLOGY	0.296222		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054941		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173346		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.403239		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332501		73.00
74.00	07400 RENAL DIALYSIS	0.461748		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764		76.01
76.02	03950 DIABETES CARE CENTER	2.808911		76.02
76.03	03550 OP PSYCH	0.269687		76.03
76.04	03020 CARDIAC REHAB	0.678547		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.335131		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.182491		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.083639		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.312204		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	49,277,010	49,277,010	0	49,277,010	30.00
31.00	03100 INTENSIVE CARE UNIT	11,379,543	11,379,543	0	11,379,543	31.00
32.00	03200 CORONARY CARE UNIT	6,153,688	6,153,688	0	6,153,688	32.00
41.00	04100 SUBPROVIDER - I RF	2,731,582	2,731,582	0	2,731,582	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	21,190,064	21,190,064	0	21,190,064	50.00
51.00	05100 RECOVERY ROOM	1,879,954	1,879,954	0	1,879,954	51.00
53.00	05300 ANESTHESIOLOGY	983,952	983,952	0	983,952	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,088,254	13,088,254	0	13,088,254	54.00
57.00	05700 CT SCAN	3,283,490	3,283,490	0	3,283,490	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	912,414	912,414	0	912,414	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,162,617	4,162,617	0	4,162,617	59.00
60.00	06000 LABORATORY	17,091,693	17,091,693	0	17,091,693	60.00
60.01	06001 G.I. LAB	2,102,078	2,102,078	0	2,102,078	60.01
60.02	06002 VASCULAR LAB	622,483	622,483	0	622,483	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,780,049	1,780,049	0	1,780,049	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,923,300	2,923,300	0	2,923,300	63.00
65.00	06500 RESPIRATORY THERAPY	7,022,777	7,022,777	0	7,022,777	65.00
66.00	06600 PHYSICAL THERAPY	4,703,361	4,703,361	0	4,703,361	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,904,369	1,904,369	0	1,904,369	67.00
68.00	06800 SPEECH PATHOLOGY	606,973	606,973	0	606,973	68.00
69.00	06900 ELECTROCARDIOLOGY	1,731,205	1,731,205	0	1,731,205	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	921,669	921,669	0	921,669	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,294,473	12,294,473	0	12,294,473	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,519,767	20,519,767	0	20,519,767	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,887,288	26,887,288	0	26,887,288	73.00
74.00	07400 RENAL DIALYSIS	2,336,932	2,336,932	0	2,336,932	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	2,857,554	2,857,554	0	2,857,554	76.01
76.02	03950 DIABETES CARE CENTER	21,373	21,373	0	21,373	76.02
76.03	03550 OP PSYCH	1,028,111	1,028,111	0	1,028,111	76.03
76.04	03020 CARDIAC REHAB	416,081	416,081	0	416,081	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	587,483	587,483	0	587,483	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	25,636,213	25,636,213	0	25,636,213	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,973,066	4,973,066	0	4,973,066	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	12,238,905	12,238,905	0	12,238,905	95.00
200.00	Subtotal (see instructions)	266,249,771	266,249,771	0	266,249,771	200.00
201.00	Less Observation Beds	4,973,066	4,973,066	0	4,973,066	201.00
202.00	Total (see instructions)	261,276,705	261,276,705	0	261,276,705	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/19/2017 3:49 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	78,813,355		78,813,355				30.00
31.00	03100	INTENSIVE CARE UNIT	22,639,366		22,639,366				31.00
32.00	03200	CORONARY CARE UNIT	14,662,977		14,662,977				32.00
41.00	04100	SUBPROVIDER - I RF	4,179,475		4,179,475				41.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	29,184,775	25,728,486	54,913,261	0.385882	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,556,744	7,648,852	11,205,596	0.167769	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	10,348,832	9,689,723	20,038,555	0.049103	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,649,552	45,042,169	62,691,721	0.208772	0.000000		54.00
57.00	05700	CT SCAN	21,761,620	54,440,536	76,202,156	0.043089	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,584,952	7,740,346	12,325,298	0.074028	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,726,041	15,463,698	33,189,739	0.125419	0.000000		59.00
60.00	06000	LABORATORY	48,678,986	89,753,339	138,432,325	0.123466	0.000000		60.00
60.01	06001	G. I. LAB	3,591,488	6,911,805	10,503,293	0.200135	0.000000		60.01
60.02	06002	VASCULAR LAB	4,154,866	3,703,113	7,857,979	0.079217	0.000000		60.02
60.03	06003	LABORATORY-PATHOLOGY	2,187,537	7,288,879	9,476,416	0.187840	0.000000		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,742,506	2,000,411	9,742,917	0.300044	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	20,039,973	3,643,628	23,683,601	0.296525	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,650,698	10,402,932	17,053,630	0.275798	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,152,570	1,129,673	6,282,243	0.303135	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,722,882	326,164	2,049,046	0.296222	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	16,980,081	14,530,421	31,510,502	0.054941	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	755,083	4,561,838	5,316,921	0.173346	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,864,592	10,066,365	22,930,957	0.536152	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,097,053	20,790,264	50,887,317	0.403239	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,872,885	37,990,934	80,863,819	0.332501	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,680,184	380,868	5,061,052	0.461748	0.000000		74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	36,541	8,474,065	8,510,606	0.335764	0.000000		76.01
76.02	03950	DIABETES CARE CENTER	0	7,609	7,609	2.808911	0.000000		76.02
76.03	03550	OP PSYCH	2,303	3,809,938	3,812,241	0.269687	0.000000		76.03
76.04	03020	CARDIAC REHAB	613	612,581	613,194	0.678547	0.000000		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,281	1,733,715	1,752,996	0.335131	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	20,407,785	120,071,491	140,479,276	0.182491	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	489,167	4,100,059	4,589,226	1.083639	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	118,242	39,083,339	39,201,581	0.312204	0.000000		95.00
200.00		Subtotal (see instructions)	454,353,005	557,127,241	1,011,480,246				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	454,353,005	557,127,241	1,011,480,246				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/19/2017 3:49 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 G. I. LAB	0.000000		60.01
60.02	06002 VASCULAR LAB	0.000000		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.000000		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03320 SHOCK THERAPY	0.000000		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		76.01
76.02	03950 DIABETES CARE CENTER	0.000000		76.02
76.03	03550 OP PSYCH	0.000000		76.03
76.04	03020 CARDIAC REHAB	0.000000		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,538,698	0	4,538,698	52,259	86.85 30.00
31.00	INTENSIVE CARE UNIT	734,983		734,983	6,333	116.06 31.00
32.00	CORONARY CARE UNIT	431,415		431,415	5,014	86.04 32.00
41.00	SUBPROVIDER - IRF	254,976	0	254,976	3,557	71.68 41.00
200.00	Total (lines 30-199)	5,960,072		5,960,072	67,163	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	19,633	1,705,126 30.00
31.00	INTENSIVE CARE UNIT	3,059	355,028 31.00
32.00	CORONARY CARE UNIT	2,418	208,045 32.00
41.00	SUBPROVIDER - IRF	2,035	145,869 41.00
200.00	Total (lines 30-199)	27,145	2,414,068 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,684,599	54,913,261	0.048888	16,448,215	804,120	50.00
51.00	05100	RECOVERY ROOM	136,208	11,205,596	0.012155	1,382,559	16,805	51.00
53.00	05300	ANESTHESIOLOGY	133,075	20,038,555	0.006641	4,018,627	26,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,219	62,691,721	0.024377	5,670,771	138,236	54.00
57.00	05700	CT SCAN	413,425	76,202,156	0.005425	8,785,329	47,660	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,412	12,325,298	0.006362	1,640,558	10,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	870,078	33,189,739	0.026215	2,820,562	73,941	59.00
60.00	06000	LABORATORY	860,672	138,432,325	0.006217	22,328,284	138,815	60.00
60.01	06001	G.I. LAB	139,344	10,503,293	0.013267	983,225	13,044	60.01
60.02	06002	VASCULAR LAB	26,015	7,857,979	0.003311	1,952,443	6,465	60.02
60.03	06003	LABORATORY-PATHOLOGY	100,011	9,476,416	0.010554	977,350	10,315	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,713	9,742,917	0.010542	2,293,430	24,177	63.00
65.00	06500	RESPIRATORY THERAPY	373,360	23,683,601	0.015764	9,307,549	146,724	65.00
