

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/30/2016 10:08 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/30/2016 Time: 10:08 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No.
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (140018) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-206,331	144,952	0	0	1.00
2.00 Subprovider - IPF	0	18,205	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-188,126	144,952	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 10:01 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 15TH STREET & CALIFORNIA AVE	PO Box:							1.00		
2.00	City: CHICAGO	State: IL		Zip Code: 60608-		County: COOK			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MOUNT SINAI HOSPITAL MEDICAL CENTER		140018	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER		14S018	16974	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis	MOUNT SINAI HOSPITAL MEDICAL CENTER		142302	16974		01/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2015	06/30/2016		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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)						N	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.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			12,275	3,117	0	99	25,402	1,309	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00	

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		Urban/Rural	St	Date of Geogra			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	Y	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		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	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00		XIX 2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00		
		Premiums 1.00		Losses 2.00		Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 10:01 am			
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:	Contractor's Number:			141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:	Zip Code:			143.00	
1.00							
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
1.00							
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
1.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A 1.00	Part B 2.00	Title V 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	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
1.00							
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
1.00							
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 10:01 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/30/2016 10:01 am		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2016	Y	10/31/2016	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: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/30/2016 10:01 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	MOUNT SINAI HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 10:01 am

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	200	73,200	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)		200	73,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,150	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	21	7,686	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		263	96,258	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,248		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		291				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: 140018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,690	8,711	41,035			1.00
2.00 HMO and other (see instructions)	4,512	26,810				2.00
3.00 HMO IPF Subprovider	457	4,055				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,690	8,711	41,035			7.00
8.00 INTENSIVE CARE UNIT	974	1,228	4,072			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	2,325	5,404			8.01
9.00 CORONARY CARE UNIT	3,850	1,007	5,141			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,679	4,313			13.00
14.00 Total (see instructions)	9,514	14,950	59,965	123.68	1,627.25	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,250	1,998	8,565	0.00	43.79	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				123.68	1,671.04	27.00
28.00 Observation Bed Days		895	5,608			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	442	2,120			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: 140018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,830	3,156	14,836	1.00
2.00	HMO and other (see instructions)			941	7,239		2.00
3.00	HMO IPF Subprovider				737		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	1,830	3,156	14,836	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	168	369	1,525	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2016 10:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	108,666,188	8,968,747	117,634,935	3,701,019.00	31.78
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		3,764,607	0	3,764,607	26,641.00	141.31
4.01	Physicians - Part A - Teaching		2,551,413	0	2,551,413	20,696.00	123.28
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,786,168	0	6,786,168	264,275.00	25.68
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,747,840	725,303	3,473,143	111,409.00	31.17
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		997,460	0	997,460	15,819.00	63.05
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 salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,644,370	0	17,644,370		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		468,011	0	468,011		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,155,817	0	1,155,817		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	320,395	852,625	1,173,020	38,704.00	30.31
27.00	Administrative & General	5.00	9,798,966	7,075,513	16,874,479	448,135.00	37.65
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	576,649	0	576,649	18,413.00	31.32
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,187,995	0	2,187,995	177,663.00	12.32
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,243,459	-960,083	1,283,376	103,050.00	12.45
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	960,083	960,083	77,091.00	12.45
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,087,496	0	4,087,496	98,305.00	41.58
39.00	Central Services and Supply	14.00	497,154	0	497,154	31,595.00	15.74
40.00	Pharmacy	15.00	4,292,438	-257,935	4,034,503	101,559.00	39.73

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2016 10:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,137,965	0	1,137,965	47,595.00	23.91	41.00
42.00	Social Service	17.00	808,989	2,625	811,614	25,409.00	31.94	42.00
43.00	Other General Service	18.00	68,872	212,518	281,390	15,049.00	18.70	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2016 10:01 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	99,328,607	8,968,747	108,297,354	3,416,048.00	31.70	1.00
2.00	Excluded area salaries (see instructions)	2,747,840	725,303	3,473,143	111,409.00	31.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,580,767	8,243,444	104,824,211	3,304,639.00	31.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	997,460	0	997,460	15,819.00	63.05	4.00
5.00	Subtotal wage-related costs (see inst.)	17,644,370	0	17,644,370	0.00	16.83	5.00
6.00	Total (sum of lines 3 thru 5)	115,222,597	8,243,444	123,466,041	3,320,458.00	37.18	6.00
7.00	Total overhead cost (see instructions)	26,020,378	7,885,346	33,905,724	1,182,568.00	28.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2016 10:01 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,056,997	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,515,914	8.00
9.00	Prescription Drug Plan		1,800,346	9.00
10.00	Dental, Hearing and Vision Plan		143,403	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		293,880	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		759,257	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,665,930	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		2,157	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		30,314	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,268,198	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140018

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

Worksheet S-3
Part V
Date/Time Prepared:
11/30/2016 10:01 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

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

Worksheet S-5

Date/Time Prepared:
11/30/2016 10:01 am

		Outpatient		Training		Home						
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD					
		1.00	2.00	3.00	4.00	5.00	6.00					
1.00	Number of patients in program at end of cost reporting period	143	0	0	0	0	0	1.00				
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00				
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00				
4.00	CAPD exchanges per day				0.00			4.00				
5.00	Number of days in year dialysis furnished	312	0					5.00				
6.00	Number of stations	11	0	0	0			6.00				
7.00	Treatment capacity per day per station	4	0					7.00				
8.00	Utilization (see instructions)	0.00	0.00					8.00				
9.00	Average times dialyzers re-used	0.00	0.00					9.00				
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00				
								Y/N				
								1.00				
ESRD PPS												
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02			
							Prior to 1/1	After 12/31				
							1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03		
TRANSPLANT INFORMATION												
11.00	Number of patients on transplant list							0	11.00			
12.00	Number of patients transplanted during the cost reporting period							0	12.00			
EPOETIN												
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00			
16.00	Number of EPO units furnished relating to the home dialysis department								16.00			
ARANESP												
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00			
							MCP	INITIAL METHOD				
							1.00	2.00				
PHYSICIAN PAYMENT METHOD												
21.00	Enter "X" if method(s) is applicable							X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
		1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)							0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/30/2016 10:01 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.204984	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		102,063,229	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?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		180,169,519	6.00
7.00	Medicaid cost (line 1 times line 6)		36,931,869	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
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	75,800,734	0	75,800,734
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,537,938	0	15,537,938
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	15,537,938	0	15,537,938
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,292,574	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		951,487	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		16,341,087	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,349,661	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,887,599	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,887,599	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		4,680,320	4,680,320	2,324,681	7,005,001	1.00
2.00	00200		5,015,420	5,015,420	994,079	6,009,499	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	320,395	21,238,574	21,558,969	-31,443	21,527,526	4.00
5.01	00540	268,374	1,082,666	1,351,040	-523	1,350,517	5.01
5.02	00550	0	11,161,128	11,161,128	-27,960	11,133,168	5.02
5.03	00560	21,995	447,878	469,873	-4,916	464,957	5.03
5.04	00570	2,888,747	140,677	3,029,424	-469,967	2,559,457	5.04
5.05	00580	56,350	1,278,008	1,334,358	0	1,334,358	5.05
5.06	00590	6,563,500	30,000,141	36,563,641	2,707,814	39,271,455	5.06
6.00	00600	0	3,044,840	3,044,840	0	3,044,840	6.00
7.00	00700	576,649	8,549,889	9,126,538	-10,315	9,116,223	7.00
8.00	00800	0	860,699	860,699	0	860,699	8.00
9.00	00900	2,187,995	1,562,580	3,750,575	0	3,750,575	9.00
10.00	01000	2,243,459	3,059,501	5,302,960	-3,043,787	2,259,173	10.00
11.00	01100	0	0	0	3,015,984	3,015,984	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,087,496	1,372,176	5,459,672	0	5,459,672	13.00
14.00	01400	497,154	324,087	821,241	-382,831	438,410	14.00
15.00	01500	4,292,438	7,297,292	11,589,730	-6,737,868	4,851,862	15.00
16.00	01600	1,137,965	1,401,171	2,539,136	0	2,539,136	16.00
17.00	01700	808,989	241,483	1,050,472	2,625	1,053,097	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	68,872	1,562,009	1,630,881	212,518	1,843,399	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	6,786,168	0	6,786,168	0	6,786,168	21.00
22.00	02200	0	946,094	946,094	2,551,414	3,497,508	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	30,625	30,625	23.01
23.02	02302	0	0	0	286,091	286,091	23.02
23.04	02304	0	2,617,229	2,617,229	0	2,617,229	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,364,745	6,282,623	26,647,368	-2,299,212	24,348,156	30.00
31.00	03100	2,884,076	586,661	3,470,737	-337,632	3,133,105	31.00
31.01	02060	3,485,275	267,087	3,752,362	-136,177	3,616,185	31.01
32.00	03200	3,522,467	639,533	4,162,000	-428,910	3,733,090	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	2,747,840	74,868	2,822,708	0	2,822,708	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,048,190	8,191	1,056,381	-5,543	1,050,838	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,542,302	11,116,153	18,658,455	-8,338,868	10,319,587	50.00
51.00	05100	1,325,068	80,975	1,406,043	-40,548	1,365,495	51.00
52.00	05200	4,393,849	812,018	5,205,867	-371,295	4,834,572	52.00
53.00	05300	525,740	4,093,173	4,618,913	-441,252	4,177,661	53.00
54.00	05400	4,767,255	2,897,585	7,664,840	-726,978	6,937,862	54.00
55.00	05500	444,477	388,900	833,377	-450	832,927	55.00
56.00	05600	228,258	433,461	661,719	-65,299	596,420	56.00
57.00	05700	745,750	567,419	1,313,169	0	1,313,169	57.00
58.00	05800	321,302	82,876	404,178	-11,086	393,092	58.00
59.00	05900	657,193	1,525,915	2,183,108	-1,256,747	926,361	59.00
60.00	06000	4,865,976	5,836,287	10,702,263	-475,405	10,226,858	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	673,302	1,572,173	2,245,475	0	2,245,475	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,141,707	863,108	3,004,815	-295,290	2,709,525	65.00
65.01	03560	0	103	103	125,401	125,504	65.01
66.00	06600	410,605	10,408	421,013	0	421,013	66.00
67.00	06700	305,705	3,020	308,725	500	309,225	67.00
68.00	06800	239,104	236,177	475,281	0	475,281	68.00
69.00	06900	1,011,691	1,525,927	2,537,618	-1,348,527	1,189,091	69.00
70.00	07000	346,711	29,894	376,605	-1,278	375,327	70.00
71.00	07100	0	0	0	6,302,179	6,302,179	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,772,092	7,772,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,757,157	11,757,157	73.00
74.00	07400	RENAL DIALYSIS	1,690,652	931,066	2,621,718	56,261	2,677,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	956,895	4,418,922	5,375,817	-4,169,187	1,206,630	90.01
90.02	04951	ENT	290,534	23,372	313,906	0	313,906	90.02
90.03	04952	UNDER THE RAINBOW	1,555,753	160,068	1,715,821	0	1,715,821	90.03
90.04	09002	SPASTICITY CLINIC	134,852	469,228	604,080	-458,670	145,410	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	140,626	775,222	915,848	-762,370	153,478	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	62,082	30,573	92,655	0	92,655	90.06
91.00	09100	EMERGENCY	6,029,660	2,406,366	8,436,026	-649,856	7,786,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	4,804,626	4,804,626	-4,804,626	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,666,188	161,837,840	270,504,028	4,605	270,508,633	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,099,369	4,099,369	0	4,099,369	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	130	130	0	130	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	572,724	572,724	-4,605	568,119	192.04
192.05	19205	DENTISTRY	0	74	74	0	74	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	108,666,188	166,510,137	275,176,325	0	275,176,325	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-216,781	6,788,220	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,009,499	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-55,800	21,471,726	4.00
5.01	00540	NONPATIENT TELEPHONES	-179,337	1,171,180	5.01
5.02	00550	DATA PROCESSING	0	11,133,168	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	464,957	5.03
5.04	00570	ADMINISTRATIVE	0	2,559,457	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,334,358	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,572,848	35,698,607	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,044,840	6.00
7.00	00700	OPERATION OF PLANT	-2,012,382	7,103,841	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	860,699	8.00
9.00	00900	HOUSEKEEPING	0	3,750,575	9.00
10.00	01000	DIETARY	0	2,259,173	10.00
11.00	01100	CAFETERIA	-1,822,024	1,193,960	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-116,255	5,343,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	438,410	14.00
15.00	01500	PHARMACY	-981,749	3,870,113	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-142	2,538,994	16.00
17.00	01700	SOCIAL SERVICE	-10,000	1,043,097	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	1,843,399	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-635,712	6,150,456	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,497,508	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	30,625	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	286,091	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-2,617,229	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-506,918	23,841,238	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,133,105	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,616,185	31.01
32.00	03200	CORONARY CARE UNIT	0	3,733,090	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-62,147	2,760,561	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,050,838	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-493,385	9,826,202	50.00
51.00	05100	RECOVERY ROOM	0	1,365,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,834,572	52.00
53.00	05300	ANESTHESIOLOGY	-1,175,349	3,002,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-134,181	6,803,681	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	832,927	55.00
56.00	05600	RADIOISOTOPE	-173	596,247	56.00
57.00	05700	CT SCAN	0	1,313,169	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	393,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	926,361	59.00
60.00	06000	LABORATORY	-1,453,400	8,773,458	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-60	2,245,415	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,709,525	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	125,504	65.01
66.00	06600	PHYSICAL THERAPY	-1,458	419,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	309,225	67.00
68.00	06800	SPEECH PATHOLOGY	-1,587	473,694	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,311	1,156,780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	375,327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,191,370	5,110,809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,469,126	6,302,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-763,442	10,993,715	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
74.00	07400	RENAL DIALYSIS	-76,692	2,601,287	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,206,630	90.01
90.02	04951	ENT	0	313,906	90.02
90.03	04952	UNDER THE RAINBOW	-2,800	1,713,021	90.03
90.04	09002	SPASTICITY CLINIC	0	145,410	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	153,478	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	92,655	90.06
91.00	09100	EMERGENCY	-125,122	7,661,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-19,709,780	250,798,853	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-3,248,489	850,880	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	130	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	568,119	192.04
192.05	19205	DENTISTRY	0	74	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-22,958,269	252,218,056	200.00

RECLASSIFICATIONS

Provider CCN: 140018

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

Worksheet A-6
Date/Time Prepared:
11/30/2016 10:01 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - PHYSICIAN TEACHING RECLASS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,551,414	0	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	
0			2,551,414	0		
C - THORACIC MED SALRARY RECLASS						
1.00	PULMONARY FUNCTION TESTING	65.01	125,401	0	1.00	
0			125,401	0		
D - INTEREST EXPENSE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,127,361	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,677,265	2.00	
0			0	4,804,626		
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,302,179	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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,772,092	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	
0			0	14,074,271		
F - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,757,157	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	
0			0	11,757,157		
G - EQUIPMENT RENTAL RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	984,315	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	
12.00		0.00	0	0	12.00	
15.00		0.00	0	0	15.00	
0			0	984,315		

RECLASSIFICATIONS

Provider CCN: 140018

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

Worksheet A-6
Date/Time Prepared:
11/30/2016 10:01 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
H - ER REGISTRATION RECLASS						
1.00	EMERGENCY	91.00	257,449	0	1.00	
	0		257,449	0		
I - INSURANCE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	200,063	1.00	
2.00	0	0.00	0	0	2.00	
	0		0	200,063		
J - O/P REGISTRATION RECLASS						
1.00	OUTPATIENT ACCOUNTING	18.01	212,518	0	1.00	
	0		212,518	0		
K - NURSING CONTINUITY RECLASS						
1.00	SOCIAL SERVICE	17.00	2,625	0	1.00	
3.00	INTENSIVE CARE UNIT	31.00	7,500	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	48,750	0	4.00	
5.00	CORONARY CARE UNIT	32.00	9,000	0	5.00	
6.00	OPERATING ROOM	50.00	20,000	0	6.00	
7.00	RECOVERY ROOM	51.00	7,875	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	3,000	0	8.00	
10.00	RESPIRATORY THERAPY	65.00	2,250	0	10.00	
12.00	EMERGENCY	91.00	625	0	12.00	
13.00	OCCUPATIONAL THERAPY	67.00	500	0	13.00	
	0		102,125	0		
M - DIETARY / CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	960,083	0	1.00	
2.00	CAFETERIA	11.00	0	2,055,901	2.00	
	0		960,083	2,055,901		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	257,935	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	25,413	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743	3.00	
	0		257,935	28,156		
O - RECLASS SINAI HLTH SYS EXPENSES						
1.00	DATA PROCESSING	5.02	3,924,117	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,240,064	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	852,625	0	3.00	
4.00	NONPATIENT TELEPHONES	5.01	156,807	0	4.00	
5.00	PURCHASING RECEIVING AND STORES	5.03	236,832	0	5.00	
6.00	DEVELOPMENT	192.04	455,028	0	6.00	
7.00	HEM/ONC CLINIC @ ARCHER	90.05	1,149	0	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	80,510	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	
	0		8,866,622	80,510		
Q - PASTORAL EDUCATION RESIDENCY RECLASS						
1.00	PASTORAL EDUCATION	23.01	12,340	0	1.00	
2.00	PASTORAL EDUCATION	23.01	0	18,285	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	0		12,340	18,285		
R - COMMONWEALTH EDISON METER RENTAL RCL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,764	1.00	
	0		0	9,764		
S - RENAL DIALYSIS PHYSICIAN RCL						
1.00	RENAL DIALYSIS	74.00	56,261	0	1.00	
	0		56,261	0		
T - CAPITAL LEASE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	287,605	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	