66.00	06600	PHYSICAL THERAPY	263,673	17,053,630	0.015461	2,079,781	32,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,258	6,282,243	0.016118	1,534,118	24,727	67.00
68.00	06800	SPEECH PATHOLOGY	44,686	2,049,046	0.021808	515,393	11,240	68.00
69.00	06900	ELECTROCARDIOLOGY	163,375	31,510,502	0.005185	7,574,516	39,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,365	5,316,921	0.018312	350,174	6,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,913	22,930,957	0.019228	6,822,517	131,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,385	50,887,317	0.014569	12,756,806	185,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,331,898	80,863,819	0.016471	22,270,284	366,814	73.00
74.00	07400	RENAL DIALYSIS	163,519	5,061,052	0.032309	2,970,247	95,966	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	184,783	8,510,606	0.021712	6,679	145	76.01
76.02	03950	DIABETES CARE CENTER	11,642	7,609	1.530030	0	0	76.02
76.03	03550	OP PSYCH	42,919	3,812,241	0.011258	2,303	26	76.03
76.04	03020	CARDIAC REHAB	52,112	613,194	0.084985	309	26	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,450	1,752,996	0.011095	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,564,122	140,479,276	0.025371	5,986,123	151,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	458,049	4,589,226	0.099810	185,400	18,505	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	15,127,280	851,983,492		141,663,552	2,521,628	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			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	168,031	0	0	168,031	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	22,454	0	0	22,454	31.00		
32.00	03200	CORONARY CARE UNIT	0	17,778	0	0	17,778	32.00		
41.00	04100	SUBPROVIDER - IRF	0	12,612	0	0	12,612	41.00		
200.00		Total (lines 30-199)	0	220,875	0	0	220,875	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	52,259	3.22	19,633	63,218	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	6,333	3.55	3,059	10,859	0	31.00		
32.00	03200	CORONARY CARE UNIT	5,014	3.55	2,418	8,584	0	32.00		
41.00	04100	SUBPROVIDER - IRF	3,557	3.55	2,035	7,224	0	41.00		
200.00		Total (lines 30-199)	67,163		27,145	89,885	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		
41.00	04100	SUBPROVIDER - IRF	0	0				41.00		
200.00		Total (lines 30-199)	0	0				200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	332,784	0	0	332,784	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	16,958	0	0	16,958	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	349,742	0	0	349,742	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	54,913,261	0.000000	0.000000	16,448,215	50.00
51.00	05100	RECOVERY ROOM	0	11,205,596	0.000000	0.000000	1,382,559	51.00
53.00	05300	ANESTHESIOLOGY	0	20,038,555	0.000000	0.000000	4,018,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,691,721	0.000000	0.000000	5,670,771	54.00
57.00	05700	CT SCAN	0	76,202,156	0.000000	0.000000	8,785,329	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,325,298	0.000000	0.000000	1,640,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,189,739	0.000000	0.000000	2,820,562	59.00
60.00	06000	LABORATORY	0	138,432,325	0.000000	0.000000	22,328,284	60.00
60.01	06001	G.I. LAB	0	10,503,293	0.000000	0.000000	983,225	60.01
60.02	06002	VASCULAR LAB	0	7,857,979	0.000000	0.000000	1,952,443	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	9,476,416	0.000000	0.000000	977,350	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,742,917	0.000000	0.000000	2,293,430	63.00
65.00	06500	RESPIRATORY THERAPY	0	23,683,601	0.000000	0.000000	9,307,549	65.00
66.00	06600	PHYSICAL THERAPY	0	17,053,630	0.000000	0.000000	2,079,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,282,243	0.000000	0.000000	1,534,118	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,049,046	0.000000	0.000000	515,393	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,510,502	0.000000	0.000000	7,574,516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,316,921	0.000000	0.000000	350,174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,930,957	0.000000	0.000000	6,822,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	50,887,317	0.000000	0.000000	12,756,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	332,784	80,863,819	0.004115	0.004115	22,270,284	73.00
74.00	07400	RENAL DIALYSIS	0	5,061,052	0.000000	0.000000	2,970,247	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	8,510,606	0.000000	0.000000	6,679	76.01
76.02	03950	DIABETES CARE CENTER	0	7,609	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,812,241	0.000000	0.000000	2,303	76.03
76.04	03020	CARDIAC REHAB	0	613,194	0.000000	0.000000	309	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,752,996	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	140,479,276	0.000000	0.000000	5,986,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,958	4,589,226	0.003695	0.003695	185,400	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	349,742	851,983,492			141,663,552	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	11,299,221	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	2,142,508	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	2,332,054	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,677,769	0	0	0	54.00
57.00	05700 CT SCAN	0	11,504,601	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,914,595	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,938,751	0	0	0	59.00
60.00	06000 LABORATORY	0	6,735,475	0	0	0	60.00
60.01	06001 G.I. LAB	0	1,204,854	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	1,286,703	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	1,486,068	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	144,994	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,070,478	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	90,526	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	53,336	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,931	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,585,368	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,456,141	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,135,771	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,289,568	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	91,642	15,690,970	64,568	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	935,293	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	98	0	0	0	76.02
76.03	03550 OP PSYCH	0	1,847,251	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	239,784	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	483,826	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	10,569,829	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	685	924,979	3,418	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	92,327	101,058,742	67,986	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.385882	11,299,221	0	0	4,360,166	50.00
51.00	05100 RECOVERY ROOM	0.167769	2,142,508	0	0	359,446	51.00
53.00	05300 ANESTHESIOLOGY	0.049103	2,332,054	0	0	114,511	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208772	9,677,769	0	0	2,020,447	54.00
57.00	05700 CT SCAN	0.043089	11,504,601	0	0	495,722	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074028	1,914,595	0	0	141,734	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125419	2,938,751	0	0	368,575	59.00
60.00	06000 LABORATORY	0.123466	6,735,475	0	0	831,602	60.00
60.01	06001 G.I. LAB	0.200135	1,204,854	0	0	241,133	60.01
60.02	06002 VASCULAR LAB	0.079217	1,286,703	0	0	101,929	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.187840	1,486,068	0	0	279,143	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.300044	144,994	0	0	43,505	63.00
65.00	06500 RESPIRATORY THERAPY	0.296525	1,070,478	0	0	317,423	65.00
66.00	06600 PHYSICAL THERAPY	0.275798	90,526	0	0	24,967	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.303135	53,336	0	0	16,168	67.00
68.00	06800 SPEECH PATHOLOGY	0.296222	17,931	0	0	5,312	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054941	4,585,368	0	0	251,925	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173346	1,456,141	0	0	252,416	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152	3,135,771	0	0	1,681,250	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.403239	7,289,568	0	0	2,939,438	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332501	15,690,970	0	32,597	5,217,263	73.00
74.00	07400 RENAL DIALYSIS	0.461748	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764	935,293	0	0	314,038	76.01
76.02	03950 DIABETES CARE CENTER	2.808911	98	0	0	275	76.02
76.03	03550 OP PSYCH	0.269687	1,847,251	0	0	498,180	76.03
76.04	03020 CARDIAC REHAB	0.678547	239,784	0	0	162,705	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.335131	483,826	0	0	162,145	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.182491	10,569,829	0	0	1,928,899	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.083639	924,979	0	0	1,002,343	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.312204		0			95.00
200.00	Subtotal (see instructions)		101,058,742	0	32,597	24,132,660	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		101,058,742	0	32,597	24,132,660	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/19/2017 3:49 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,839		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.02 03950 DIABETES CARE CENTER	0	0		76.02
76.03 03550 OP PSYCH	0	0		76.03
76.04 03020 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	10,839		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	10,839		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/19/2017 3:49 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,684,599	54,913,261	0.048888	49,470	2,418	50.00
51.00	05100	RECOVERY ROOM	136,208	11,205,596	0.012155	2,685	33	51.00
53.00	05300	ANESTHESIOLOGY	133,075	20,038,555	0.006641	3,344	22	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,219	62,691,721	0.024377	60,003	1,463	54.00
57.00	05700	CT SCAN	413,425	76,202,156	0.005425	90,610	492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,412	12,325,298	0.006362	32,836	209	58.00
59.00	05900	CARDIAC CATHETERIZATION	870,078	33,189,739	0.026215	0	0	59.00
60.00	06000	LABORATORY	860,672	138,432,325	0.006217	468,749	2,914	60.00
60.01	06001	G.I. LAB	139,344	10,503,293	0.013267	9,268	123	60.01
60.02	06002	VASCULAR LAB	26,015	7,857,979	0.003311	31,047	103	60.02
60.03	06003	LABORATORY-PATHOLOGY	100,011	9,476,416	0.010554	1,720	18	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,713	9,742,917	0.010542	11,541	122	63.00
65.00	06500	RESPIRATORY THERAPY	373,360	23,683,601	0.015764	89,837	1,416	65.00
66.00	06600	PHYSICAL THERAPY	263,673	17,053,630	0.015461	1,271,732	19,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,258	6,282,243	0.016118	1,159,880	18,695	67.00
68.00	06800	SPEECH PATHOLOGY	44,686	2,049,046	0.021808	347,673	7,582	68.00
69.00	06900	ELECTROCARDIOLOGY	163,375	31,510,502	0.005185	30,056	156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,365	5,316,921	0.018312	2,588	47	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,913	22,930,957	0.019228	9,504	183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,385	50,887,317	0.014569	24,890	363	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,331,898	80,863,819	0.016471	564,982	9,306	73.00
74.00	07400	RENAL DIALYSIS	163,519	5,061,052	0.032309	183,596	5,932	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	184,783	8,510,606	0.021712	0	0	76.01
76.02	03950	DIABETES CARE CENTER	11,642	7,609	1.530030	0	0	76.02
76.03	03550	OP PSYCH	42,919	3,812,241	0.011258	0	0	76.03
76.04	03020	CARDIAC REHAB	52,112	613,194	0.084985	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,450	1,752,996	0.011095	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,564,122	140,479,276	0.025371	1,491	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,669,231	851,983,492		4,447,502	71,297	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	332,784	332,784	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	332,784	332,784	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
Title XVIII		Subprovider - IRF	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	54,913,261	0.000000	0.000000	49,470	50.00
51.00	05100 RECOVERY ROOM	0	11,205,596	0.000000	0.000000	2,685	51.00
53.00	05300 ANESTHESIOLOGY	0	20,038,555	0.000000	0.000000	3,344	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,691,721	0.000000	0.000000	60,003	54.00
57.00	05700 CT SCAN	0	76,202,156	0.000000	0.000000	90,610	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,325,298	0.000000	0.000000	32,836	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,189,739	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	138,432,325	0.000000	0.000000	468,749	60.00
60.01	06001 G.I. LAB	0	10,503,293	0.000000	0.000000	9,268	60.01
60.02	06002 VASCULAR LAB	0	7,857,979	0.000000	0.000000	31,047	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	9,476,416	0.000000	0.000000	1,720	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,742,917	0.000000	0.000000	11,541	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,683,601	0.000000	0.000000	89,837	65.00
66.00	06600 PHYSICAL THERAPY	0	17,053,630	0.000000	0.000000	1,271,732	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,282,243	0.000000	0.000000	1,159,880	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,049,046	0.000000	0.000000	347,673	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,510,502	0.000000	0.000000	30,056	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,316,921	0.000000	0.000000	2,588	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,930,957	0.000000	0.000000	9,504	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	50,887,317	0.000000	0.000000	24,890	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	332,784	80,863,819	0.004115	0.004115	564,982	73.00
74.00	07400 RENAL DIALYSIS	0	5,061,052	0.000000	0.000000	183,596	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	8,510,606	0.000000	0.000000	0	76.01
76.02	03950 DIABETES CARE CENTER	0	7,609	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,812,241	0.000000	0.000000	0	76.03
76.04	03020 CARDIAC REHAB	0	613,194	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,752,996	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	140,479,276	0.000000	0.000000	1,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	332,784	851,983,492			4,447,502	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,325	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,325	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,538,698	0	4,538,698	52,259	86.85	30.00
31.00	INTENSIVE CARE UNIT	734,983		734,983	6,333	116.06	31.00
32.00	CORONARY CARE UNIT	431,415		431,415	5,014	86.04	32.00
41.00	SUBPROVIDER - IRF	254,976	0	254,976	3,557	71.68	41.00
200.00	Total (lines 30-199)	5,960,072		5,960,072	67,163		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,884	597,875				
31.00	INTENSIVE CARE UNIT	639	74,162				
32.00	CORONARY CARE UNIT	508	43,708				
41.00	SUBPROVIDER - IRF	289	20,716				
200.00	Total (lines 30-199)	8,320	736,461				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,684,599	54,913,261	0.048888	3,274,797	160,098	50.00
51.00	05100	RECOVERY ROOM	136,208	11,205,596	0.012155	290,721	3,534	51.00
53.00	05300	ANESTHESIOLOGY	133,075	20,038,555	0.006641	656,111	4,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,219	62,691,721	0.024377	1,792,944	43,707	54.00
57.00	05700	CT SCAN	413,425	76,202,156	0.005425	2,606,475	14,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,412	12,325,298	0.006362	551,537	3,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	870,078	33,189,739	0.026215	1,653,782	43,354	59.00
60.00	06000	LABORATORY	860,672	138,432,325	0.006217	5,762,313	35,824	60.00
60.01	06001	G.I. LAB	139,344	10,503,293	0.013267	362,416	4,808	60.01
60.02	06002	VASCULAR LAB	26,015	7,857,979	0.003311	471,887	1,562	60.02
60.03	06003	LABORATORY-PATHOLOGY	100,011	9,476,416	0.010554	159,713	1,686	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,713	9,742,917	0.010542	781,675	8,240	63.00
65.00	06500	RESPIRATORY THERAPY	373,360	23,683,601	0.015764	2,370,739	37,372	65.00
66.00	06600	PHYSICAL THERAPY	263,673	17,053,630	0.015461	551,753	8,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,258	6,282,243	0.016118	425,432	6,857	67.00
68.00	06800	SPEECH PATHOLOGY	44,686	2,049,046	0.021808	144,223	3,145	68.00
69.00	06900	ELECTROCARDIOLOGY	163,375	31,510,502	0.005185	1,738,097	9,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,365	5,316,921	0.018312	107,854	1,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,913	22,930,957	0.019228	67,896	1,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,385	50,887,317	0.014569	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,331,898	80,863,819	0.016471	4,660,387	76,761	73.00
74.00	07400	RENAL DIALYSIS	163,519	5,061,052	0.032309	320,370	10,351	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	184,783	8,510,606	0.021712	5,640	122	76.01
76.02	03950	DIABETES CARE CENTER	11,642	7,609	1.530030	0	0	76.02
76.03	03550	OP PSYCH	42,919	3,812,241	0.011258	0	0	76.03
76.04	03020	CARDIAC REHAB	52,112	613,194	0.084985	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,450	1,752,996	0.011095	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,564,122	140,479,276	0.025371	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	14,669,231	851,983,492		28,756,762	480,251	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Title XIX				Hospital		Cost	
			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	168,031	0	0	168,031		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	22,454	0	0	22,454		31.00	
32.00	03200	CORONARY CARE UNIT	0	17,778	0	0	17,778		32.00	
41.00	04100	SUBPROVIDER - IRF	0	12,612	0	0	12,612		41.00	
200.00		Total (lines 30-199)	0	220,875	0	0	220,875		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	52,259	3.22	6,884	22,166	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	6,333	3.55	639	2,268	0		31.00	
32.00	03200	CORONARY CARE UNIT	5,014	3.55	508	1,803	0		32.00	
41.00	04100	SUBPROVIDER - IRF	3,557	3.55	289	1,026	0		41.00	