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Period:
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Worksheet A-6

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
0		0	287,605			
500.00	Grand Total: Increases			13,402,148	34,300,653	500.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
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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 - PHYSICIAN TEACHING RECLASS						
1.00		0.00	0	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,611,920	0	0	2.00
3.00	OPERATING ROOM	50.00	657,398	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	49,925	0	0	4.00
5.00	ANESTHESIOLOGY	53.00	121,065	0	0	5.00
6.00	LABORATORY	60.00	54,277	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	7,654	0	0	7.00
8.00	EMERGENCY	91.00	49,175	0	0	8.00
	O		2,551,414	0		
C - THORACIC MED SALRRARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	125,401	0	0	1.00
	O		125,401	0		
D - INTEREST EXPENSE RECLASS						
1.00		0.00	0	0	11	1.00
2.00	INTEREST EXPENSE	113.00	0	4,804,626	0	2.00
	O		0	4,804,626		
E - MEDICAL SUPPLY & IMPL DEVICES RECLAS						
1.00	ADULTS & PEDIATRICS	30.00	0	586,930	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	269,718	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	138,567	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	408,678	0	4.00
5.00	NURSERY	43.00	0	5,543	0	5.00
6.00	OPERATING ROOM	50.00	0	2,740,934	0	6.00
7.00	RECOVERY ROOM	51.00	0	39,094	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	283,916	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	289,065	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	368,493	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,086	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	169,394	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	122,460	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	9,486	0	14.00
15.00	HEM/ONC CLINIC @ ARCHER	90.05	0	14,799	0	15.00
16.00	EMERGENCY	91.00	0	844,016	0	16.00
17.00		0.00	0	0	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	781	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	16,228	0	19.00
20.00	CORONARY CARE UNIT	32.00	0	534	0	20.00
21.00	OPERATING ROOM	50.00	0	4,927,972	0	21.00
22.00	RECOVERY ROOM	51.00	0	139	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	86,793	0	23.00
24.00	ANESTHESIOLOGY	53.00	0	31,122	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	277,821	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	1,084,570	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,331,387	0	27.00
28.00	EMERGENCY	91.00	0	14,739	0	28.00
29.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	6	0	29.00
	O		0	14,074,271		
F - PHARMACY RECLASS						
1.00		0.00	0	0	0	1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	4,169,187	0	2.00
3.00	PHARMACY	15.00	0	6,388,064	0	3.00
4.00	SPASTICITY CLINIC	90.04	0	458,670	0	4.00
5.00	HEM/ONC CLINIC @ ARCHER	90.05	0	741,236	0	5.00
	O		0	11,757,157		
G - EQUIPMENT RENTAL RECLASS						
1.00		0.00	0	0	14	1.00
2.00	DIETARY	10.00	0	27,803	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	337,239	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	43,320	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	59,186	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	28,698	0	6.00
7.00	OPERATING ROOM	50.00	0	32,564	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,016	0	8.00
9.00	LABORATORY	60.00	0	402,082	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	49,679	0	10.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,278	0	12.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	450	0	15.00
	O		0	984,315		
H - ER REGISTRATION RECLASS						
1.00	ADMINISTRATIVE	5.04	257,449	0	0	1.00
	O		257,449	0		

RECLASSIFICATIONS

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Period:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
I - INSURANCE RECLASS							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	200,063	0		2.00
	O		0	200,063			
J - O/P REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	212,518	0	0		1.00
	O		212,518	0			
K - NURSING CONTINUITY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	102,125	0		1.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
10.00		0.00	0	0	0		10.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	O		0	102,125			
M - DIETARY / CAFETERIA RECLASS							
1.00	DIETARY	10.00	960,083	0	0		1.00
2.00	DIETARY	10.00	0	2,055,901	0		2.00
	O		960,083	2,055,901			
N - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	257,935	0	0		1.00
2.00	PHARMACY	15.00	0	25,413	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743	9		3.00
	O		257,935	28,156			
O - RECLASS SINAI HLTH SYS EXPENSES							
1.00	DATA PROCESSING	5.02	0	3,924,117	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,240,064	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	852,625	0		3.00
4.00	NONPATIENT TELEPHONES	5.01	0	156,807	0		4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	236,832	0		5.00
6.00	DEVELOPMENT	192.04	0	455,028	0		6.00
7.00	HEM/ONC CLINIC @ ARCHER	90.05	0	1,149	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,828	0		8.00
9.00	NONPATIENT TELEPHONES	5.01	0	523	0		9.00
10.00	DATA PROCESSING	5.02	0	27,960	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	26,368	0		11.00
12.00	PURCHASING RECEIVING AND STORES	5.03	0	4,891	0		12.00
13.00	DEVELOPMENT	192.04	0	4,605	0		13.00
14.00	HEM/ONC CLINIC @ ARCHER	90.05	0	6,335	0		14.00
	O		0	8,947,132			
Q - PASTORAL EDUCATION RESIDENCY RECLASS							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,340	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	18,285	0		4.00
	O		12,340	18,285			
R - COMMONWEALTH EDISON METER RENTAL RCL							
1.00	OPERATION OF PLANT	7.00	0	9,764	14		1.00
	O		0	9,764			
S - RENAL DIALYSIS PHYSICIAN RCL							
1.00	ADULTS & PEDIATRICS	30.00	56,261	0	0		1.00
	O		56,261	0			
T - CAPITAL LEASE RECLASS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	25	0		1.00
2.00	OPERATION OF PLANT	7.00	0	551	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,592	0		3.00
4.00	PHARMACY	15.00	0	66,456	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	46,354	0		5.00
6.00	RECOVERY ROOM	51.00	0	9,190	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,586	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,723	0		8.00
9.00	RADIOISOTOPE	56.00	0	65,299	0		9.00

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Period:
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Worksheet A-6

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	CARDIAC CATHETERIZATION	59.00	0	2,783	0		10.00	
11.00	LABORATORY	60.00	0	19,046	0		11.00	
			0	287,605				
500.00	Grand Total: Decreases		4,433,401	43,269,400			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2015
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Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0	0	0	0	1.00
2.00	Land Improvements	2,370,540	146,526	0	146,526	0	2.00
3.00	Buildings and Fixtures	156,518,075	6,472,562	0	6,472,562	0	3.00
4.00	Building Improvements	1,186,208	-468,078	0	-468,078	727,192	4.00
5.00	Fixed Equipment	92,786,107	6,436,326	0	6,436,326	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	254,586,580	12,587,336	0	12,587,336	727,192	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	254,586,580	12,587,336	0	12,587,336	727,192	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0				1.00
2.00	Land Improvements	2,517,066	0				2.00
3.00	Buildings and Fixtures	162,990,637	0				3.00
4.00	Building Improvements	-9,062	0				4.00
5.00	Fixed Equipment	99,222,433	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	266,446,724	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	266,446,724	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2015
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Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,680,320	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,015,420	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,695,740	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,680,320				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,015,420				2.00
3.00	Total (sum of lines 1-2)	0	9,695,740				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
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Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,680,320	0	4,680,320	0.482719	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,015,420	0	5,015,420	0.517281	0	2.00
3.00	Total (sum of lines 1-2)	9,695,740	0	9,695,740	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,652,280	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,015,420	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,667,700	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,935,877	200,063	0	0	6,788,220	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	994,079	6,009,499	2.00
3.00	Total (sum of lines 1-2)	1,935,877	200,063	0	994,079	12,797,719	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,452,736				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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			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		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01 MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-973,545	60.00	LABORATORY	60.00	0	33.01
33.02 CHEMISTRY ICT HCH A/C 4498 A8-1	B	-49,679	60.00	LABORATORY	60.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2015
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Worksheet A-8

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11/30/2016 10:01 am

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 #	
				1.00	2.00	
33.03	CYTOLOGY ICT HCH A/C 4498 A8-1	B	-4,043	LABORATORY	60.00	0 33.03
33.04	OTHER OPER. - SRH A/C 4320 A8-1	B	-256,827	LABORATORY	60.00	0 33.04
33.05	HEMATOLGY OTHER OPER A/C 4498 A8-1	B	-238	LABORATORY	60.00	0 33.05
33.06	LAB HISOTOLOGY EMR A8-1	B	-127,369	LABORATORY	60.00	0 33.06
33.07	BLOOD BANK OTHER OPER A/C 4498 A8-1	B	-60	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 33.07
33.08	OTHER OPER. - SRH A/C 4320 A8-1	B	-76,692	RENAL DIALYSIS	74.00	0 33.08
33.09	OTHER OPER. - SRH A/C 4320 A8-1	B	-173	RADIOISOTOPE	56.00	0 33.09
33.10	IP COMMUN DIS SRH A/C 4320	B	-1,587	SPEECH PATHOLOGY	68.00	0 33.10
33.12	IP PHYS THER SRH A/C 4320 A8-1	B	-1,458	PHYSICAL THERAPY	66.00	0 33.12
33.13	CARDIODIAGNOSTIC A/C 4320 SRH A8-1	B	-23	ELECTROCARDIOLOGY	69.00	0 33.13
33.14	SOCIAL SVC OTH OPER A8-1	B	-10,000	SOCIAL SERVICE	17.00	0 33.14
33.15	OTHER OPER. - SRH A/C 4320 A8-1	B	-747	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	CLINICAL SUPP OTH OPER A/C 4499 A8-1	B	-564	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.18	OTHER OPER. - SRH A/C 4320 A8-1	B	-981,749	PHARMACY	15.00	0 33.18
33.19	PHARMACY OTHER OPER A/C 4461 A8-1	B	-162,527	DRUGS CHARGED TO PATIENTS	73.00	0 33.19
33.20	PHARMACY OTHER OPER A/C 4462 A8-1	B	-324,407	DRUGS CHARGED TO PATIENTS	73.00	0 33.20
33.21	OTHER OPER. - SRH A/C 4320 A8-1	B	-14,221	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	UTR OUTPATIENT MISC A/C 4449 A8-1	B	-2,800	UNDER THE RAINBOW	90.03	0 33.22
33.26	MEDICAL RECORDS A/C 4452 A8-1	B	-142	MEDICAL RECORDS & LIBRARY	16.00	0 33.26
33.29	CAFETERIA MISC A/C 4402 A8-1	B	-1,821,943	CAFETERIA	11.00	0 33.29
33.30	CAFETERIA MISC A/C 4449 A8-1	B	-81	CAFETERIA	11.00	0 33.30
33.31	GEN OPS OTH OPR A/C 4498 A8-1	B	-31,628	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.31
33.32	ADMN OTH OPR A/C 4499 A8-1	B	-1,890	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.32
33.33	INFECTION CNTRL OTH A/C 4499 A8-1	B	-113,400	NURSING ADMINISTRATION	13.00	0 33.33
33.34	RNTL OTHER A/C 4414 A8-1	B	-568,138	OPERATION OF PLANT	7.00	0 33.34
33.35	RENTAL ICT A/C 4416 A8-1	B	-534,324	OPERATION OF PLANT	7.00	0 33.35
33.36	GEN OTH OPR REV A/C 4483 A8-1	B	-146,590	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.36
33.37	PREMIER PURCH A8-2	B	-1,191,370	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.37
33.38	PREMIER PURCH A8-2	B	-1,469,126	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.38
33.39	OTHER A&G A8-2	B	-873	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.39
33.40	OTHER A&G A8-2	B	-3,672	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.40
33.43	REAL ESTATE TAXES A8-5	A	-36,267	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.43
33.44	ACCELERATED DEPR A8-6	A	1,941	CAP REL COSTS-BLDG & FIXT	1.00	9 33.44
33.45	SATELLITE DEPR EXP A8-7	A	-5,007	CAP REL COSTS-BLDG & FIXT	1.00	9 33.45
33.46	SATELLITE DEPR EXP A8-7	A	-6,547	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47	SELF INS EXP A8-9	A	-1,979,351	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.47
33.48	INVESTMENT INC INTEREST A8-11	B	-191,484	CAP REL COSTS-BLDG & FIXT	1.00	11 33.48
33.49	INVESTMENT INC INTEREST A8-11	B	-240,981	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.49
33.50	PASTORAL EDUC RECLASS A8-12	B	-7,350	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.50
33.51	TELEPHONE OFFSET A8-14	A	-179,337	NONPATIENT TELEPHONES	5.01	0 33.51
33.52	UNEMPLOYMENT INS A8-16	A	132,831	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53	PATIENT TRANSPORTATION A8-17	A	-815,389	OPERATION OF PLANT	7.00	0 33.53
33.56	DAY PSYCH OFFSET A8-20	A	-3,248,489	RESEARCH	191.00	0 33.56
33.57	PARKING FAC REV OFFSET A8-24	A	-15,684	CAP REL COSTS-BLDG & FIXT	1.00	9 33.57
33.58	PARKING FAC REV OFFSET A8-24	A	-94,531	OPERATION OF PLANT	7.00	0 33.58
33.59	DONATION OFFSET A8-25	B	-77,785	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.59
33.60	NURSE ANESTHETISTS OFFSET A8-27	A	-1,102,821	ANESTHESIOLOGY	53.00	0 33.60
33.61	NURSE ANESTHETISTS OFFSET A8-27	A	-188,631	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.61

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
33.62	MARKETING OFFSET A8-28	A	-768,492	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.62
33.63	GOVERNMENTAL LOBBYIST EXP A8-31	A	-245,669	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.63
33.64	LOBBYING EXPENSE OFFSET A8-32	A	-31,524	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.64
33.66	PHARMACY 340B OTHR OPR A/C 4463 A8-1	B	-276,508	DRUGS CHARGED TO PATIENTS	73.00	0	33.66
33.70	ACLS FEE OFFSET A8-18	B	-2,855	NURSING ADMINISTRATION	13.00	0	33.70
33.78	PATIENT TRANSP A8-17	B	-776	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.78
33.87	MEDICAL STUDENT COST OFFSET A8-3	A	-2,617,229	MEDICAL STUDENT EDUCATION	23.04	0	33.87
33.88	MEDICAL STUDENT REVENUE OFFSET A8-3	B	-635,712	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.88
33.91			0		0.00	0	33.91
33.97			0		0.00	0	33.97
33.98			0		0.00	0	33.98
33.99			0		0.00	0	33.99
34.00			0		0.00	0	34.00
34.01			0		0.00	0	34.01
34.02			0		0.00	0	34.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,958,269				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: 140018

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

Worksheet A-8-1

Date/Time Prepared: 11/30/2016 10:01 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY AND OTHER	2,017,403	2,017,403 1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	1,000,956	1,000,956 2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	11,159,808	11,159,808 3.00
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	-215,526	-215,526 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND EXPENSE	5,360,014	5,360,014 4.01
4.02	7.00	OPERATION OF PLANT	SALARY AND EXPENSE	-680,712	-680,712 4.02
4.03	10.00	DIETARY	SALARY AND EXPENSE	-379,313	-379,313 4.03
4.04	13.00	NURSING ADMINISTRATION	SALARY AND EXPENSE	775,104	775,104 4.04
4.05	30.00	ADULTS & PEDIATRICS	SALARY AND EXPENSE	4,297,250	4,297,250 4.05
4.06	50.00	OPERATING ROOM	SALARY AND EXPENSE	602,520	602,520 4.06
4.07	53.00	ANESTHESIOLOGY	SALARY AND EXPENSE	3,446,820	3,446,820 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND EXPENSE	1,073,256	1,073,256 4.08
4.09	56.00	RADIOISOTOPE	SALARY AND EXPENSE	36,108	36,108 4.09
4.10	69.00	ELECTROCARDIOLOGY	SALARY AND EXPENSE	292,944	292,944 4.10
4.11	90.03	UNDER THE RAINBOW	SALARY AND EXPENSE	125,316	125,316 4.11
4.12	91.00	EMERGENCY	SALARY AND EXPENSE	973,440	973,440 4.12
4.13	191.00	RESEARCH	SALARY AND EXPENSE	594,804	594,804 4.13
4.14	192.04	DEVELOPMENT	SALARY AND EXPENSE	572,724	572,724 4.14
4.15	90.05	HEM/ONC CLINIC @ ARCHER	SALARY AND EXPENSE	7,484	7,484 4.15
5.00	TOTALS (sum of lines 1-4).			31,060,400	31,060,400 5.00
Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