200.00		Total (lines 30-199)	67,163		8,320	27,263	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
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	G.I. LAB	0	0	0	0	0	60.01	
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02	
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	332,784	0	332,784	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01	
76.02	03950	DIABETES CARE CENTER	0	0	0	0	0	76.02	
76.03	03550	OP PSYCH	0	0	0	0	0	76.03	
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	0	332,784	0	332,784	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description			Title XIX				Hospital		Cost	
			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			
<b>ANCILLARY SERVICE COST CENTERS</b>										
50.00	05000	OPERATING ROOM	0	54,913,261	0.000000	0.000000	3,274,797		50.00	
51.00	05100	RECOVERY ROOM	0	11,205,596	0.000000	0.000000	290,721		51.00	
53.00	05300	ANESTHESIOLOGY	0	20,038,555	0.000000	0.000000	656,111		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,691,721	0.000000	0.000000	1,792,944		54.00	
57.00	05700	CT SCAN	0	76,202,156	0.000000	0.000000	2,606,475		57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,325,298	0.000000	0.000000	551,537		58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	33,189,739	0.000000	0.000000	1,653,782		59.00	
60.00	06000	LABORATORY	0	138,432,325	0.000000	0.000000	5,762,313		60.00	
60.01	06001	G.I. LAB	0	10,503,293	0.000000	0.000000	362,416		60.01	
60.02	06002	VASCULAR LAB	0	7,857,979	0.000000	0.000000	471,887		60.02	
60.03	06003	LABORATORY-PATHOLOGY	0	9,476,416	0.000000	0.000000	159,713		60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,742,917	0.000000	0.000000	781,675		63.00	
65.00	06500	RESPIRATORY THERAPY	0	23,683,601	0.000000	0.000000	2,370,739		65.00	
66.00	06600	PHYSICAL THERAPY	0	17,053,630	0.000000	0.000000	551,753		66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	6,282,243	0.000000	0.000000	425,432		67.00	
68.00	06800	SPEECH PATHOLOGY	0	2,049,046	0.000000	0.000000	144,223		68.00	
69.00	06900	ELECTROCARDIOLOGY	0	31,510,502	0.000000	0.000000	1,738,097		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,316,921	0.000000	0.000000	107,854		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,930,957	0.000000	0.000000	67,896		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	50,887,317	0.000000	0.000000	0		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	332,784	80,863,819	0.004115	0.004115	4,660,387		73.00	
74.00	07400	RENAL DIALYSIS	0	5,061,052	0.000000	0.000000	320,370		74.00	
76.00	03320	SHOCK THERAPY	0	0	0.000000	0.000000	0		76.00	
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	8,510,606	0.000000	0.000000	5,640		76.01	
76.02	03950	DIABETES CARE CENTER	0	7,609	0.000000	0.000000	0		76.02	
76.03	03550	OP PSYCH	0	3,812,241	0.000000	0.000000	0		76.03	
76.04	03020	CARDIAC REHAB	0	613,194	0.000000	0.000000	0		76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,752,996	0.000000	0.000000	0		76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>										
91.00	09100	EMERGENCY	0	140,479,276	0.000000	0.000000	0		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0.000000	0		92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>										
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (Lines 50-199)	332,784	851,983,492			28,756,762		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,177	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	19,177	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.02	03950	DIABETES CARE CENTER	0	0		76.02
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.385882	0	0	2,178,443	0	50.00
51.00	05100 RECOVERY ROOM	0.167769	0	0	420,802	0	51.00
53.00	05300 ANESTHESIOLOGY	0.049103	0	0	453,200	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208772	0	0	0	0	54.00
57.00	05700 CT SCAN	0.043089	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074028	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125419	0	0	289,800	0	59.00
60.00	06000 LABORATORY	0.123466	0	0	0	0	60.00
60.01	06001 G.I. LAB	0.200135	0	0	252,377	0	60.01
60.02	06002 VASCULAR LAB	0.079217	0	0	276,965	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.187840	0	0	262,164	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.300044	0	0	65,442	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.296525	0	0	283,921	0	65.00
66.00	06600 PHYSICAL THERAPY	0.275798	0	0	804,307	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.303135	0	0	137,952	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.296222	0	0	34,275	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054941	0	0	1,079,733	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173346	0	0	329,803	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152	0	0	612,912	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.403239	0	0	827,604	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332501	0	0	5,885,120	0	73.00
74.00	07400 RENAL DIALYSIS	0.461748	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764	0	0	136,194	0	76.01
76.02	03950 DIABETES CARE CENTER	2.808911	0	0	0	0	76.02
76.03	03550 OP PSYCH	0.269687	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0.678547	0	0	12,360	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.335131	0	0	424,015	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.182491	0	0	11,446,512	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.083639	0	0	298,183	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.312204	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	26,512,084	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	26,512,084	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/19/2017 3:49 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	840,622		50.00
51.00 05100 RECOVERY ROOM	0	70,598		51.00
53.00 05300 ANESTHESIOLOGY	0	22,253		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	36,346		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	50,509		60.01
60.02 06002 VASCULAR LAB	0	21,940		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	49,245		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	19,635		63.00
65.00 06500 RESPIRATORY THERAPY	0	84,190		65.00
66.00 06600 PHYSICAL THERAPY	0	221,826		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	41,818		67.00
68.00 06800 SPEECH PATHOLOGY	0	10,153		68.00
69.00 06900 ELECTROCARDIOLOGY	0	59,322		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	57,170		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	328,614		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	333,722		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,956,808		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	0		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	45,729		76.01
76.02 03950 DIABETES CARE CENTER	0	0		76.02
76.03 03550 OP PSYCH	0	0		76.03
76.04 03020 CARDIAC REHAB	0	8,387		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	142,101		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	2,088,885		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	323,123		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	6,812,996	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	6,812,996	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/19/2017 3:49 pm		
		Title XIX		Subprovider - IRF		Cost		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,684,599	54,913,261	0.048888	0	0	50.00
51.00	05100	RECOVERY ROOM	136,208	11,205,596	0.012155	0	0	51.00
53.00	05300	ANESTHESIOLOGY	133,075	20,038,555	0.006641	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,528,219	62,691,721	0.024377	0	0	54.00
57.00	05700	CT SCAN	413,425	76,202,156	0.005425	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,412	12,325,298	0.006362	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	870,078	33,189,739	0.026215	0	0	59.00
60.00	06000	LABORATORY	860,672	138,432,325	0.006217	0	0	60.00
60.01	06001	G.I. LAB	139,344	10,503,293	0.013267	0	0	60.01
60.02	06002	VASCULAR LAB	26,015	7,857,979	0.003311	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	100,011	9,476,416	0.010554	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,713	9,742,917	0.010542	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	373,360	23,683,601	0.015764	0	0	65.00
66.00	06600	PHYSICAL THERAPY	263,673	17,053,630	0.015461	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,258	6,282,243	0.016118	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	44,686	2,049,046	0.021808	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	163,375	31,510,502	0.005185	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,365	5,316,921	0.018312	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,913	22,930,957	0.019228	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	741,385	50,887,317	0.014569	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,331,898	80,863,819	0.016471	0	0	73.00
74.00	07400	RENAL DIALYSIS	163,519	5,061,052	0.032309	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	184,783	8,510,606	0.021712	0	0	76.01
76.02	03950	DIABETES CARE CENTER	11,642	7,609	1.530030	0	0	76.02
76.03	03550	OP PSYCH	42,919	3,812,241	0.011258	0	0	76.03
76.04	03020	CARDIAC REHAB	52,112	613,194	0.084985	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,450	1,752,996	0.011095	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,564,122	140,479,276	0.025371	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,669,231	851,983,492		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	332,784	332,784	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	332,784	332,784	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	54,913,261	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	11,205,596	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	20,038,555	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,691,721	0.000000	0.000000	0	54.00
57.00	05700 CT SCAN	0	76,202,156	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,325,298	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,189,739	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	138,432,325	0.000000	0.000000	0	60.00
60.01	06001 G.I. LAB	0	10,503,293	0.000000	0.000000	0	60.01
60.02	06002 VASCULAR LAB	0	7,857,979	0.000000	0.000000	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	9,476,416	0.000000	0.000000	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,742,917	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	23,683,601	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	17,053,630	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,282,243	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,049,046	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,510,502	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,316,921	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,930,957	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	50,887,317	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	332,784	80,863,819	0.004115	0.004115	0	73.00
74.00	07400 RENAL DIALYSIS	0	5,061,052	0.000000	0.000000	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	8,510,606	0.000000	0.000000	0	76.01
76.02	03950 DIABETES CARE CENTER	0	7,609	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,812,241	0.000000	0.000000	0	76.03
76.04	03020 CARDIAC REHAB	0	613,194	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,752,996	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	140,479,276	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,589,226	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	332,784	851,983,492			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/19/2017 3:49 pm
	Title XIX	Subprovider - IRF	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 G. I. LAB	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	76.02
76.03 03550 OP PSYCH	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,259	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,259	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		46,985	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		19,633	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
<b>SWING BED ADJUSTMENT</b>				
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)		49,277,010	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)		49,277,010	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,277,010	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		942.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,512,741	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)		18,512,741	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS	
Title XVIII			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			11,379,543	6,333	1,796.86	3,059	5,496,595	43.00
44.00	CORONARY CARE UNIT			6,153,688	5,014	1,227.30	2,418	2,967,611	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)							36,096,769	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							63,073,716	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)							2,350,860	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							2,613,955	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							4,964,815	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							58,108,901	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							5,274	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							942.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							4,973,066	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,538,698	49,277,010	0.092106	4,973,066	458,049	90.00
91.00	Nursing School cost	0	49,277,010	0.000000	4,973,066	0	91.00
92.00	Allied health cost	168,031	49,277,010	0.003410	4,973,066	16,958	92.00
93.00	All other Medical Education	0	49,277,010	0.000000	4,973,066	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,557 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,557 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,557 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,035 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,731,582 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,731,582 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,731,582 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			767.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,562,778 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,562,778 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,226,646	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,789,424	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					153,093	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,622	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					226,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,562,709	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	254,976	2,731,582	0.093344	0	0	90.00
91.00	Nursing School cost	0	2,731,582	0.000000	0	0	91.00
92.00	Allied health cost	12,612	2,731,582	0.004617	0	0	92.00
93.00	All other Medical Education	0	2,731,582	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		33,302,800	30.00
31.00	03100	INTENSIVE CARE UNIT		10,923,841	31.00
32.00	03200	CORONARY CARE UNIT		7,072,450	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.385882	16,448,215	50.00
51.00	05100	RECOVERY ROOM	0.167769	1,382,559	51.00
53.00	05300	ANESTHESIOLOGY	0.049103	4,018,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208772	5,670,771	54.00
57.00	05700	CT SCAN	0.043089	8,785,329	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074028	1,640,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125419	2,820,562	59.00
60.00	06000	LABORATORY	0.123466	22,328,284	60.00
60.01	06001	G.I. LAB	0.200135	983,225	60.01
60.02	06002	VASCULAR LAB	0.079217	1,952,443	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.187840	977,350	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300044	2,293,430	63.00
65.00	06500	RESPIRATORY THERAPY	0.296525	9,307,549	65.00
66.00	06600	PHYSICAL THERAPY	0.275798	2,079,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.303135	1,534,118	67.00
68.00	06800	SPEECH PATHOLOGY	0.296222	515,393	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054941	7,574,516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173346	350,174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152	6,822,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403239	12,756,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332501	22,270,284	73.00
74.00	07400	RENAL DIALYSIS	0.461748	2,970,247	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764	6,679	76.01
76.02	03950	DIABETES CARE CENTER	2.808911	0	76.02
76.03	03550	OP PSYCH	0.269687	2,303	76.03
76.04	03020	CARDIAC REHAB	0.678547	309	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.335131	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.182491	5,986,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083639	185,400	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		141,663,552	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)		141,663,552	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
41.00	04100 SUBPROVIDER - IRF		2,391,125		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.385882	49,470	19,090	50.00
51.00	05100 RECOVERY ROOM	0.167769	2,685	450	51.00
53.00	05300 ANESTHESIOLOGY	0.049103	3,344	164	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208772	60,003	12,527	54.00
57.00	05700 CT SCAN	0.043089	90,610	3,904	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074028	32,836	2,431	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125419	0	0	59.00
60.00	06000 LABORATORY	0.123466	468,749	57,875	60.00
60.01	06001 G.I. LAB	0.200135	9,268	1,855	60.01
60.02	06002 VASCULAR LAB	0.079217	31,047	2,459	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.187840	1,720	323	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.300044	11,541	3,463	63.00
65.00	06500 RESPIRATORY THERAPY	0.296525	89,837	26,639	65.00
66.00	06600 PHYSICAL THERAPY	0.275798	1,271,732	350,741	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.303135	1,159,880	351,600	67.00