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

6.00	E	SINAI HLTH SYS	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:				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: 140018

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2016 10:01 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
5.00	0	0	5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the 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: 140018

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2016 10:01 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,064,068	0	3,064,068	197,500	26,931	1.00
2.00	40.00	SUBPROVIDER - IPF	235,428	0	235,428	181,300	1,988	2.00
3.00	50.00	OPERATING ROOM	1,597,920	0	1,597,920	246,400	9,324	3.00
4.00	53.00	ANESTHESIOLOGY	428,520	0	428,520	239,400	3,093	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	416,040	0	416,040	271,900	2,275	5.00
6.00	60.00	LABORATORY	323,148	0	323,148	260,300	2,249	6.00
7.00	69.00	ELECTROCARDIOLOGY	76,536	0	76,536	197,500	466	7.00
8.00	91.00	EMERGENCY	409,788	0	409,788	197,500	2,998	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,551,448	0	6,551,448		49,324	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	2,557,150	127,858	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	173,281	8,664	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,104,535	55,227	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	355,992	17,800	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	297,391	14,870	0	0	0	5.00
6.00	60.00	LABORATORY	281,449	14,072	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	44,248	2,212	0	0	0	7.00
8.00	91.00	EMERGENCY	284,666	14,233	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,098,712	254,936	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	2,557,150	506,918	506,918	1.00
2.00	40.00	SUBPROVIDER - IPF	0	173,281	62,147	62,147	2.00
3.00	50.00	OPERATING ROOM	0	1,104,535	493,385	493,385	3.00
4.00	53.00	ANESTHESIOLOGY	0	355,992	72,528	72,528	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	297,391	118,649	118,649	5.00
6.00	60.00	LABORATORY	0	281,449	41,699	41,699	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	44,248	32,288	32,288	7.00
8.00	91.00	EMERGENCY	0	284,666	125,122	125,122	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	5,098,712	1,452,736	1,452,736	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,788,220	6,788,220				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,009,499		6,009,499			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,471,726	39,346	34,833	21,545,905		4.00
5.01 00540 NONPATIENT TELEPHONES	1,171,180	7,124	6,307	78,660	1,263,271	5.01
5.02 00550 DATA PROCESSING	11,133,168	56,132	49,693	725,977	50,589	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	464,957	99,292	87,902	47,884	25,294	5.03
5.04 00570 ADMINISTRATION	2,559,457	17,883	15,832	447,484	21,681	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,334,358	28,192	24,958	10,425	43,362	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	35,698,607	496,983	439,971	1,811,416	117,077	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,044,840	258,567	228,905	0	34,689	6.00
7.00 00700 OPERATION OF PLANT	7,103,841	110,915	98,191	106,682	59,984	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	860,699	193,619	171,408	0	3,613	8.00
9.00 00900 HOUSEKEEPING	3,750,575	12,666	11,213	404,788	19,513	9.00
10.00 01000 DIETARY	2,259,173	43,520	38,528	237,430	16,622	10.00
11.00 01100 CAFETERIA	1,193,960	319,124	282,516	177,619	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,343,417	125,577	111,171	756,203	23,126	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	438,410	372,504	329,771	91,975	10,840	14.00
15.00 01500 PHARMACY	3,870,113	50,501	44,707	746,399	32,521	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,538,994	64,642	57,226	210,528	16,622	16.00
17.00 01700 SOCIAL SERVICE	1,043,097	38,087	33,718	150,152	9,395	17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	1,843,399	78,567	69,554	52,058	28,185	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,150,456	0	0	1,255,468	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,497,508	66,315	58,707	472,022	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	30,625	0	0	2,283	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	286,091	1,637	1,449	47,719	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	23,841,238	1,727,531	1,529,351	3,458,924	289,799	30.00
31.00 03100 INTENSIVE CARE UNIT	3,133,105	99,688	88,252	534,953	12,286	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,616,185	31,844	28,191	653,809	12,286	31.01
32.00 03200 CORONARY CARE UNIT	3,733,090	115,034	101,838	653,336	15,177	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	2,760,561	196,048	173,558	508,361	20,235	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,050,838	25,133	22,250	193,919	5,059	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,826,202	461,199	408,292	1,277,435	65,043	50.00
51.00 05100 RECOVERY ROOM	1,365,495	22,579	19,989	246,600	10,840	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,834,572	106,759	94,512	813,435	28,908	52.00
53.00 05300 ANESTHESIOLOGY	3,002,312	31,394	27,793	74,866	14,454	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,803,681	274,525	243,032	872,725	30,353	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	832,927	64,192	56,828	82,230	5,059	55.00
56.00 05600 RADIOISOTOPE	596,247	42,711	37,811	42,229	7,227	56.00
57.00 05700 CT SCAN	1,313,169	17,073	15,115	137,967	5,782	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	393,092	18,099	16,023	59,442	6,504	58.00
59.00 05900 CARDIAC CATHETERIZATION	926,361	37,205	32,937	121,583	5,782	59.00
60.00 06000 LABORATORY	8,773,458	421,763	373,380	890,184	56,370	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,245,415	14,411	12,758	124,564	3,613	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,709,525	41,181	36,457	373,441	5,782	65.00
65.01 03560 PULMONARY FUNCTION TESTING	125,504	23,046	20,403	23,200	723	65.01
66.00 06600 PHYSICAL THERAPY	419,555	46,705	41,347	75,964	5,782	66.00
67.00 06700 OCCUPATIONAL THERAPY	309,225	54,549	48,291	56,649	4,336	67.00
68.00 06800 SPEECH PATHOLOGY	473,694	12,468	11,038	44,235	2,168	68.00
69.00 06900 ELECTROCARDIOLOGY	1,156,780	66,909	59,233	185,751	12,286	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
70.00 07000 ELECTROENCEPHALOGRAPHY	375,327	22,291	19,734	64,143	15,177	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,110,809	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,302,966	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,993,715	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,601,287	23,082	20,435	323,186	8,672	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	1,206,630	0	0	177,029	0	90.01
90.02 04951 ENT	313,906	0	0	53,750	0	90.02
90.03 04952 UNDER THE RAINBOW	1,713,021	125,955	111,506	287,821	36,135	90.03
90.04 09002 SPASTICITY CLINIC	145,410	0	0	24,948	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	153,478	0	0	26,229	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	92,655	0	0	11,485	0	90.06
91.00 09100 EMERGENCY	7,661,048	112,444	99,545	1,154,158	43,362	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	250,798,853	6,717,011	5,946,459	21,461,723	1,242,313	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	850,880	44,186	39,117	0	13,731	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	130	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	568,119	16,876	14,940	84,182	7,227	192.04
192.05 19205 DENTISTRY	74	10,147	8,983	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	252,218,056	6,788,220	6,009,499	21,545,905	1,263,271	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	12,015,559					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	750,972	1,476,301				5.03
5.04	00570	ADMINITTING	625,810	2,641	3,690,788			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,127,756	402		3,569,453		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,001,297	83,833			39,649,184	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	101			3,567,102	6.00
7.00	00700	OPERATION OF PLANT	0	166,900			7,646,513	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	45,351			1,274,690	8.00
9.00	00900	HOUSEKEEPING	0	64,416			4,263,171	9.00
10.00	01000	DIETARY	0	8,615			2,603,888	10.00
11.00	01100	CAFETERIA	0	0			1,973,219	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,547			6,365,041	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,681			1,260,181	14.00
15.00	01500	PHARMACY	500,648	16,323			5,261,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	625,810	0			3,513,822	16.00
17.00	01700	SOCIAL SERVICE	0	1,398			1,275,847	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0			0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	1,001,297	0			3,073,060	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			0	19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			7,405,924	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	7,722			4,102,274	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PASTORAL EDUCATION	0	4			32,912	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0			336,896	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0			0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,627,107	43,713	610,344	334,097	33,462,104	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,513	105,057	56,271	4,039,125	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,477	126,877	67,913	4,540,582	31.01
32.00	03200	CORONARY CARE UNIT	0	6,449	122,129	65,457	4,812,510	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	1,287	86,275	46,179	3,792,504	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	169	61,476	32,905	1,391,749	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	750,972	0	231,875	273,157	13,294,175	50.00
51.00	05100	RECOVERY ROOM	0	685	65,469	103,942	1,835,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,307	159,982	155,920	6,210,395	52.00
53.00	05300	ANESTHESIOLOGY	0	19,556	133,054	116,242	3,419,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,376,783	66,778	126,258	194,442	9,988,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,645	4,201	29,494	1,084,576	55.00
56.00	05600	RADIOISOTOPE	0	19,669	10,418	18,532	774,844	56.00
57.00	05700	CT SCAN	0	29,435	150,986	195,361	1,864,888	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,459	31,317	41,156	569,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	70,540	103,012	74,617	1,372,037	59.00
60.00	06000	LABORATORY	1,627,107	150,644	302,643	463,320	13,058,869	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,234	26,913	17,793	2,457,701	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,000	218,016	123,648	3,555,050	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	6	50,085	33,733	276,700	65.01
66.00	06600	PHYSICAL THERAPY	0	409	13,687	8,484	611,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	78	17,041	9,799	499,968	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,918	8,488	8,574	575,583	68.00
69.00	06900	ELECTROCARDIOLOGY	0	94,595	70,647	89,470	1,735,671	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,193	2,992	10,095	510,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	176,303	151,505	113,092	5,551,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	224,380	140,389	104,368	6,772,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	293,619	326,700	11,614,034	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	26,101	15,072	61,444	3,079,279	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,198	180	19,561	1,404,598	90.01
90.02	04951	ENT	0	336	67	11,297	379,356	90.02
90.03	04952	UNDER THE RAINBOW	0	721	0	5,231	2,280,390	90.03
90.04	09002	SPASTICITY CLINIC	0	64	0	1,824	172,246	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	564	0	2,174	182,445	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	549	0	468	105,157	90.06
91.00	09100	EMERGENCY	0	0	250,714	352,693	9,673,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,015,559	1,471,909	3,690,788	3,569,453	250,555,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,392	0	0	952,306	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	130	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	691,344	192.04
192.05	19205	DENTISTRY	0	0	0	0	19,204	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	12,015,559	1,476,301	3,690,788	3,569,453	252,218,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	39,649,184					5.06
6.00	00600	MAINTENANCE & REPAIRS	665,350	4,232,452				6.00
7.00	00700	OPERATION OF PLANT	1,426,258	81,152	9,153,923			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	237,760	141,664	312,380	1,966,494		8.00
9.00	00900	HOUSEKEEPING	795,184	9,267	20,434	0	5,088,056	9.00
10.00	01000	DIETARY	485,688	31,842	70,214	0	40,500	10.00
11.00	01100	CAFETERIA	368,053	233,492	514,866	0	296,977	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,187,233	91,880	202,603	0	116,862	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	235,054	272,547	600,987	0	346,652	14.00
15.00	01500	PHARMACY	981,342	36,950	81,476	0	46,996	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	655,412	47,296	104,291	0	60,156	16.00
17.00	01700	SOCIAL SERVICE	237,976	27,867	61,448	0	35,444	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	573,199	57,484	126,757	0	73,114	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,381,383	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	765,173	48,520	106,990	0	61,713	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	6,139	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	62,839	1,198	2,641	0	1,524	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,241,476	1,263,972	2,787,152	742,057	1,607,638	30.00
31.00	03100	INTENSIVE CARE UNIT	753,394	72,938	160,834	67,105	92,770	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	846,928	23,299	51,376	20,339	29,634	31.01
32.00	03200	CORONARY CARE UNIT	897,649	84,166	185,593	61,746	107,051	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	707,393	143,441	316,298	57,441	182,442	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	259,595	18,389	40,550	0	23,389	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,479,683	337,443	744,086	163,098	429,192	50.00
51.00	05100	RECOVERY ROOM	342,383	16,520	36,428	47,292	21,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,158,388	78,111	172,241	137,490	99,350	52.00
53.00	05300	ANESTHESIOLOGY	637,851	22,970	50,651	0	29,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,863,109	200,860	442,910	61,216	255,473	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	202,299	46,967	103,565	12,901	59,737	55.00
56.00	05600	RADIOISOTOPE	144,527	31,250	68,908	22,279	39,747	56.00
57.00	05700	CT SCAN	347,846	12,492	27,546	20,972	15,889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,149	13,242	29,200	10,082	16,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	255,918	27,222	60,026	13,777	34,623	59.00
60.00	06000	LABORATORY	2,435,792	308,588	680,460	0	392,493	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	458,420	10,544	23,250	0	13,411	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	663,102	30,131	66,441	0	38,323	65.00
65.01	03560	PULMONARY FUNCTION TESTING	51,611	16,862	37,183	0	21,447	65.01
66.00	06600	PHYSICAL THERAPY	114,140	34,172	75,352	0	43,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,256	39,911	88,007	0	50,763	67.00
68.00	06800	SPEECH PATHOLOGY	107,360	9,122	20,115	0	11,602	68.00
69.00	06900	ELECTROCARDIOLOGY	323,744	48,955	107,948	21,829	62,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,305	16,309	35,963	2,522	20,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,035,527	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,263,160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,166,296	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	574,359	16,889	37,241	64,700	21,481	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	261,991	0	0	0	0	90.01
90.02	04951	ENT	70,759	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	425,347	92,157	203,212	0	117,214	90.03
90.04	09002	SPASTICITY CLINIC	32,128	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	34,030	0	0	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	19,614	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,804,426	82,271	181,414	439,648	104,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,338,998	4,180,352	9,039,037	1,966,494	5,021,790	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	177,628	32,329	71,288	0	41,119	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	24	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	128,952	12,347	27,227	0	15,704	192.04
192.05	19205	DENTISTRY	3,582	7,424	16,371	0	9,443	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	39,649,184	4,232,452	9,153,923	1,966,494	5,088,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/30/2016 10:01 am			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	3,232,132				10.00
11.00	01100	CAFETERIA	0	3,386,607			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	115,922	0	8,079,541	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,955	0	0	14.00
15.00	01500	PHARMACY	0	127,912	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,369	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	31,174	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	16,199	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	329,449	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	7,398	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,255,115	732,626	0	3,145,307	30.00
31.00	03100	INTENSIVE CARE UNIT	223,788	92,809	0	453,249	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	106,406	0	508,689	31.01
32.00	03200	CORONARY CARE UNIT	282,532	118,371	0	523,437	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	470,697	111,713	0	469,589	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	38,394	0	182,889	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	222,813	0	1,117,835	50.00
51.00	05100	RECOVERY ROOM	0	35,817	0	173,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	151,816	0	601,181	52.00
53.00	05300	ANESTHESIOLOGY	0	5,970	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	161,969	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,807	0	898	55.00
56.00	05600	RADIOISOTOPE	0	8,444	0	0	56.00
57.00	05700	CT SCAN	0	24,899	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,041	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,613	0	0	59.00
60.00	06000	LABORATORY	0	177,276	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,664	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	77,298	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,617	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	13,725	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,306	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,755	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,960	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,526	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 PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	62,119	0	35	21,634	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	44,287	0	0	30,232	90.01
90.02	04951	ENT	0	20,434	0	0	3,749	90.02
90.03	04952	UNDER THE RAINBOW	0	52,068	0	0	15	90.03
90.04	09002	SPASTICITY CLINIC	0	2,500	0	0	3,157	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	4,889	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	5,153	0	0	328	90.06
91.00	09100	EMERGENCY	0	245,033	0	903,711	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,232,132	3,386,607	0	8,079,541	2,754,371	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	5	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,232,132	3,386,607	0	8,079,541	2,754,376	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
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To 06/30/2016