68.00	06800 SPEECH PATHOLOGY	0.296222	347,673	102,988	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054941	30,056	1,651	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173346	2,588	449	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152	9,504	5,096	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.403239	24,890	10,037	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332501	564,982	187,857	73.00
74.00	07400 RENAL DIALYSIS	0.461748	183,596	84,775	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764	0	0	76.01
76.02	03950 DIABETES CARE CENTER	2.808911	0	0	76.02
76.03	03550 OP PSYCH	0.269687	0	0	76.03
76.04	03020 CARDIAC REHAB	0.678547	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.335131	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.182491	1,491	272	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.083639	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,447,502	1,226,646	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)		4,447,502		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/19/2017 3:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,944,998	30.00
31.00	03100	INTENSIVE CARE UNIT		2,278,953	31.00
32.00	03200	CORONARY CARE UNIT		1,483,416	32.00
41.00	04100	SUBPROVIDER - I RF		348,975	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.385882	3,274,797	50.00
51.00	05100	RECOVERY ROOM	0.167769	290,721	51.00
53.00	05300	ANESTHESIOLOGY	0.049103	656,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208772	1,792,944	54.00
57.00	05700	CT SCAN	0.043089	2,606,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074028	551,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125419	1,653,782	59.00
60.00	06000	LABORATORY	0.123466	5,762,313	60.00
60.01	06001	G.I. LAB	0.200135	362,416	60.01
60.02	06002	VASCULAR LAB	0.079217	471,887	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.187840	159,713	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.300044	781,675	63.00
65.00	06500	RESPIRATORY THERAPY	0.296525	2,370,739	65.00
66.00	06600	PHYSICAL THERAPY	0.275798	551,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.303135	425,432	67.00
68.00	06800	SPEECH PATHOLOGY	0.296222	144,223	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054941	1,738,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173346	107,854	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.536152	67,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.403239	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332501	4,660,387	73.00
74.00	07400	RENAL DIALYSIS	0.461748	320,370	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.335764	5,640	76.01
76.02	03950	DIABETES CARE CENTER	2.808911	0	76.02
76.03	03550	OP PSYCH	0.269687	0	76.03
76.04	03020	CARDIAC REHAB	0.678547	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.335131	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.182491	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083639	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		28,756,762	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)		28,756,762	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		32,088,426	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,430,630	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)		1,844,148	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		19,466,308	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		427.59	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-0.93	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)		1.54	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.81	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)		1.54	12.00
13.00	Total allowable FTE count for the prior year.		1.69	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.		1.54	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.59	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		1.59	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.003719	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.003899	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.003719	21.00
22.00	IME payment adjustment (see instructions)		86,399	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		39,556	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)		0.27	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)		86,399	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		39,556	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.93	31.00
32.00	Sum of lines 30 and 31		25.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.61	33.00
34.00	Disproportionate share adjustment (see instructions)		1,127,819	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,886,232	2,627,502 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,160,731	662,275 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,823,006	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		6,381	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		795	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		694	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		12.46	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,766	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.981062	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		304,895	46.00
47.00	Subtotal (see instructions)		48,705,323	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		48,744,879	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,777,856	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).		47,346	52.00
53.00	Nursing and Allied Health Managed Care payment		70,795	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		82,661	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		92,327	58.00
59.00	Total (sum of amounts on lines 49 through 58)		52,817,935	59.00
60.00	Primary payer payments		28,389	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,789,546	61.00
62.00	Deductibles billed to program beneficiaries		3,665,704	62.00
63.00	Coinurance billed to program beneficiaries		352,779	63.00
64.00	Allowable bad debts (see instructions)		1,806,521	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,174,239	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,234,027	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,945,302	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)		28,326	70.93
70.94	HRR adjustment amount (see instructions)		-467,581	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			520,855	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			48,985,192	71.00
71.01	Sequestration adjustment (see instructions)			979,704	71.01
72.00	Interim payments			47,599,604	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)			405,884	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,165,285	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	16.93	0.00			16.93	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	25.93	0.00			16.93	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)	427.59	0.00			427.59	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	10.61	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	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 greater 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)	9.00	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.73	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	6,846	0			6,846	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	600	0			600	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	585	0			585	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,911	0			1,911	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)	9,942	0			9,942	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	58,332	0			58,332	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	406	0			406	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)	58,738	0			58,738	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	16.93	0.00			16.93	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/19/2017 3:49 pm
		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	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	10.61		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	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		10.61		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.		10.61		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	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (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 Community 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: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/19/2017 3:49 pm
		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	3.75		29.00
30.00	Line 28 or 29 as applicable	3.75		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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/19/2017 3:49 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,088,426	32,088,426		32,088,426	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,430,630		10,430,630	10,430,630	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	1,844,148	1,571,816	272,332	1,844,148	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	19,466,308	14,068,248	5,398,060	19,466,308	
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003719	0.003719	0.003719		
6.00	IME payment adjustment (see instructions)	22.00	86,399	65,204	21,195	86,399	
6.01	IME payment adjustment for managed care (see instructions)	22.01	39,556	28,587	10,969	39,556	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	86,399	65,204	21,195	86,399	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	39,556	28,587	10,969	39,556	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1061	0.1061	0.1061		
11.00	Disproportionate share adjustment (see instructions)	34.00	1,127,819	851,146	276,673	1,127,819	
11.01	Uncompensated care payments	36.00	2,823,006	2,160,731	662,275	2,823,006	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	304,895	228,255	76,640	304,895	
13.00	Subtotal (see instructions)	47.00	48,705,323	36,965,578	11,739,745	48,705,323	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	48,744,879	36,994,165	11,750,714	48,744,879	
16.00	Payment for inpatient program capital	50.00	3,777,856	2,828,231	949,625	3,777,856	
17.00	Special add-on payments for new technologies	54.00	2,071	1,550	521	2,071	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	<b>SUBTOTAL</b>			39,823,946	12,700,860	52,524,806	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,392,344	2,539,624	852,720	3,392,344	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	193,166	144,611	48,555	193,166	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0028	0.0028	0.0028		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,499	7,111	2,388	9,499	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0539	0.0539	0.0539		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	182,847	136,885	45,962	182,847	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,777,856	2,828,231	949,625	3,777,856	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	28,326	21,206	7,120	28,326	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-467,581	-350,047	-117,534	-467,581	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		394,951	125,904	520,855	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		10,839	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,064,674	2.00
3.00	PPS payments		19,049,599	3.00
4.00	Outlier payment (see instructions)		80,895	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		67,986	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,839	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		32,597	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)		32,597	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,597	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,758	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)		10,839	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)		19,198,480	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		3,602,063	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)		15,607,256	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		17,359	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)		15,624,615	30.00
31.00	Primary payer payments		6,169	31.00
32.00	Subtotal (line 30 minus line 31)		15,618,446	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		755,368	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		490,989	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		378,561	36.00
37.00	Subtotal (see instructions)		16,109,435	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,109,435	40.00
40.01	Sequestration adjustment (see instructions)		322,189	40.01
41.00	Interim payments		15,811,163	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-23,917	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		47,502,504		15,750,263	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	06/20/2016	97,100	06/20/2016	60,900	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)		97,100		60,900	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)		47,599,604		15,811,163	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		405,884		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		23,917	6.02	
7.00	Total Medicare program liability (see instructions)		48,005,488		15,787,246	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: 26-0180  
Component CCN: 26-T180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2017 3:49 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,833,482			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)					0 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)		2,833,482			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		22,295			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,855,777			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		11,841	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		25,110	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		11,409	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		58,332	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,011,480,246	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		84,797,931	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)		706,942	8.00
9.00	Sequestration adjustment amount (see instructions)		14,139	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		692,803	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		712,675	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)		-19,872	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,846,168 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0073 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			77,700 3.00
4.00	Outlier Payments			14,101 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.718579 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,937,969 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,937,969 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,937,969 19.00
20.00	Deductibles			16,744 20.00
21.00	Subtotal (line 19 minus line 20)			2,921,225 21.00
22.00	Coinsurance			32,200 22.00
23.00	Subtotal (line 21 minus line 22)			2,889,025 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			23,821 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			15,484 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,393 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,904,509 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			9,549 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,914,058 32.00
32.01	Sequestration adjustment (see instructions)			58,281 32.01
33.00	Interim payments			2,833,482 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			22,295 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			14,101 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			6,812,996	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	6,812,996	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	6,812,996	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		28,756,762	26,512,084	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)		28,756,762	26,512,084	12.00
<b>CUSTOMARY CHARGES</b>					
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)		28,756,762	26,512,084	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		28,756,762	19,699,088	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	6,812,996	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	6,812,996	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	6,812,996	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	6,812,996	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	6,812,996	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		17,173		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		17,173	6,812,996	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		17,173	6,812,996	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
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/19/2017 3:49 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	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)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	0	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)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
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: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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))			-0.90	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)			1.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.81	6.00
7.00	Enter the lesser of line 5 or line 6			1.57	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.02	1.63	1.65	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.02	1.41	1.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.02	1.41		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.21		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.08		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.23		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.01	1.23		17.00
18.00	Per resident amount	86,049.97	86,049.97		18.00