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,699,532					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	4,444,646				16.00
17.00 01700 SOCIAL SERVICE	69,308	0	1,739,064			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	3,919,813	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	80,306	416,019	1,055,456	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	24,732	70,069	43,311	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	9,143	84,565	69,258	0	0	31.01
32.00 03200 CORONARY CARE UNIT	17,671	81,508	90,328	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	909	57,502	222,992	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	40,973	4,487	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	43,174	340,137	0	0	368,280	50.00
51.00 05100 RECOVERY ROOM	4,188	129,429	0	0	170,246	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	18,324	194,152	26,143	0	173,679	52.00
53.00 05300 ANESTHESIOLOGY	26,342	144,745	0	0	111,252	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,812	242,120	0	0	313,466	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	324	36,725	0	0	67,320	55.00
56.00 05600 RADIOISOTOPE	909	23,076	0	0	32,014	56.00
57.00 05700 CT SCAN	4,468	243,264	0	0	283,032	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,333	51,247	0	0	60,273	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,030	92,913	0	0	48,132	59.00
60.00 06000 LABORATORY	0	576,876	0	0	744,472	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	22,156	0	0	8,371	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	894	153,967	0	0	17,186	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	42,005	0	0	17,111	65.01
66.00 06600 PHYSICAL THERAPY	0	10,564	0	0	2,862	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	12,202	0	0	1,675	67.00
68.00 06800 SPEECH PATHOLOGY	0	10,676	0	0	9,958	68.00
69.00 06900 ELECTROCARDIOLOGY	1,396	111,409	0	0	127,639	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,570	0	0	20,987	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,822	0	0	79,066	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2016

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	129,960	0	0	72,212	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,303,694	406,809	0	0	418,919	73.00
74.00 07400 RENAL DIALYSIS	0	76,510	163,879	0	131,890	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	24,358	0	0	48,096	90.01
90.02 04951 ENT	734	14,067	0	0	27,824	90.02
90.03 04952 UNDER THE RAINBOW	1,182	6,514	0	0	12,926	90.03
90.04 09002 SPASTICITY CLINIC	0	2,272	0	0	4,508	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	2,708	0	0	5,373	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	582	0	0	1,155	90.06
91.00 09100 EMERGENCY	71,917	439,175	63,210	0	539,889	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,697,790	4,444,646	1,739,064	0	3,919,813	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	1,675	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	67	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,699,532	4,444,646	1,739,064	0	3,919,813	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			9,116,756			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				5,084,670		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
23.01 02301 PASTORAL EDUCATION						23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM						23.02
23.04 02304 MEDICAL STUDENT EDUCATION						23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	6,354,462	3,544,062	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	320,094	178,525	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	284,528	158,689	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	154,119	85,957	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	1,149,968	641,369	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	94,843	52,896	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	118,553	66,121	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	130,409	72,733	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 PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2016

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	509,780	284,318	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	9,116,756	5,084,670	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	9,116,756	5,084,670	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
18.01	01851						18.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	39,051					23.01
23.02	02302		412,496				23.02
23.04	02304			0			23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,725	168,752	0	64,206,457	-9,898,524	30.00
31.00	03100	0	0	0	6,702,886	-498,619	31.00
31.01	02060	6,377	0	0	6,785,586	-443,217	31.01
32.00	03200	3,589	79,694	0	7,730,237	-240,076	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	6,537,745	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	2,002,246	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	21,331,253	-1,791,337	50.00
51.00	05100	0	0	0	2,825,447	0	51.00
52.00	05200	0	0	0	9,118,065	0	52.00
53.00	05300	0	0	0	4,691,893	-147,739	53.00
54.00	05400	0	0	0	13,682,468	0	54.00
55.00	05500	0	0	0	1,628,119	0	55.00
56.00	05600	0	0	0	1,148,346	0	56.00
57.00	05700	0	0	0	2,876,960	0	57.00
58.00	05800	0	0	0	874,164	0	58.00
59.00	05900	0	0	0	1,991,247	0	59.00
60.00	06000	0	0	0	18,406,621	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	3,019,586	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	4,642,844	0	65.00
65.01	03560	0	0	0	467,536	0	65.01
66.00	06600	0	0	0	906,527	0	66.00
67.00	06700	0	0	0	796,612	0	67.00
68.00	06800	0	0	0	752,592	0	68.00
69.00	06900	0	0	0	2,770,445	-184,674	69.00
70.00	07000	0	0	0	939,462	-203,142	70.00
71.00	07100	0	0	0	7,402,293	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,994,921	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	99,618	0	21,009,370	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,250,016	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	3,983	27,885	0	1,845,430	0	90.01
90.02	04951 ENT	0	0	0	516,923	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	3,191,025	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	216,811	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	229,445	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	13,282	0	145,271	0	90.06
91.00	09100 EMERGENCY	6,377	23,265	0	15,373,038	-794,098	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	39,051	412,496	0	250,009,887	-14,201,426	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	1,276,350	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	221	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	875,574	0	192.04
192.05	19205 DENTISTRY	0	0	0	56,024	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	39,051	412,496	0	252,218,056	-14,201,426	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	54,307,933	30.00
31.00	03100 INTENSIVE CARE UNIT	6,204,267	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	6,342,369	31.01
32.00	03200 CORONARY CARE UNIT	7,490,161	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	6,537,745	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,002,246	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	19,539,916	50.00
51.00	05100 RECOVERY ROOM	2,825,447	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,118,065	52.00
53.00	05300 ANESTHESIOLOGY	4,544,154	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,682,468	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,628,119	55.00
56.00	05600 RADIOISOTOPE	1,148,346	56.00
57.00	05700 CT SCAN	2,876,960	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	874,164	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,991,247	59.00
60.00	06000 LABORATORY	18,406,621	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,019,586	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,642,844	65.00
65.01	03560 PULMONARY FUNCTION TESTING	467,536	65.01
66.00	06600 PHYSICAL THERAPY	906,527	66.00
67.00	06700 OCCUPATIONAL THERAPY	796,612	67.00
68.00	06800 SPEECH PATHOLOGY	752,592	68.00
69.00	06900 ELECTROCARDIOLOGY	2,585,771	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	736,320	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,402,293	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,994,921	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,009,370	73.00
74.00	07400 RENAL DIALYSIS	4,250,016	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,845,430	90.01
90.02	04951 ENT	516,923	90.02
90.03	04952 UNDER THE RAINBOW	3,191,025	90.03
90.04	09002 SPASTICITY CLINIC	216,811	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	229,445	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	145,271	90.06
91.00	09100 EMERGENCY	14,578,940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	235,808,461	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	1,276,350	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	221	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	875,574	192.04
192.05	19205 DENTISTRY	56,024	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	238,016,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,346	34,833	74,179	74,179 4.00
5.01 00540	NONPATIENT TELEPHONES	0	7,124	6,307	13,431	271 5.01
5.02 00550	DATA PROCESSING	0	56,132	49,693	105,825	2,500 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	99,292	87,902	187,194	165 5.03
5.04 00570	ADMITTING	0	17,883	15,832	33,715	1,541 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	28,192	24,958	53,150	36 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	496,983	439,971	936,954	6,237 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	258,567	228,905	487,472	0 6.00
7.00 00700	OPERATION OF PLANT	0	110,915	98,191	209,106	367 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	193,619	171,408	365,027	0 8.00
9.00 00900	HOUSEKEEPING	0	12,666	11,213	23,879	1,394 9.00
10.00 01000	DIETARY	0	43,520	38,528	82,048	818 10.00
11.00 01100	CAFETERIA	0	319,124	282,516	601,640	612 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	125,577	111,171	236,748	2,604 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	372,504	329,771	702,275	317 14.00
15.00 01500	PHARMACY	0	50,501	44,707	95,208	2,570 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,642	57,226	121,868	725 16.00
17.00 01700	SOCIAL SERVICE	0	38,087	33,718	71,805	517 17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	78,567	69,554	148,121	179 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,323 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	66,315	58,707	125,022	1,625 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	8 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,637	1,449	3,086	164 23.02
23.04 02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,727,531	1,529,351	3,256,882	11,898 30.00
31.00 03100	INTENSIVE CARE UNIT	0	99,688	88,252	187,940	1,842 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	31,844	28,191	60,035	2,521 31.01
32.00 03200	CORONARY CARE UNIT	0	115,034	101,838	216,872	2,250 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	196,048	173,558	369,606	1,750 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	25,133	22,250	47,383	668 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	461,199	408,292	869,491	4,398 50.00
51.00 05100	RECOVERY ROOM	0	22,579	19,989	42,568	849 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	106,759	94,512	201,271	2,801 52.00
53.00 05300	ANESTHESIOLOGY	0	31,394	27,793	59,187	258 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	274,525	243,032	517,557	3,005 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	64,192	56,828	121,020	283 55.00
56.00 05600	RADIOISOTOPE	0	42,711	37,811	80,522	145 56.00
57.00 05700	CT SCAN	0	17,073	15,115	32,188	475 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,099	16,023	34,122	205 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,205	32,937	70,142	419 59.00
60.00 06000	LABORATORY	0	421,763	373,380	795,143	3,065 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,411	12,758	27,169	429 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	41,181	36,457	77,638	1,286 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	23,046	20,403	43,449	80 65.01
66.00 06600	PHYSICAL THERAPY	0	46,705	41,347	88,052	262 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	54,549	48,291	102,840	195 67.00
68.00 06800	SPEECH PATHOLOGY	0	12,468	11,038	23,506	152 68.00
69.00 06900	ELECTROCARDIOLOGY	0	66,909	59,233	126,142	640 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,291	19,734	42,025	221 70.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	23,082	20,435	43,517	1,113	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	610	90.01
90.02 04951 ENT	0	0	0	0	185	90.02
90.03 04952 UNDER THE RAINBOW	0	125,955	111,506	237,461	991	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	86	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	90	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	40	90.06
91.00 09100 EMERGENCY	0	112,444	99,545	211,989	3,974	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	6,717,011	5,946,459	12,663,470	73,889	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	44,186	39,117	83,303	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	16,876	14,940	31,816	290	192.04
192.05 19205 DENTISTRY	0	10,147	8,983	19,130	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	6,788,220	6,009,499	12,797,719	74,179	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	13,702					5.01
5.02	00550	DATA PROCESSING	549	108,874				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	274	6,805	194,438			5.03
5.04	00570	ADMINISTRATIVE	235	5,671	348	41,510		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	470	19,279	53	0	72,988	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,270	9,073	11,042	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	376	0	13	0	0	6.00
7.00	00700	OPERATION OF PLANT	651	0	21,982	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39	0	5,973	0	0	8.00
9.00	00900	HOUSEKEEPING	212	0	8,484	0	0	9.00
10.00	01000	DIETARY	180	0	1,135	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	251	0	731	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	118	0	2,197	0	0	14.00
15.00	01500	PHARMACY	353	4,536	2,150	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180	5,671	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	102	0	184	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	306	9,073	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,017	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	1	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,142	14,743	5,757	6,721	6,836	30.00
31.00	03100	INTENSIVE CARE UNIT	133	0	1,253	1,186	1,151	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	133	0	458	1,433	1,390	31.01
32.00	03200	CORONARY CARE UNIT	165	0	849	1,379	1,339	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	219	0	170	974	945	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55	0	22	694	673	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	705	6,805	0	2,619	5,589	50.00
51.00	05100	RECOVERY ROOM	118	0	90	739	2,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	314	0	2,148	1,807	3,190	52.00
53.00	05300	ANESTHESIOLOGY	157	0	2,576	1,503	2,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	329	12,475	8,795	1,426	3,978	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55	0	1,270	47	603	55.00
56.00	05600	RADIOISOTOPE	78	0	2,591	118	379	56.00
57.00	05700	CT SCAN	63	0	3,877	1,705	3,997	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71	0	456	354	842	58.00
59.00	05900	CARDIAC CATHETERIZATION	63	0	9,291	1,163	1,527	59.00
60.00	06000	LABORATORY	611	14,743	19,841	3,418	9,438	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	39	0	1,611	304	364	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63	0	6,190	2,462	2,530	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8	0	1	566	690	65.01
66.00	06600	PHYSICAL THERAPY	63	0	54	155	174	66.00
67.00	06700	OCCUPATIONAL THERAPY	47	0	10	192	200	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	1,965	96	175	68.00
69.00	06900	ELECTROCARDIOLOGY	133	0	12,459	798	1,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	165	0	157	34	207	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	23,221	1,711	2,314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	29,548	1,586	2,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,316	6,684	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	94	0	3,438	170	1,257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	158	2	400	90.01
90.02	04951	ENT	0	0	44	1	231	90.02
90.03	04952	UNDER THE RAINBOW	392	0	95	0	107	90.03
90.04	09002	SPASTICITY CLINIC	0	0	8	0	37	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	74	0	44	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	72	0	10	90.06
91.00	09100	EMERGENCY	470	0	0	2,831	7,216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,475	108,874	193,859	41,510	72,988	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	149	0	579	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	78	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	13,702	108,874	194,438	41,510	72,988	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am		
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	964,576			5.06
6.00	00600	MAINTENANCE & REPAIRS	16,188	504,049		6.00
7.00	00700	OPERATION OF PLANT	34,700	9,665	276,471	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,785	16,871	9,435	403,130
9.00	00900	HOUSEKEEPING	19,346	1,104	617	0
10.00	01000	DIETARY	11,816	3,792	2,121	0
11.00	01100	CAFETERIA	8,954	27,807	15,550	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	28,885	10,942	6,119	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,719	32,458	18,151	0
15.00	01500	PHARMACY	23,875	4,400	2,461	0
16.00	01600	MEDICAL RECORDS & LIBRARY	15,946	5,633	3,150	0
17.00	01700	SOCIAL SERVICE	5,790	3,319	1,856	0
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	13,946	6,846	3,828	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	33,608	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,616	5,778	3,231	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
23.01	02301	PASTORAL EDUCATION	149	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,529	143	80	0
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	151,788	150,527	84,178	152,122
31.00	03100	INTENSIVE CARE UNIT	18,330	8,686	4,858	13,756
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,605	2,775	1,552	4,170
32.00	03200	CORONARY CARE UNIT	21,839	10,024	5,605	12,658
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	17,210	17,083	9,553	11,775
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	6,316	2,190	1,225	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	60,329	40,187	22,473	33,435
51.00	05100	RECOVERY ROOM	8,330	1,967	1,100	9,695
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,183	9,302	5,202	28,185
53.00	05300	ANESTHESIOLOGY	15,518	2,736	1,530	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,328	23,921	13,377	12,549
55.00	05500	RADIOLOGY-THERAPEUTIC	4,922	5,593	3,128	2,645
56.00	05600	RADIOISOTOPE	3,516	3,722	2,081	4,567
57.00	05700	CT SCAN	8,463	1,488	832	4,299
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,583	1,577	882	2,067
59.00	05900	CARDIAC CATHETERIZATION	6,226	3,242	1,813	2,824
60.00	06000	LABORATORY	59,261	36,750	20,552	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,153	1,256	702	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,133	3,588	2,007	0
65.01	03560	PULMONARY FUNCTION TESTING	1,256	2,008	1,123	0
66.00	06600	PHYSICAL THERAPY	2,777	4,070	2,276	0
67.00	06700	OCCUPATIONAL THERAPY	2,269	4,753	2,658	0
68.00	06800	SPEECH PATHOLOGY	2,612	1,086	608	0
69.00	06900	ELECTROCARDIOLOGY	7,876	5,830	3,260	4,475
70.00	07000	ELECTROENCEPHALOGRAPHY	2,319	1,942	1,086	517
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,194	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,732	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	52,704	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
74.00	07400	RENAL DIALYSIS	13,974	2,011	1,125	13,263	232	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,374	0	0	0	0	90.01
90.02	04951	ENT	1,722	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	10,348	10,975	6,138	0	1,268	90.03
90.04	09002	SPASTICITY CLINIC	782	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	828	0	0	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	477	0	0	0	0	90.06
91.00	09100	EMERGENCY	43,900	9,798	5,479	90,128	1,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	957,029	497,845	273,002	403,130	54,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	4,322	3,850	2,153	0	445	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	1	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	3,137	1,470	822	0	170	192.04
192.05	19205	DENTISTRY	87	884	494	0	102	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	964,576	504,049	276,471	403,130	55,036	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	102,348					10.00
11.00	01100	0	657,775				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	22,515	0	310,059		13.00
14.00	01400	0	7,566	0	0	772,551	14.00
15.00	01500	0	24,844	0	0	45,899	15.00
16.00	01600	0	11,337	0	0	1,487	16.00
17.00	01700	0	6,055	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	3,146	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	63,988	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	1,437	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	71,410	142,296	0	120,703	92,903	30.00
31.00	03100	7,086	18,026	0	17,394	30,893	31.00
31.01	02060	0	20,667	0	19,521	12,838	31.01
32.00	03200	8,947	22,991	0	20,087	40,478	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	14,905	21,698	0	18,021	1,353	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	7,457	0	7,019	514	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	43,277	0	42,898	0	50.00
51.00	05100	0	6,957	0	6,663	3,622	51.00
52.00	05200	0	29,487	0	23,071	27,149	52.00
53.00	05300	0	1,159	0	0	26,782	53.00
54.00	05400	0	31,459	0	0	41,218	54.00
55.00	05500	0	2,487	0	0	252	55.00
56.00	05600	0	1,640	0	0	659	56.00
57.00	05700	0	4,836	0	0	8,881	57.00
58.00	05800	0	2,339	0	0	1,027	58.00
59.00	05900	0	4,004	0	0	15,695	59.00
60.00	06000	0	34,432	0	0	8,918	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	4,985	0	0	19	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	15,014	0	0	11,346	65.00
65.01	03560	0	897	0	0	0	65.01
66.00	06600	0	2,666	0	0	89	66.00
67.00	06700	0	2,002	0	0	147	67.00
68.00	06800	0	1,506	0	0	118	68.00
69.00	06900	0	7,373	0	0	1,951	69.00
70.00	07000	0	3,404	0	0	965	70.00
71.00	07100	0	0	0	0	166,934	71.00
72.00	07200	0	0	0	0	212,460	72.00
73.00	07300	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	12,065	0	1	6,068	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	8,602	0	0	8,480	90.01
90.02	04951	ENT	0	3,969	0	0	1,052	90.02
90.03	04952	UNDER THE RAINBOW	0	10,113	0	0	4	90.03
90.04	09002	SPASTICITY CLINIC	0	486	0	0	886	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	1,371	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	1,001	0	0	92	90.06
91.00	09100	EMERGENCY	0	47,592	0	34,681	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,348	657,775	0	310,059	772,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	1	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	102,348	657,775	0	310,059	772,551	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	206,804					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	166,648				16.00
17.00 01700 SOCIAL SERVICE	2,139	0	92,150			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	186,236	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,479	15,594	55,927	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	763	2,626	2,295	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	282	3,170	3,670	0	0	31.01
32.00 03200 CORONARY CARE UNIT	545	3,055	4,786	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	28	2,155	11,816	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	1,536	238	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,333	12,750	0	0	17,487	50.00
51.00 05100 RECOVERY ROOM	129	4,852	0	0	8,084	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	566	7,278	1,385	0	8,247	52.00
53.00 05300 ANESTHESIOLOGY	813	5,426	0	0	5,283	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	179	9,076	0	0	14,884	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10	1,377	0	0	3,197	55.00
56.00 05600 RADIOISOTOPE	28	865	0	0	1,520	56.00
57.00 05700 CT SCAN	138	9,119	0	0	13,439	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	72	1,921	0	0	2,862	58.00
59.00 05900 CARDIAC CATHETERIZATION	310	3,483	0	0	2,285	59.00
60.00 06000 LABORATORY	0	21,668	0	0	35,458	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	830	0	0	397	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	28	5,771	0	0	816	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,575	0	0	813	65.01
66.00 06600 PHYSICAL THERAPY	0	396	0	0	136	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	457	0	0	80	67.00
68.00 06800 SPEECH PATHOLOGY	0	400	0	0	473	68.00
69.00 06900 ELECTROCARDIOLOGY	43	4,176	0	0	6,061	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	471	0	0	997	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,279	0	0	3,754	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,871	0	0	3,429	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	194,586	15,249	0	0	19,892	73.00
74.00 07400 RENAL DIALYSIS	0	2,868	8,684	0	6,263	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	913	0	0	2,284	90.01
90.02 04951 ENT	23	527	0	0	1,321	90.02
90.03 04952 UNDER THE RAINBOW	36	244	0	0	614	90.03
90.04 09002 SPASTICITY CLINIC	0	85	0	0	214	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	101	0	0	255	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	22	0	0	55	90.06
91.00 09100 EMERGENCY	2,220	16,462	3,349	0	25,636	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	206,750	166,648	92,150	0	186,236	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	52	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	2	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	206,804	166,648	92,150	0	186,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			101,919		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				155,957	22.00
23.00 02300	PARAMED PRGM - (SPECIFY)					23.00
23.01 02301	PASTORAL EDUCATION				0	23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
23.04 02304	MEDICAL STUDENT EDUCATION					23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM			
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
	19.00	20.00	21.00	22.00	23.00			
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00		
74.00 07400 RENAL DIALYSIS						74.00		
75.00 07500 ASC (NON-DISTINCT PART)						75.00		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC						88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00		
90.00 09000 CLINIC						90.00		
90.01 04950 OUTPATIENT CHEMOTHERAPY						90.01		
90.02 04951 ENT						90.02		
90.03 04952 UNDER THE RAINBOW						90.03		
90.04 09002 SPASTICITY CLINIC						90.04		
90.05 09001 HEM/ONC CLINIC @ ARCHER						90.05		
90.06 09003 INFECTIOUS DISEASE CLINIC						90.06		
91.00 09100 EMERGENCY						91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS						94.00		
95.00 09500 AMBULANCE SERVICES						95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED						96.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						97.00		
98.00 09850 OTHER REIMBURSABLE COST CENTERS						98.00		
99.00 09900 CMHC						99.00		
99.10 09910 CORF						99.10		
100.00 10000 I & R SERVICES-NOT APPRVD PRGM						100.00		
101.00 10100 HOME HEALTH AGENCY						101.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION						105.00		
106.00 10600 HEART ACQUISITION						106.00		
107.00 10700 LIVER ACQUISITION						107.00		
108.00 10800 LUNG ACQUISITION						108.00		
109.00 10900 PANCREAS ACQUISITION						109.00		
110.00 11000 INTESTINAL ACQUISITION						110.00		
111.00 11100 ISLET ACQUISITION						111.00		
113.00 11300 INTEREST EXPENSE						113.00		
114.00 11400 UTILIZATION REVIEW-SNF						114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00		
116.00 11600 HOSPICE						116.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00		
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00		
191.00 19100 RESEARCH						191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES						192.00		
192.01 19201 KLING OFFICE BLDG						192.01		
192.02 19202 DAY PSYCH						192.02		
192.03 19203 FAMILY PLANNING						192.03		
192.04 19204 DEVELOPMENT						192.04		
192.05 19205 DENTISTRY						192.05		
192.06 19206 OCCUPATIONAL HEALTH						192.06		
192.07 19207 PHYSICIANS' PRIVATE OFFICES						192.07		
193.00 19300 NONPAID WORKERS						193.00		
200.00 Cross Foot Adjustments	0	0	101,919	155,957	0	200.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00		
202.00 TOTAL (sum lines 118-201)	0	0	101,919	155,957	0	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am
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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)					23.00
23.01	02301	PASTORAL EDUCATION	158				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		6,455			23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0		23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			4,363,296	0	30.00
31.00	03100	INTENSIVE CARE UNIT			319,221	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			155,271	0	31.01
32.00	03200	CORONARY CARE UNIT			375,027	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	34.00
40.00	04000	SUBPROVIDER - I PF			501,234	0	40.00
41.00	04100	SUBPROVIDER - I RF			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
43.00	04300	NURSERY			76,243	0	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
45.00	04500	NURSING FACILITY			0	0	45.00
46.00	04600	OTHER LONG TERM CARE			0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			1,168,418	0	50.00
51.00	05100	RECOVERY ROOM			98,117	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			380,661	0	52.00
53.00	05300	ANESTHESIOLOGY			125,622	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			742,319	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			147,535	0	55.00
56.00	05600	RADIOISOTOPE			102,861	0	56.00
57.00	05700	CT SCAN			93,972	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			51,562	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			122,862	0	59.00
60.00	06000	LABORATORY			1,067,543	0	60.00
60.01	06001	BLOOD LABORATORY			0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			49,403	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			0	0	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	64.00
65.00	06500	RESPIRATORY THERAPY			145,287	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING			52,698	0	65.01
66.00	06600	PHYSICAL THERAPY			101,640	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			116,399	0	67.00
68.00	06800	SPEECH PATHOLOGY			32,847	0	68.00
69.00	06900	ELECTROCARDIOLOGY			183,722	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			54,734	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			228,407	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.01	23.02	23.04	24.00	25.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			284,761	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			292,431	0	0	73.00
74.00	07400	RENAL DIALYSIS			116,143	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			27,823	0	0	90.01
90.02	04951	ENT			9,075	0	0	90.02
90.03	04952	UNDER THE RAINBOW			278,786	0	0	90.03
90.04	09002	SPASTICITY CLINIC			2,584	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER			2,763	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC			1,769	0	0	90.06
91.00	09100	EMERGENCY			506,857	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	12,379,893	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			94,854	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	KLING OFFICE BLDG			3	0	0	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	0	192.03
192.04	19204	DEVELOPMENT			37,783	0	0	192.04
192.05	19205	DENTISTRY			20,697	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH			0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	158	6,455	0	264,489	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	158	6,455	0	12,797,719	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 10:01 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	27,823	90.01
90.02	04951 ENT	9,075	90.02
90.03	04952 UNDER THE RAINBOW	278,786	90.03
90.04	09002 SPASTICITY CLINIC	2,584	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	2,763	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	1,769	90.06
91.00	09100 EMERGENCY	506,857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,379,893	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	94,854	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	3	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	37,783	192.04
192.05	19205 DENTISTRY	20,697	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	264,489	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	12,797,719	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	116,461,915		4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	425,181	1,748	5.01
5.02	00550	DATA PROCESSING	3,120	3,120	3,924,117	70	960 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	258,827	35	60 5.03
5.04	00570	ADMINISTRATIVE	994	994	2,418,780	30	50 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	56,350	60	170 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	9,791,224	162	80 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	0 6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	576,649	83	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	0 8.00
9.00	00900	HOUSEKEEPING	704	704	2,187,995	27	0 9.00
10.00	01000	DIETARY	2,419	2,419	1,283,376	23	0 10.00
11.00	01100	CAFETERIA	17,738	17,738	960,083	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	4,087,496	32	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	497,154	15	0 14.00
15.00	01500	PHARMACY	2,807	2,807	4,034,503	45	40 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	1,137,965	23	50 16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	811,614	13	0 17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	281,390	39	80 18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,786,168	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,551,414	0	0 22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PASTORAL EDUCATION	0	0	12,340	0	0 23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	257,935	0	0 23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	18,696,564	401	130 30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	2,891,576	17	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,534,025	17	0 31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	3,531,467	21	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	10,897	10,897	2,747,840	28	0 40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,397	1,397	1,048,190	7	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,635	25,635	6,904,904	90	60 50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,332,943	15	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,396,849	40	0 52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	404,675	20	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,717,330	42	110 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	444,477	7	0 55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	228,258	10	0 56.00
57.00	05700	CT SCAN	949	949	745,750	8	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	321,302	9	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	657,193	8	0 59.00
60.00	06000	LABORATORY	23,443	23,443	4,811,699	78	130 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	673,302	5	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	2,018,556	8	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	125,401	1	0 65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	410,605	8	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	306,205	6	0 67.00
68.00	06800	SPEECH PATHOLOGY	693	693	239,104	3	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	1,004,037	17	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	346,711	21	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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,746,913	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	956,895	0	0	90.01
90.02	04951	ENT	0	0	290,534	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	1,555,753	50	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	134,852	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	141,775	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	62,082	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	6,238,559	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	116,006,887	1,719	960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	455,028	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,788,220	6,009,499	21,545,905	1,263,271	12,015,559	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.990999	15.927135	0.185004	722.695080	12,516.207292	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			74,179	13,702	108,874	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000637	7.838673	113.410417	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINISTRATIVE (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	23,093,002				5.03
5.04	00570	ADMINISTRATIVE	41,304	631,499,675			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,291	0	1,141,118,942		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,311,343	0	0	-39,649,184	212,568,872
6.00	00600	MAINTENANCE & REPAIRS	1,581	0	0	0	3,567,102
7.00	00700	OPERATION OF PLANT	2,610,713	0	0	0	7,646,513
8.00	00800	LAUNDRY & LINEN SERVICE	709,404	0	0	0	1,274,690
9.00	00900	HOUSEKEEPING	1,007,619	0	0	0	4,263,171
10.00	01000	DIETARY	134,761	0	0	0	2,603,888
11.00	01100	CAFETERIA	0	0	0	0	1,973,219
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	86,769	0	0	0	6,365,041
14.00	01400	CENTRAL SERVICES & SUPPLY	260,928	0	0	0	1,260,181
15.00	01500	PHARMACY	255,337	0	0	0	5,261,212
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,513,822
17.00	01700	SOCIAL SERVICE	21,866	0	0	0	1,275,847
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	3,073,060
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,405,924
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	120,795	0	0	0	4,102,274
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	61	0	0	0	32,912
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	336,896
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	683,781	104,387,662	106,808,499	0	33,462,104
31.00	03100	INTENSIVE CARE UNIT	148,805	17,976,911	17,989,553	0	4,039,125
31.01	02060	NEONATAL INTENSIVE CARE UNIT	54,387	21,710,573	21,711,183	0	4,540,582
32.00	03200	CORONARY CARE UNIT	100,882	20,898,109	20,926,299	0	4,812,510
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	20,137	14,763,061	14,763,061	0	3,792,504
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,648	10,519,457	10,519,457	0	1,391,749
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	39,677,405	87,326,475	0	13,294,175
51.00	05100	RECOVERY ROOM	10,708	11,202,741	33,229,595	0	1,835,599
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,082	27,375,491	49,846,545	0	6,210,395
53.00	05300	ANESTHESIOLOGY	305,909	22,767,575	37,161,719	0	3,419,671
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,044,562	21,604,683	62,161,813	0	9,988,577
55.00	05500	RADIOLOGY-THERAPEUTIC	150,868	718,774	9,428,876	0	1,084,576
56.00	05600	RADIOISOTOPE	307,672	1,782,601	5,924,612	0	774,844
57.00	05700	CT SCAN	460,436	25,836,091	62,455,512	0	1,864,888
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	54,106	5,358,892	13,157,191	0	569,092
59.00	05900	CARDIAC CATHETERIZATION	1,103,416	17,627,002	23,854,397	0	1,372,037
60.00	06000	LABORATORY	2,356,430	51,786,980	148,109,494	0	13,058,869
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	191,369	4,605,243	5,688,315	0	2,457,701
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	735,183	37,305,873	39,529,480	0	3,555,050
65.01	03560	PULMONARY FUNCTION TESTING	88	8,570,414	10,784,316	0	276,700
66.00	06600	PHYSICAL THERAPY	6,397	2,342,045	2,712,299	0	611,933
67.00	06700	OCCUPATIONAL THERAPY	1,220	2,915,911	3,132,649	0	499,968
68.00	06800	SPEECH PATHOLOGY	233,358	1,452,482	2,740,940	0	575,583
69.00	06900	ELECTROCARDIOLOGY	1,479,696	12,088,811	28,603,057	0	1,735,671
70.00	07000	ELECTROENCEPHALOGRAPHY	18,669	511,902	3,227,230	0	510,952
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,757,801	25,924,810	36,154,597	0	5,551,709
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,509,928	24,022,833	33,365,884	0	6,772,103