19.00	Approved amount for resident costs	860	105,841	106,701	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)			0.24	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			106,701	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	27,145	12,094		26.00
27.00	Total Inpatient Days (see instructions)	61,889	61,889		27.00
28.00	Ratio of inpatient days to total inpatient days	0.438608	0.195414		28.00
29.00	Program direct GME amount	46,800	20,851		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,946		30.00
31.00	Net Program direct GME amount			64,705	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		5,061,052	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		65,863,140	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)		28,389	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		65,834,751	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		24,143,499	42.00
43.00	Primary payer payments (see instructions)		6,169	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,137,330	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		89,972,081	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.731724	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.268276	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		64,705	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		47,346	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		17,359	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/19/2017 3:49 pm	
		Title XIX	Hospital	Cost	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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))			-0.90	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)			1.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.81	6.00
7.00	Enter the lesser of line 5 or line 6			1.57	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.02	1.63	1.65	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.02	1.41	1.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.02	1.41		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.21		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.08		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	1.23		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.01	1.23		17.00
18.00	Per resident amount	86,049.97	86,049.97		18.00
19.00	Approved amount for resident costs	860	105,841	106,701	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)			0.24	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			106,701	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	8,320	1,911		26.00
27.00	Total Inpatient Days (see instructions)	61,889	61,889		27.00
28.00	Ratio of inpatient days to total inpatient days	0.134434	0.030878		28.00
29.00	Program direct GME amount	14,344	3,295		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		466		30.00
31.00	Net Program direct GME amount			17,173	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/19/2017 3:49 pm
		Title XIX	Hospital	Cost
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
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
<b>Part B Reasonable Cost</b>				
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
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		17,173	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: 26-0180

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

Worksheet G

Date/Time Prepared:  
5/19/2017 3:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	679,823	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,870,566	0	0	0	4.00
5.00	Other receivable	665,204	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,058,962	0	0	0	7.00
8.00	Prepaid expenses	176,515	0	0	0	8.00
9.00	Other current assets	3,869,094	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)	41,320,164	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	7,061,333	0	0	0	13.00
14.00	Accumulated depreciation	-6,274,273	0	0	0	14.00
15.00	Buildings	192,272,467	0	0	0	15.00
16.00	Accumulated depreciation	-137,410,998	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,171,631	0	0	0	19.00
20.00	Accumulated depreciation	-2,093,520	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	113,928,164	0	0	0	23.00
24.00	Accumulated depreciation	-104,234,385	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	8,330,494	0	0	0	27.00
28.00	Accumulated depreciation	-4,531,236	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)	72,460,002	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	113,780,166	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,824,459	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,085,207	0	0	0	38.00
39.00	Payroll taxes payable	117,795	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,443,713	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,471,174	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	265,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	265,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,736,174	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	100,043,992				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	100,043,992	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	113,780,166	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

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

Worksheet G-1

Date/Time Prepared:  
5/19/2017 3:49 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		97,992,263		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-19,958,503			2.00
3.00	Total (sum of line 1 and line 2)		78,033,760		0	3.00
4.00	TRANSFER FROM BJC	21,796,296		0		4.00
5.00	RESTRICTED ASSETS RELEASED FROM CAP	205,000		0		5.00
6.00	CHANGE IN RESTRICTED ASSETS	8,936		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22,010,232		0	10.00
11.00	Subtotal (line 3 plus line 10)		100,043,992		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		100,043,992		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER FROM BJC		0			4.00
5.00	RESTRICTED ASSETS RELEASED FROM CAP		0			5.00
6.00	CHANGE IN RESTRICTED ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0180

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/19/2017 3:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	78,651,172		78,651,172	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,179,476		4,179,476	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	82,830,648		82,830,648	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,639,366		22,639,366	11.00
12.00	CORONARY CARE UNIT	14,662,977		14,662,977	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)	37,302,343		37,302,343	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	120,132,991		120,132,991	17.00
18.00	Ancillary services	336,275,798	532,853,249	869,129,047	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				22.00
23.00	AMBULANCE SERVICES	119,120	39,921,236	40,040,356	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	456,527,909	572,774,485	1,029,302,394	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		270,361,884		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	2,129,422			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)		2,129,422		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		268,232,462		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/19/2017 3:49 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,029,302,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	776,222,194	2.00
3.00	Net patient revenues (line 1 minus line 2)	253,080,200	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	268,232,462	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,152,262	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	52,688	6.00
7.00	Income from investments	480,010	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	2,085,222	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE MEDICARE	636,390	24.00
24.01	BJC OTHER OPERATING REVENUE	230,188	24.01
24.02	OTHER OPERATING REVENUE	2,778,426	24.02
25.00	Total other income (sum of lines 6-24)	6,262,924	25.00
26.00	Total (line 5 plus line 25)	-8,889,338	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	10,926,532	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	142,633	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	11,069,165	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-19,958,503	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/19/2017 3:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,392,344	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		193,166	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)		160.49	3.00
4.00	Number of interns & residents (see instructions)		1.59	4.00
5.00	Indirect medical education percentage (see instructions)		0.28	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)		9,499	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.93	8.00
9.00	Sum of lines 7 and 8		25.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.39	10.00
11.00	Disproportionate share adjustment (see instructions)		182,847	11.00
12.00	Total prospective capital payments (see instructions)		3,777,856	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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