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	50,242,894	104,443,803	0	11,614,034	73.00
74.00	07400 RENAL DIALYSIS	408,274	2,578,975	19,643,220	0	3,079,279	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	18,743	30,844	6,253,640	0	1,404,598	90.01
90.02	04951 ENT	5,261	11,464	3,611,461	0	379,356	90.02
90.03	04952 UNDER THE RAINBOW	11,285	0	1,672,424	0	2,280,390	90.03
90.04	09002 SPASTICITY CLINIC	1,000	0	583,219	0	172,246	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	8,826	0	695,166	0	182,445	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	8,594	0	149,459	0	105,157	90.06
91.00	09100 EMERGENCY	0	42,901,166	112,753,502	0	9,673,964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	23,024,293	631,499,675	1,141,118,942	-39,649,184	210,905,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	68,709	0	0	0	952,306	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	130	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	691,344	192.04
192.05	19205 DENTISTRY	0	0	0	0	19,204	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,476,301	3,690,788	3,569,453		39,649,184	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.063929	0.005844	0.003128		0.186524	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	194,438	41,510	72,988		964,576	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008420	0.000066	0.000064		0.004538	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	321,533					6.00
7.00	00700	6,165	315,368				7.00
8.00	00800	10,762	10,762	1,277,402			8.00
9.00	00900	704	704	0	303,902		9.00
10.00	01000	2,419	2,419	0	2,419	164,677	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,022	96,022	482,029	96,022	114,898	30.00
31.00	03100	5,541	5,541	43,590	5,541	11,402	31.00
31.01	02060	1,770	1,770	13,212	1,770	0	31.01
32.00	03200	6,394	6,394	40,109	6,394	14,395	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	37,313	10,897	23,982	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,635	25,635	105,946	25,635	0	50.00
51.00	05100	1,255	1,255	30,720	1,255	0	51.00
52.00	05200	5,934	5,934	89,311	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	39,765	15,259	0	54.00
55.00	05500	3,568	3,568	8,380	3,568	0	55.00
56.00	05600	2,374	2,374	14,472	2,374	0	56.00
57.00	05700	949	949	13,623	949	0	57.00
58.00	05800	1,006	1,006	6,549	1,006	0	58.00
59.00	05900	2,068	2,068	8,949	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	14,180	3,719	0	69.00
70.00	07000	1,239	1,239	1,638	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,283	1,283	42,028	1,283	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	6,250	6,250	285,588	6,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,277,402	299,944	164,677	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205 DENTISTRY	564	564	0	564	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,232,452	9,153,923	1,966,494	5,088,056	3,232,132	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.163352	29.026163	1.539448	16.742424	19.627100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	504,049	276,471	403,130	55,036	102,348	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.567643	0.876662	0.315586	0.181098	0.621508	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	132,751					11.00
12.00	01200	0	0				12.00
13.00	01300	4,544	0	1,380,541			13.00
14.00	01400	1,527	0	0	8,338,309		14.00
15.00	01500	5,014	0	0	495,399	12,946,820	15.00
16.00	01600	2,288	0	0	16,046	0	16.00
17.00	01700	1,222	0	0	0	133,937	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	635	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,914	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	290	0	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	28,718	0	537,435	1,002,724	155,191	30.00
31.00	03100	3,638	0	77,446	333,434	47,795	31.00
31.01	02060	4,171	0	86,919	138,567	17,669	31.01
32.00	03200	4,640	0	89,439	436,887	34,150	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	4,379	0	80,238	14,603	1,757	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,505	0	31,250	5,543	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,734	0	191,003	0	83,433	50.00
51.00	05100	1,404	0	29,666	39,094	8,093	51.00
52.00	05200	5,951	0	102,723	293,028	35,411	52.00
53.00	05300	234	0	0	289,065	50,905	53.00
54.00	05400	6,349	0	0	444,878	11,231	54.00
55.00	05500	502	0	0	2,717	627	55.00
56.00	05600	331	0	0	7,109	1,757	56.00
57.00	05700	976	0	0	95,856	8,634	57.00
58.00	05800	472	0	0	11,086	4,508	58.00
59.00	05900	808	0	0	169,394	19,383	59.00
60.00	06000	6,949	0	0	96,252	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	1,006	0	0	208	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,030	0	0	122,460	1,728	65.00
65.01	03560	181	0	0	0	0	65.01
66.00	06600	538	0	0	958	0	66.00
67.00	06700	404	0	0	1,587	0	67.00
68.00	06800	304	0	0	1,275	0	68.00
69.00	06900	1,488	0	0	21,054	2,697	69.00
70.00	07000	687	0	0	10,420	0	70.00
71.00	07100	0	0	0	1,801,751	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,435	0	6	65,493	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,736	0	0	91,522	90.01
90.02	04951	ENT	801	0	0	11,350	90.02
90.03	04952	UNDER THE RAINBOW	2,041	0	0	46	90.03
90.04	09002	SPASTICITY CLINIC	98	0	0	9,558	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	14,799	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	202	0	0	993	90.06
91.00	09100	EMERGENCY	9,605	0	154,416	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,751	0	1,380,541	8,338,293	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	16	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,386,607	0	8,079,541	2,754,376	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.510972	0.000000	5.852446	0.330328	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	657,775	0	310,059	772,551	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.954953	0.000000	0.224592	0.092651	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,141,118,942					16.00
17.00 01700 SOCIAL SERVICE	0	8,914				17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	507,156,986		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	106,808,499	5,410	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,989,553	222	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	21,711,183	355	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	20,926,299	463	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	14,763,061	1,143	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	10,519,457	23	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	87,326,475	0	0	47,649,070	0	50.00
51.00 05100 RECOVERY ROOM	33,229,595	0	0	22,026,854	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	49,846,545	134	0	22,471,054	0	52.00
53.00 05300 ANESTHESIOLOGY	37,161,719	0	0	14,394,144	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	62,161,813	0	0	40,557,130	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,428,876	0	0	8,710,102	0	55.00
56.00 05600 RADIOISOTOPE	5,924,612	0	0	4,142,011	0	56.00
57.00 05700 CT SCAN	62,455,512	0	0	36,619,421	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,157,191	0	0	7,798,299	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	23,854,397	0	0	6,227,395	0	59.00
60.00 06000 LABORATORY	148,109,494	0	0	96,322,514	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,688,315	0	0	1,083,072	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	39,529,480	0	0	2,223,607	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	10,784,316	0	0	2,213,902	0	65.01
66.00 06600 PHYSICAL THERAPY	2,712,299	0	0	370,254	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,132,649	0	0	216,738	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,740,940	0	0	1,288,458	0	68.00
69.00 06900 ELECTROCARDIOLOGY	28,603,057	0	0	16,514,246	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,227,230	0	0	2,715,328	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	36,154,597	0	0	0	10,229,786	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	33,365,884	0	0	0	9,343,050	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	104,443,803	0	0	0	54,200,909	0 73.00
74.00 07400 RENAL DIALYSIS	19,643,220	840	0	0	17,064,245	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0	0 90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	6,253,640	0	0	0	6,222,796	0 90.01
90.02 04951 ENT	3,611,461	0	0	0	3,599,997	0 90.02
90.03 04952 UNDER THE RAINBOW	1,672,424	0	0	0	1,672,424	0 90.03
90.04 09002 SPASTICITY CLINIC	583,219	0	0	0	583,219	0 90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	695,166	0	0	0	695,166	0 90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	149,459	0	0	0	149,459	0 90.06
91.00 09100 EMERGENCY	112,753,502	324	0	0	69,852,336	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
99.00 09900 CMHC	0	0	0	0	0	0 99.00
99.10 09910 CORF	0	0	0	0	0	0 99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 11600 HOSPICE	0	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,141,118,942	8,914	0	507,156,986	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0 192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0 192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0 192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0 192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0 192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0 192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,444,646	1,739,064	0	3,919,813	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003895	195.093561	0.000000	0.007729	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	166,648	92,150	0	186,236	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000146	10.337671	0.000000	0.000367	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
	NURSING SCHOOL (BLANK)	SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)	23.00	23.01			
		20.00	21.00					
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540	NONPATIENT TELEPHONES							5.01
5.02 00550	DATA PROCESSING							5.02
5.03 00560	PURCHASING RECEIVING AND STORES							5.03
5.04 00570	ADMITTING							5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600	MAINTENANCE & REPAIRS							6.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER							18.00
18.01 01851	OUTPATIENT ACCOUNTING							18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL	0						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		7,690					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			7,690				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0			23.00
23.01 02301	PASTORAL EDUCATION					10,000		23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM							23.02
23.04 02304	MEDICAL STUDENT EDUCATION							23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	5,360	5,360	0	4,795		30.00
31.00 03100	INTENSIVE CARE UNIT	0	270	270	0	0		31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	240	240	0	1,633		31.01
32.00 03200	CORONARY CARE UNIT	0	130	130	0	919		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300	NURSERY	0	0	0	0	0		43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0		45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	970	970	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 05300	ANESTHESIOLOGY	0	80	80	0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0		56.00
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0		65.01
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	100	100	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	110	110	0	0		70.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	1,020	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 INFECTIOUS DISEASE CLINIC	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	430	430	0	1,633	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	7,690	7,690	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	9,116,756	5,084,670	0	39,051	202.00
203.00	0.000000	1,185,533,940	661,205,462	0.000000	3,905,100	203.00
204.00	0	101,919	155,957	0	158	204.00
205.00	0.000000	13,253,446	20,280,494	0.000000	0,015,800	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)	
		23.02	23.04	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851	OUTPATIENT ACCOUNTING		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)		23.00
23.01	02301	PASTORAL EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,091	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	1,932	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
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	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)		
		23.02	23.04		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,415	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	676	0	90.01
90.02	04951	ENT	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	322	0	90.06
91.00	09100	EMERGENCY	564	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	412,496	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	41.249600	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,455	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.645500	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,307,933			
31.00	03100	INTENSIVE CARE UNIT	6,204,267			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,342,369			
32.00	03200	CORONARY CARE UNIT	7,490,161			
33.00	03300	BURN INTENSIVE CARE UNIT	0			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			
40.00	04000	SUBPROVIDER - I/PF	6,537,745		62,147	6,599,892
41.00	04100	SUBPROVIDER - I/RF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	2,002,246		0	2,002,246
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,539,916		493,385	20,033,301
51.00	05100	RECOVERY ROOM	2,825,447		0	2,825,447
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,118,065		0	9,118,065
53.00	05300	ANESTHESIOLOGY	4,544,154		72,528	4,616,682
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,682,468		118,649	13,801,117
55.00	05500	RADIOLOGY-THERAPEUTIC	1,628,119		0	1,628,119
56.00	05600	RADIOISOTOPE	1,148,346		0	1,148,346
57.00	05700	CT SCAN	2,876,960		0	2,876,960
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	874,164		0	874,164
59.00	05900	CARDIAC CATHETERIZATION	1,991,247		0	1,991,247
60.00	06000	LABORATORY	18,406,621		41,699	18,448,320
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,019,586		0	3,019,586
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	4,642,844	0	0	4,642,844
65.01	03560	PULMONARY FUNCTION TESTING	467,536	0	0	467,536
66.00	06600	PHYSICAL THERAPY	906,527	0	0	906,527
67.00	06700	OCCUPATIONAL THERAPY	796,612	0	0	796,612
68.00	06800	SPEECH PATHOLOGY	752,592	0	0	752,592
69.00	06900	ELECTROCARDIOLOGY	2,585,771		32,288	2,618,059
70.00	07000	ELECTROENCEPHALOGRAPHY	736,320		0	736,320
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,402,293		0	7,402,293
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,994,921		0	8,994,921
73.00	07300	DRUGS CHARGED TO PATIENTS	21,009,370		0	21,009,370
74.00	07400	RENAL DIALYSIS	4,250,016		0	4,250,016
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,845,430		0	1,845,430
90.02	04951	ENT	516,923		0	516,923
90.03	04952	UNDER THE RAINBOW	3,191,025		0	3,191,025
90.04	09002	SPASTICITY CLINIC	216,811		0	216,811
90.05	09001	HEM/ONC CLINIC @ ARCHER	229,445		0	229,445
90.06	09003	INFECTIOUS DISEASE CLINIC	145,271		0	145,271
91.00	09100	EMERGENCY	14,578,940		125,122	14,704,062
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,590,522		0	6,590,522
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0
95.00	09500	AMBULANCE SERVICES	0		0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0
99.00	09900	CMHC	0		0	0
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0	0
106.00	10600	HEART ACQUISITION	0		0	0
107.00	10700	LIVER ACQUISITION	0		0	0
108.00	10800	LUNG ACQUISITION	0		0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 10:01 am

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	242,398,983	0	242,398,983	1,452,736	243,851,719	200.00
201.00		Less Observation Beds	6,590,522		6,590,522		6,590,522	201.00
202.00		Total (see instructions)	235,808,461	0	235,808,461	1,452,736	237,261,197	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,387,662		104,387,662			30.00
31.00	03100	INTENSIVE CARE UNIT	17,976,911		17,976,911			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	21,710,573		21,710,573			31.01
32.00	03200	CORONARY CARE UNIT	20,898,109		20,898,109			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,763,061		14,763,061			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,519,457		10,519,457			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,677,405	47,649,070	87,326,475	0.223757	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,202,741	22,026,854	33,229,595	0.085028	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,375,491	22,471,054	49,846,545	0.182923	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,767,575	14,394,144	37,161,719	0.122281	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,604,683	40,557,130	62,161,813	0.220111	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	718,774	8,710,102	9,428,876	0.172674	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,782,601	4,142,011	5,924,612	0.193826	0.000000	56.00
57.00	05700	CT SCAN	25,836,091	36,619,421	62,455,512	0.046064	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,358,892	7,798,299	13,157,191	0.066440	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,627,002	6,227,395	23,854,397	0.083475	0.000000	59.00
60.00	06000	LABORATORY	51,786,980	96,322,514	148,109,494	0.124277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,605,243	1,083,072	5,688,315	0.530840	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	37,305,873	2,223,607	39,529,480	0.117453	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,570,414	2,213,902	10,784,316	0.043353	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,342,045	370,254	2,712,299	0.334228	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,915,911	216,738	3,132,649	0.254293	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,452,482	1,288,458	2,740,940	0.274574	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,088,811	16,514,246	28,603,057	0.090402	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,902	2,715,328	3,227,230	0.228159	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,924,810	10,229,786	36,154,596	0.204740	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,022,833	9,343,050	33,365,883	0.269584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,242,894	54,200,909	104,443,803	0.201155	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,578,975	17,064,245	19,643,220	0.216360	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	30,844	6,222,796	6,253,640	0.295097	0.000000	90.01
90.02	04951	ENT	11,464	3,599,997	3,611,461	0.143134	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	1,672,424	1,672,424	1.908024	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	583,219	583,219	0.371749	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	695,166	695,166	0.330058	0.000000	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	149,459	149,459	0.971979	0.000000	90.06
91.00	09100	EMERGENCY	42,901,166	69,852,336	112,753,502	0.129299	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,067,664	10,649,670	11,717,334	0.562459	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	632,567,339	517,806,656	1,150,373,995			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	632,567,339	517,806,656	1,150,373,995			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.229407		50.00
51.00	05100 RECOVERY ROOM	0.085028		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.182923		52.00
53.00	05300 ANESTHESIOLOGY	0.124232		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.222019		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.172674		55.00
56.00	05600 RADIOISOTOPE	0.193826		56.00
57.00	05700 CT SCAN	0.046064		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066440		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083475		59.00
60.00	06000 LABORATORY	0.124559		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.530840		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.117453		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.043353		65.01
66.00	06600 PHYSICAL THERAPY	0.334228		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254293		67.00
68.00	06800 SPEECH PATHOLOGY	0.274574		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091531		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.228159		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204740		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.269584		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201155		73.00
74.00	07400 RENAL DIALYSIS	0.216360		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.295097		90.01
90.02	04951 ENT	0.143134		90.02
90.03	04952 UNDER THE RAINBOW	1.908024		90.03
90.04	09002 SPASTICITY CLINIC	0.371749		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.330058		90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0.971979		90.06
91.00	09100 EMERGENCY	0.130409		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.562459		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,307,933		54,307,933	506,918	54,814,851	30.00
31.00	03100	INTENSIVE CARE UNIT	6,204,267		6,204,267	0	6,204,267	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,342,369		6,342,369	0	6,342,369	31.01
32.00	03200	CORONARY CARE UNIT	7,490,161		7,490,161	0	7,490,161	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	6,537,745		6,537,745	62,147	6,599,892	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,002,246		2,002,246	0	2,002,246	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,539,916		19,539,916	493,385	20,033,301	50.00
51.00	05100	RECOVERY ROOM	2,825,447		2,825,447	0	2,825,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,118,065		9,118,065	0	9,118,065	52.00
53.00	05300	ANESTHESIOLOGY	4,544,154		4,544,154	72,528	4,616,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,682,468		13,682,468	118,649	13,801,117	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,628,119		1,628,119	0	1,628,119	55.00
56.00	05600	RADIOISOTOPE	1,148,346		1,148,346	0	1,148,346	56.00
57.00	05700	CT SCAN	2,876,960		2,876,960	0	2,876,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	874,164		874,164	0	874,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,991,247		1,991,247	0	1,991,247	59.00
60.00	06000	LABORATORY	18,406,621		18,406,621	41,699	18,448,320	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,019,586		3,019,586	0	3,019,586	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,642,844	0	4,642,844	0	4,642,844	65.00
65.01	03560	PULMONARY FUNCTION TESTING	467,536	0	467,536	0	467,536	65.01
66.00	06600	PHYSICAL THERAPY	906,527	0	906,527	0	906,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	796,612	0	796,612	0	796,612	67.00
68.00	06800	SPEECH PATHOLOGY	752,592	0	752,592	0	752,592	68.00
69.00	06900	ELECTROCARDIOLOGY	2,585,771		2,585,771	32,288	2,618,059	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	736,320		736,320	0	736,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,402,293		7,402,293	0	7,402,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,994,921		8,994,921	0	8,994,921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,009,370		21,009,370	0	21,009,370	73.00
74.00	07400	RENAL DIALYSIS	4,250,016		4,250,016	0	4,250,016	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,845,430		1,845,430	0	1,845,430	90.01
90.02	04951	ENT	516,923		516,923	0	516,923	90.02
90.03	04952	UNDER THE RAINBOW	3,191,025		3,191,025	0	3,191,025	90.03
90.04	09002	SPASTICITY CLINIC	216,811		216,811	0	216,811	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	229,445		229,445	0	229,445	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	145,271		145,271	0	145,271	90.06
91.00	09100	EMERGENCY	14,578,940		14,578,940	125,122	14,704,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,590,522		6,590,522	0	6,590,522	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 10:01 am

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	242,398,983	0	242,398,983	1,452,736	243,851,719	200.00
201.00		Less Observation Beds	6,590,522		6,590,522		6,590,522	201.00
202.00		Total (see instructions)	235,808,461	0	235,808,461	1,452,736	237,261,197	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am	
			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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,387,662		104,387,662			30.00
31.00	03100	INTENSIVE CARE UNIT	17,976,911		17,976,911			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	21,710,573		21,710,573			31.01
32.00	03200	CORONARY CARE UNIT	20,898,109		20,898,109			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,763,061		14,763,061			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,519,457		10,519,457			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,677,405	47,649,070	87,326,475	0.223757	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,202,741	22,026,854	33,229,595	0.085028	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,375,491	22,471,054	49,846,545	0.182923	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,767,575	14,394,144	37,161,719	0.122281	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,604,683	40,557,130	62,161,813	0.220111	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	718,774	8,710,102	9,428,876	0.172674	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,782,601	4,142,011	5,924,612	0.193826	0.000000	56.00
57.00	05700	CT SCAN	25,836,091	36,619,421	62,455,512	0.046064	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,358,892	7,798,299	13,157,191	0.066440	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,627,002	6,227,395	23,854,397	0.083475	0.000000	59.00
60.00	06000	LABORATORY	51,786,980	96,322,514	148,109,494	0.124277	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,605,243	1,083,072	5,688,315	0.530840	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	37,305,873	2,223,607	39,529,480	0.117453	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,570,414	2,213,902	10,784,316	0.043353	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,342,045	370,254	2,712,299	0.334228	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,915,911	216,738	3,132,649	0.254293	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,452,482	1,288,458	2,740,940	0.274574	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,088,811	16,514,246	28,603,057	0.090402	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,902	2,715,328	3,227,230	0.228159	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,924,810	10,229,786	36,154,596	0.204740	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,022,833	9,343,050	33,365,883	0.269584	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,242,894	54,200,909	104,443,803	0.201155	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,578,975	17,064,245	19,643,220	0.216360	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	30,844	6,222,796	6,253,640	0.295097	0.000000	90.01
90.02	04951	ENT	11,464	3,599,997	3,611,461	0.143134	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	1,672,424	1,672,424	1.908024	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	583,219	583,219	0.371749	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	695,166	695,166	0.330058	0.000000	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	149,459	149,459	0.971979	0.000000	90.06
91.00	09100	EMERGENCY	42,901,166	69,852,336	112,753,502	0.129299	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,067,664	10,649,670	11,717,334	0.562459	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	632,567,339	517,806,656	1,150,373,995			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	632,567,339	517,806,656	1,150,373,995			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000		65.01
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 PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000		90.01
90.02	04951 ENT	0.000000		90.02
90.03	04952 UNDER THE RAINBOW	0.000000		90.03
90.04	09002 SPASTICITY CLINIC	0.000000		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.000000		90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0.000000		90.06
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 10:01 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/30/2016 10:01 am
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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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,363,296	0	4,363,296	46,643	93.55	30.00
31.00	INTENSIVE CARE UNIT	319,221		319,221	4,072	78.39	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	155,271		155,271	5,404	28.73	31.01
32.00	CORONARY CARE UNIT	375,027		375,027	5,141	72.95	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	501,234	0	501,234	8,565	58.52	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	76,243		76,243	4,313	17.68	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,790,292		5,790,292	74,138		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	4,690	438,750	30.00
31.00	INTENSIVE CARE UNIT	974	76,352	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	3,850	280,858	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,250	73,150	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	10,764	869,110	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140018

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,168,418	87,326,475	0.013380	7,890,718	105,578	50.00
51.00	05100 RECOVERY ROOM	98,117	33,229,595	0.002953	2,037,584	6,017	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	380,661	49,846,545	0.007637	45,642	349	52.00
53.00	05300 ANESTHESIOLOGY	125,622	37,161,719	0.003380	1,974,461	6,674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	742,319	62,161,813	0.011942	3,461,831	41,341	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	147,535	9,428,876	0.015647	244,683	3,829	55.00
56.00	05600 RADIOISOTOPE	102,861	5,924,612	0.017362	343,895	5,971	56.00
57.00	05700 CT SCAN	93,972	62,455,512	0.001505	4,734,401	7,125	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	51,562	13,157,191	0.003919	1,211,091	4,746	58.00
59.00	05900 CARDIAC CATHETERIZATION	122,862	23,854,397	0.005150	4,056,405	20,890	59.00
60.00	06000 LABORATORY	1,067,543	148,109,494	0.007208	11,007,180	79,340	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	49,403	5,688,315	0.008685	550,059	4,777	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	145,287	39,529,480	0.003675	5,994,644	22,030	65.00
65.01	03560 PULMONARY FUNCTION TESTING	52,698	10,784,316	0.004887	1,578,971	7,716	65.01
66.00	06600 PHYSICAL THERAPY	101,640	2,712,299	0.037474	486,627	18,236	66.00
67.00	06700 OCCUPATIONAL THERAPY	116,399	3,132,649	0.037157	383,985	14,268	67.00
68.00	06800 SPEECH PATHOLOGY	32,847	2,740,940	0.011984	333,935	4,002	68.00
69.00	06900 ELECTROCARDIOLOGY	183,722	28,603,057	0.006423	2,844,375	18,269	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	54,734	3,227,230	0.016960	132,340	2,244	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	228,407	36,154,596	0.006318	7,961,604	50,301	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	284,761	33,365,883	0.008534	4,118,516	35,147	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	292,431	104,443,803	0.002800	9,648,612	27,016	73.00
74.00	07400 RENAL DIALYSIS	116,143	19,643,220	0.005913	805,814	4,765	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	27,823	6,253,640	0.004449	0	0	90.01
90.02	04951 ENT	9,075	3,611,461	0.002513	0	0	90.02
90.03	04952 UNDER THE RAINBOW	278,786	1,672,424	0.166696	0	0	90.03
90.04	09002 SPASTICITY CLINIC	2,584	583,219	0.004431	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	2,763	695,166	0.003975	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	1,769	149,459	0.011836	0	0	90.06
91.00	09100 EMERGENCY	506,857	112,753,502	0.004495	5,794,194	26,045	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	524,612	11,717,334	0.044772	315,957	14,146	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	7,114,213	960,118,222		77,957,524	530,822	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/30/2016 10:01 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	187,477	0	0	187,477	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	6,377	0	0	6,377	31.01
32.00	03200	CORONARY CARE UNIT	0	83,283	0	0	83,283	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	277,137	0	0	277,137	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,643	4.02	4,690	18,854		30.00
31.00	03100	INTENSIVE CARE UNIT	4,072	0.00	974	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,404	1.18	0	0		31.01
32.00	03200	CORONARY CARE UNIT	5,141	16.20	3,850	62,370		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	8,565	0.00	1,250	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	4,313	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	74,138		10,764	81,224		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	99,618	0	99,618	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	31,868	0	31,868	90.01
90.02	04951	ENT	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0	0	13,282	0	13,282	90.06
91.00	09100	EMERGENCY	0	0	29,642	0	29,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	22,540	0	22,540	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	196,950	0	196,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/30/2016 10:01 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII		Inpatient Program Charges	
					Hospital	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	87,326,475	0.000000	0.000000		7,890,718	50.00
51.00	05100 RECOVERY ROOM	0	33,229,595	0.000000	0.000000		2,037,584	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,846,545	0.000000	0.000000		45,642	52.00
53.00	05300 ANESTHESIOLOGY	0	37,161,719	0.000000	0.000000		1,974,461	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,161,813	0.000000	0.000000		3,461,831	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,428,876	0.000000	0.000000		244,683	55.00
56.00	05600 RADIOISOTOPE	0	5,924,612	0.000000	0.000000		343,895	56.00
57.00	05700 CT SCAN	0	62,455,512	0.000000	0.000000		4,734,401	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,157,191	0.000000	0.000000		1,211,091	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,854,397	0.000000	0.000000		4,056,405	59.00
60.00	06000 LABORATORY	0	148,109,494	0.000000	0.000000		11,007,180	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000		0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,688,315	0.000000	0.000000		550,059	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000		0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000		0	64.00
65.00	06500 RESPIRATORY THERAPY	0	39,529,480	0.000000	0.000000		5,994,644	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	10,784,316	0.000000	0.000000		1,578,971	65.01
66.00	06600 PHYSICAL THERAPY	0	2,712,299	0.000000	0.000000		486,627	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,132,649	0.000000	0.000000		383,985	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,740,940	0.000000	0.000000		333,935	68.00
69.00	06900 ELECTROCARDIOLOGY	0	28,603,057	0.000000	0.000000		2,844,375	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,227,230	0.000000	0.000000		132,340	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,154,596	0.000000	0.000000		7,961,604	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,365,883	0.000000	0.000000		4,118,516	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	99,618	104,443,803	0.000954	0.000954		9,648,612	73.00
74.00	07400 RENAL DIALYSIS	0	19,643,220	0.000000	0.000000		805,814	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000		0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000		0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	31,868	6,253,640	0.005096	0.005096		0	90.01
90.02	04951 ENT	0	3,611,461	0.000000	0.000000		0	90.02
90.03	04952 UNDER THE RAINBOW	0	1,672,424	0.000000	0.000000		0	90.03
90.04	09002 SPASTICITY CLINIC	0	583,219	0.000000	0.000000		0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	695,166	0.000000	0.000000		0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	13,282	149,459	0.088867	0.088867		0	90.06
91.00	09100 EMERGENCY	29,642	112,753,502	0.000263	0.000263		5,794,194	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	22,540	11,717,334	0.001924	0.001924		315,957	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000		0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000		0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000		0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000		0	98.00
200.00	Total (lines 50-199)	196,950	960,118,222				77,957,524	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	7,385,001	0		50.00
51.00	05100 RECOVERY ROOM	0	2,060,337	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,081,934	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,786,829	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	938,237	0		55.00
56.00	05600 RADIOISOTOPE	0	443,035	0		56.00
57.00	05700 CT SCAN	0	4,281,610	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	867,675	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	756,397	0		59.00
60.00	06000 LABORATORY	0	2,654,349	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0				61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55,294	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	104,349	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	390,349	0		65.01
66.00	06600 PHYSICAL THERAPY	0	16,791	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,813	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	39,376	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,142,520	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	23,859	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,144,061	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,166,608	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,205	10,015,652	9,555		73.00
74.00	07400 RENAL DIALYSIS	0	41,811	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	1,026,526	5,231		90.01
90.02	04951 ENT	0	318,488	0		90.02
90.03	04952 UNDER THE RAINBOW	0	0	0		90.03
90.04	09002 SPASTICITY CLINIC	0	24,968	0		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	87,894	0		90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	12,451	1,106		90.06
91.00	09100 EMERGENCY	1,524	3,928,237	1,033		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	608	1,500,837	2,888		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	11,337	47,306,288	19,813		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/30/2016 10:01 am		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.223757	7,385,001	0	1,652,446	50.00
51.00	05100 RECOVERY ROOM	0.085028	2,060,337	0	175,186	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.182923	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.122281	1,081,934	0	132,300	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.220111	3,786,829	0	833,523	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.172674	938,237	0	162,009	55.00
56.00	05600 RADIOISOTOPE	0.193826	443,035	0	85,872	56.00
57.00	05700 CT SCAN	0.046064	4,281,610	0	197,228	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066440	867,675	0	57,648	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083475	756,397	0	63,140	59.00
60.00	06000 LABORATORY	0.124277	2,654,349	0	329,875	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.530840	55,294	0	29,352	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.117453	104,349	0	12,256	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.043353	390,349	0	16,923	65.01
66.00	06600 PHYSICAL THERAPY	0.334228	16,791	0	5,612	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254293	10,813	0	2,750	67.00
68.00	06800 SPEECH PATHOLOGY	0.274574	39,376	0	10,812	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090402	2,142,520	0	193,688	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.228159	23,859	0	5,444	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204740	1,144,061	0	234,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.269584	2,166,608	0	584,083	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201155	10,015,652	0	2,014,698	73.00
74.00	07400 RENAL DIALYSIS	0.216360	41,811	0	9,046	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.295097	1,026,526	0	302,925	90.01
90.02	04951 ENT	0.143134	318,488	0	45,586	90.02
90.03	04952 UNDER THE RAINBOW	1.908024	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.371749	24,968	0	9,282	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.330058	87,894	0	29,010	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0.971979	12,451	0	12,102	90.06
91.00	09100 EMERGENCY	0.129299	3,928,237	0	507,917	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.562459	1,500,837	0	844,159	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		47,306,288	0	8,559,107	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		47,306,288	0	8,559,107	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	65.01
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 PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02	04951 ENT	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	90.06
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/30/2016 10:01 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,168,418	87,326,475	0.013380	0	50.00
51.00	05100	RECOVERY ROOM	98,117	33,229,595	0.002953	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,661	49,846,545	0.007637	0	52.00
53.00	05300	ANESTHESIOLOGY	125,622	37,161,719	0.003380	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,319	62,161,813	0.011942	18,068	216 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	147,535	9,428,876	0.015647	0	55.00
56.00	05600	RADIOISOTOPE	102,861	5,924,612	0.017362	0	56.00
57.00	05700	CT SCAN	93,972	62,455,512	0.001505	59,011	89 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,562	13,157,191	0.003919	11,108	44 58.00
59.00	05900	CARDIAC CATHETERIZATION	122,862	23,854,397	0.005150	0	59.00
60.00	06000	LABORATORY	1,067,543	148,109,494	0.007208	355,597	2,563 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,403	5,688,315	0.008685	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	145,287	39,529,480	0.003675	780	3 65.00
65.01	03560	PULMONARY FUNCTION TESTING	52,698	10,784,316	0.004887	3,067	15 65.01
66.00	06600	PHYSICAL THERAPY	101,640	2,712,299	0.037474	1,405	53 66.00
67.00	06700	OCCUPATIONAL THERAPY	116,399	3,132,649	0.037157	171,049	6,356 67.00
68.00	06800	SPEECH PATHOLOGY	32,847	2,740,940	0.011984	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	183,722	28,603,057	0.006423	24,997	161 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,734	3,227,230	0.016960	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,407	36,154,596	0.006318	14,533	92 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,761	33,365,883	0.008534	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	292,431	104,443,803	0.002800	357,679	1,002 73.00
74.00	07400	RENAL DIALYSIS	116,143	19,643,220	0.005913	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	27,823	6,253,640	0.004449	0	0 90.01
90.02	04951	ENT	9,075	3,611,461	0.002513	0	0 90.02
90.03	04952	UNDER THE RAINBOW	278,786	1,672,424	0.166696	0	0 90.03
90.04	09002	SPASTICITY CLINIC	2,584	583,219	0.004431	0	0 90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	2,763	695,166	0.003975	0	0 90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	1,769	149,459	0.011836	0	0 90.06
91.00	09100	EMERGENCY	506,857	112,753,502	0.004495	368,237	1,655 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,717,334	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	6,589,601	960,118,222		1,385,531	12,249 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/30/2016 10:01 am PPS
		Title XVIII	Subprovider - IPF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	99,618	0	99,618	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	31,868	0	31,868	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	13,282	0	13,282	90.06
91.00	09100 EMERGENCY	0	0	29,642	0	29,642	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	174,410	0	174,410	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/30/2016 10:01 am		
		Title XVIII		Subprovider - IPF		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	87,326,475	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	33,229,595	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,846,545	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	37,161,719	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,161,813	0.000000	0.000000	18,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,428,876	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	5,924,612	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	62,455,512	0.000000	0.000000	59,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,157,191	0.000000	0.000000	11,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,854,397	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	148,109,494	0.000000	0.000000	355,597	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,688,315	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,529,480	0.000000	0.000000	780	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	10,784,316	0.000000	0.000000	3,067	65.01
66.00	06600	PHYSICAL THERAPY	0	2,712,299	0.000000	0.000000	1,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,132,649	0.000000	0.000000	171,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,740,940	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,603,057	0.000000	0.000000	24,997	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,227,230	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,154,596	0.000000	0.000000	14,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,365,883	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,618	104,443,803	0.000954	0.000954	357,679	73.00
74.00	07400	RENAL DIALYSIS	0	19,643,220	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	31,868	6,253,640	0.005096	0.005096	0	90.01
90.02	04951	ENT	0	3,611,461	0.000000	0.000000	0	90.02
90.03	04952	UNDER THE RAINBOW	0	1,672,424	0.000000	0.000000	0	90.03
90.04	09002	SPASTICITY CLINIC	0	583,219	0.000000	0.000000	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	695,166	0.000000	0.000000	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	13,282	149,459	0.088867	0.088867	0	90.06
91.00	09100	EMERGENCY	29,642	112,753,502	0.000263	0.000263	368,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,717,334	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	174,410	960,118,222			1,385,531	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/30/2016 10:01 am
	Component CCN: 14S018	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	341	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02	04951 ENT	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	90.05
90.06	09003 INFECTIOUS DISEASE CLINIC	0	0	0	90.06
91.00	09100 EMERGENCY	97	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	438	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/30/2016 10:01 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,643	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,643	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.		142	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,893	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)		4,690	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,814,851	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		54,814,851	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		70,833,936	28.00
29.00	Private room charges (excluding swing-bed charges)		252,618	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		70,581,318	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.773850	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,779.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,726.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		53.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		41.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,823	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		54,809,028	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,175.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,511,688	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)		5,511,688	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,204,267	4,072	1,523.64	974	1,484,025	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,342,369	5,404	1,173.64	0	0	43.01
44.00	CORONARY CARE UNIT	7,490,161	5,141	1,456.95	3,850	5,609,258	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,618,720	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,223,691	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)					877,184	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					542,159	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,419,343	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,804,348	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)					5,608	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,175.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,590,522	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,363,296	54,814,851	0.079601	6,590,522	524,612	90.00
91.00	Nursing School cost	0	54,814,851	0.000000	6,590,522	0	91.00
92.00	Allied health cost	187,477	54,814,851	0.003420	6,590,522	22,540	92.00
93.00	All other Medical Education	0	54,814,851	0.000000	6,590,522	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			8,565 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,565 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.			11 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			8,554 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,250 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,599,892 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)			6,599,892 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			14,783,773 28.00
29.00	Private room charges (excluding swing-bed charges)			19,569 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,764,204 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.446428 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,779.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,726.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			53.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			23.66 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			260 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,599,632 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			770.57 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			963,213 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)			963,213 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S018		Date/Time Prepared: 11/30/2016 10:01 am		PPS	
		Title XVIII		Subprovider - IPF			
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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					221,185	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,184,398	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)					73,150	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,687	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					85,837	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,098,561	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/30/2016 10:01 am	
		Title XVIII		Subprovider - IPF		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	501,234	6,599,892	0.075946	0	0	90.00
91.00	Nursing School cost	0	6,599,892	0.000000	0	0	91.00
92.00	Allied health cost	0	6,599,892	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,599,892	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/30/2016 10:01 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,919,652	30.00
31.00	03100	INTENSIVE CARE UNIT		3,890,127	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		13,420,185	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229407	7,890,718	50.00
51.00	05100	RECOVERY ROOM	0.085028	2,037,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182923	45,642	52.00
53.00	05300	ANESTHESIOLOGY	0.124232	1,974,461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222019	3,461,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.172674	244,683	55.00
56.00	05600	RADIOISOTOPE	0.193826	343,895	56.00
57.00	05700	CT SCAN	0.046064	4,734,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066440	1,211,091	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083475	4,056,405	59.00
60.00	06000	LABORATORY	0.124559	11,007,180	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.530840	550,059	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.117453	5,994,644	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.043353	1,578,971	65.01
66.00	06600	PHYSICAL THERAPY	0.334228	486,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254293	383,985	67.00
68.00	06800	SPEECH PATHOLOGY	0.274574	333,935	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091531	2,844,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228159	132,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204740	7,961,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.269584	4,118,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201155	9,648,612	73.00
74.00	07400	RENAL DIALYSIS	0.216360	805,814	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.295097	0	90.01
90.02	04951	ENT	0.143134	0	90.02
90.03	04952	UNDER THE RAINBOW	1.908024	0	90.03
90.04	09002	SPASTICITY CLINIC	0.371749	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.330058	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0.971979	0	90.06
91.00	09100	EMERGENCY	0.130409	5,794,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.562459	315,957	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		77,957,524	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)		77,957,524	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 11/30/2016 10:01 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,171,511	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229407	0	50.00
51.00	05100	RECOVERY ROOM	0.085028	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182923	0	52.00
53.00	05300	ANESTHESIOLOGY	0.124232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222019	18,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.172674	0	55.00
56.00	05600	RADIOISOTOPE	0.193826	0	56.00
57.00	05700	CT SCAN	0.046064	59,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066440	11,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083475	0	59.00
60.00	06000	LABORATORY	0.124559	355,597	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.530840	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.117453	780	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.043353	3,067	65.01
66.00	06600	PHYSICAL THERAPY	0.334228	1,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254293	171,049	67.00
68.00	06800	SPEECH PATHOLOGY	0.274574	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091531	24,997	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228159	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.204740	14,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.269584	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201155	357,679	73.00
74.00	07400	RENAL DIALYSIS	0.216360	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.295097	0	90.01
90.02	04951	ENT	0.143134	0	90.02
90.03	04952	UNDER THE RAINBOW	1.908024	0	90.03
90.04	09002	SPASTICITY CLINIC	0.371749	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.330058	0	90.05
90.06	09003	INFECTIOUS DISEASE CLINIC	0.971979	0	90.06
91.00	09100	EMERGENCY	0.130409	368,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.562459	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,385,531	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)		1,385,531	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,880,169	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,495,830	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)		541,179	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		7,539,643	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		247.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		81.96	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)		33.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		2.60	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		112.36	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		118.68	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.00	11.00
12.00	Current year allowable FTE (see instructions)		117.36	12.00
13.00	Total allowable FTE count for the prior year.		117.69	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.		117.44	14.00
15.00	Sum of lines 12 through 14 divided by 3.		117.50	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		117.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.474402	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.474482	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.474402	21.00
22.00	IME payment adjustment (see instructions)		3,994,343	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,733,191	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.32	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,994,343	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,733,191	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		19.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		67.97	31.00
32.00	Sum of lines 30 and 31		87.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)		61.02	33.00
34.00	Disproportionate share adjustment (see instructions)		2,650,709	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.001120143	0.001109621	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,566,456	7,108,391	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,159,218	5,321,583	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,480,801		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	1,830		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	202		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	202		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	11.04		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,333		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.942716		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)	85,276		46.00
47.00	Subtotal (see instructions)	32,128,307		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		33,861,498	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,980,383	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).		2,116,436	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		81,224	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		11,337	58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,050,879	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,050,879	61.00
62.00	Deductibles billed to program beneficiaries		1,443,535	62.00
63.00	Coinurance billed to program beneficiaries		165,847	63.00
64.00	Allowable bad debts (see instructions)		755,565	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		491,117	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		494,930	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,932,614	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)		-110,388	70.93
70.94	HRR adjustment amount (see instructions)		-88,591	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 10:01 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		241,767		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,491,868		71.00
71.01	Sequestration adjustment (see instructions)		729,837		71.01
72.00	Interim payments		35,968,362		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)		-206,331		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,539,294	2.00
3.00	PPS payments		7,336,197	3.00
4.00	Outlier payment (see instructions)		71,566	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		19,813	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		7,427,576	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,501,802	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)		5,925,774	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		685,956	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)		6,611,730	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,611,730	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		46,785	33.00
34.00	Allowable bad debts (see instructions)		608,681	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		395,643	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		423,778	36.00
37.00	Subtotal (see instructions)		7,054,158	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)		7,054,158	40.00
40.01	Sequestration adjustment (see instructions)		141,083	40.01
41.00	Interim payments		6,768,123	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		144,952	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140018

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2016 10:01 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		35,875,572		6,991,766	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	02/25/2016	92,790		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	02/25/2016	223,643	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)		92,790		-223,643	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)		35,968,362		6,768,123	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		144,952	6.01
6.02	SETTLEMENT TO PROGRAM		206,331		0	6.02
7.00	Total Medicare program liability (see instructions)		35,762,031		6,913,075	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: 140018
Component CCN: 14S018

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2016 10:01 am
PPS

Title XVIII

Subprovider -
IPF

		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		779,926		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		779,926		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		18,205		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		798,131		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/30/2016 10:01 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		958,658	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	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	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		23.401639	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9}))\}$ raised to the power of .5150 -1.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		958,658	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		958,658	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		958,658	18.00
19.00	Deductibles		123,652	19.00
20.00	Subtotal (line 18 minus line 19)		835,006	20.00
21.00	Coinsurance		38,967	21.00
22.00	Subtotal (line 20 minus line 21)		796,039	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		27,603	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		17,942	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,731	25.00
26.00	Subtotal (sum of lines 22 and 24)		813,981	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		438	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		814,419	31.00
31.01	Sequestration adjustment (see instructions)		16,288	31.01
32.00	Interim payments		779,926	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		18,205	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/30/2016 10:01 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			122.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			118.38	6.00
7.00	Enter the lesser of line 5 or line 6			118.38	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.	87.66	27.61	115.27	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.	87.66	27.61	115.27	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.00		10.00
11.00	Total weighted FTE count	87.66	32.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	89.17	31.71		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	88.54	32.30		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	88.46	32.21		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	88.46	32.21		17.00
18.00	Per resident amount	103,968.23	98,448.76		18.00
19.00	Approved amount for resident costs	9,197,030	3,171,035	12,368,065	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,368,065	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,764	4,969		26.00
27.00	Total Inpatient Days (see instructions)	66,337	66,337		27.00
28.00	Ratio of inpatient days to total inpatient days	0.162262	0.074905		28.00
29.00	Program direct GME amount	2,006,867	926,430		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		130,905		30.00
31.00	Net Program direct GME amount			2,802,392	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		19,643,220	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		26,408,089	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)		26,408,089	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,559,107	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,559,107	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		34,967,196	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.755225	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.244775	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,802,392	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,116,436	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		685,956	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140018 Period: From 07/01/2015 To 06/30/2016 Worksheet G Date/Time Prepared: 11/30/2016 10:01 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	697,958	2,315,000	0	0	1.00
2.00	Temporary investments	2,153,532	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,346,191	0	0	0	4.00
5.00	Other receivable	2,269,070	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,916,109	0	0	0	6.00
7.00	Inventory	3,278,983	0	0	0	7.00
8.00	Prepaid expenses	7,832,769	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-8,891,248	2,124,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	59,771,146	4,439,000	0	0	11.00
FIXED ASSETS						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	823,772	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	163,690,434	0	0	0	15.00
16.00	Accumulated depreciation	-108,293,405	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	100,360,276	0	0	0	23.00
24.00	Accumulated depreciation	-79,404,049	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,716,319	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,534,774	0	0	0	31.00
32.00	Deposits on leases	19,973,443	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	281,117	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	41,789,334	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	180,276,799	4,439,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	38,254,791	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,576,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,000,147	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	5,615,000	0	0	0	43.00
44.00	Other current liabilities	17,486,802	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	91,932,740	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	98,952,383	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	98,952,383	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	190,885,123	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-10,608,324	0	0	0	52.00
53.00	Specific purpose fund	0	4,439,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-10,608,324	4,439,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	180,276,799	4,439,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

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

Worksheet G-1

Date/Time Prepared:
11/30/2016 10:01 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-13,077,756		4,301,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,681,432				2.00
3.00	Total (sum of line 1 and line 2)		-10,396,324		4,301,000		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CONTRIBUTIONS	0		379,000		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		379,000		10.00
11.00	Subtotal (line 3 plus line 10)		-10,396,324		4,680,000		11.00
12.00	OTHER INCR IN UNRESTRICTED NET ASSET	212,000		0		0	12.00
13.00	NET ASSETS RELEASE FOR CAPITAL	0		49,000		0	13.00
14.00	NET ASSETS RELEASED FOR OEPRTATIONS	0		192,000		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		212,000		241,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-10,608,324		4,439,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	CONTRIBUTIONS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	OTHER INCR IN UNRESTRICTED NET ASSET		0				12.00
13.00	NET ASSETS RELEASE FOR CAPITAL		0				13.00
14.00	NET ASSETS RELEASED FOR OEPRTATIONS		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: 140018

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2016 10:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	104,633,994		104,633,994	1.00
2.00	SUBPROVIDER - IPF	14,763,061		14,763,061	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	119,397,055		119,397,055	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,304,958		16,304,958	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	20,237,258		20,237,258	11.01
12.00	CORONARY CARE UNIT	19,250,446		19,250,446	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	55,792,662		55,792,662	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	175,189,717		175,189,717	17.00
18.00	Ancillary services	457,369,632	521,202,749	978,572,381	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	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)	632,559,349	521,202,749	1,153,762,098	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		275,176,325		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		275,176,325		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140018

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

Worksheet G-3

Date/Time Prepared:
11/30/2016 10:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,153,762,098	1.00
2.00	Less contractual allowances and discounts on patients' accounts	845,553,244	2.00
3.00	Net patient revenues (line 1 minus line 2)	308,208,854	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	275,176,325	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,032,529	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	24,955	6.00
7.00	Income from investments	239,130	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	189,024	10.00
11.00	Rebates and refunds of expenses	560,126	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,821,943	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	947,510	17.00
18.00	Revenue from sale of medical records and abstracts	142	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	1,102,462	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER OPERATING INCOME	14,886,181	24.00
25.00	Total other income (sum of lines 6-24)	19,771,473	25.00
26.00	Total (line 5 plus line 25)	52,804,002	26.00
27.00	PROVISION FOR BAD DEBT	50,122,570	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	50,122,570	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,681,432	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140018

Period:

Worksheet I-1

Component CCN: 142302

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

Date/Time Prepared:
11/30/2016 10:01 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,382,804	HOURS OF SERVICE	32,878.00	15.81	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	274,393	HOURS OF SERVICE	12,317.00	5.92	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	56,261	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	48,905	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,762,363				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	87,494	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	308,875	REQUISITIONS			14.00
15.00	DRUGS	405,364	REQUISITIONS			15.00
16.00	OTHER	37,191	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,601,287				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	23,082	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	20,435	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	323,186	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	685,648	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	75,611	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	21,634	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	499,133	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,250,016				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,250,016				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period: From 07/01/2015

Worksheet 1-2

Component CCN: 142302

To 06/30/2016

Date/Time Prepared: 11/30/2016 10:01 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	98,693	107,929	1,382,804	274,393	323,186	405,364	1.00
MAINTENANCE								
2.00	Hemodialysis	84,086	91,956	1,178,149	233,783	275,354	345,370	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,607	15,973	204,655	40,610	47,832	59,994	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	All ESAs	0	0	0	0	0	0	14.00
15.00	ARANESP (include in Renal Department)	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	98,693	107,929	1,382,804	274,393	323,186	405,364	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	330,509	0	2,922,878	1,327,138	4,250,016		1.00
MAINTENANCE								
2.00	Hemodialysis	281,594	0	2,490,292	1,130,721	3,621,013		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	48,915	0	432,586	196,417	629,003		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	All ESAs	0	0	0	0	0		14.00
15.00	ARANESP (include in Renal Department)	0	0	0	0	0		15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	330,509	0	2,922,878	1,327,138	4,250,016		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,250,016		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet 1-3
		Component CCN: 142302		Date/Time Prepared: 11/30/2016 10:01 am
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
	0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	98,693	107,929	1,382,804	274,393	323,186	1.00
MAINTENANCE							
2.00	Hemodialysis	8,520	8,520.00	8,520.00	8,520.00	8,520	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,143	1,480	1,480.00	1,480.00	1,480	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	9.869300	10.792900	138.280400	27.439300	32.318600	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
	6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	405,364	330,509	0	2,922,878	1,327,138	1.00
MAINTENANCE							
2.00	Hemodialysis	8,520	8,520	8,520			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,480	1,480	1,480			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,922,878	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	40.536400	33.050900	0.000000		0.454052	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	SProvider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet 1-4
	Component CCN: 142302		Date/Time Prepared: 11/30/2016 10:01 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	12,333	3,621,013	293.60	5,356	1,572,522
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,333	3,621,013		5,356	1,572,522
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,333				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,340,093	250.20			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,340,093				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet I-5 Date/Time Prepared: 11/30/2016 10:01 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,572,522		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,340,093	1,340,093	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,340,093	1,340,093	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	498	498	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	498	498	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	267,918	267,918	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	267,918	267,918	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	71,977	71,977	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	71,977	71,977	5.05
6.00	Allowable bad debts (see instructions)	46,785		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	55,105		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	196,439	8.00
9.00	Program payment (see instructions)	1,071,676	1,071,676	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	46,785		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	3,621,013		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,621,013		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/30/2016 10:01 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,370,633	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,038	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)		157.85	3.00
4.00	Number of interns & residents (see instructions)		117.50	4.00
5.00	Indirect medical education percentage (see instructions)		23.38	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)		320,454	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		19.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		67.97	8.00
9.00	Sum of lines 7 and 8		87.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		19.28	10.00
11.00	Disproportionate share adjustment (see instructions)		264,258	11.00
12.00	Total prospective capital payments (see instructions)		1,980,383	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00