

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 3:51 pm
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 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  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/25/2017 Time: 3:51 pm

**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 CONDELL MEDICAL CENTER ( 14-0202 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-17,424	181,902	0	0	1.00
2.00 Subprovider - IPF	0	0	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
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		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-17,424	181,902	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:49 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 900 GARFIELD AVE	PO Box:								1.00
2.00	City: LIBERTYVILLE	State: IL		Zip Code: 60648-		County: LAKE				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/IID									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	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
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N 23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,217	6,566	0	0	6,270	0		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:49 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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			
		1.00		2.00		3.00			
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)					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00		
				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	67.00		
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

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				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00	
		V		XIX		
		1.00		2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	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		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N	105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N	106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00	
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	980,971	732,000	1,067,469		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:49 pm	
		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
DO NOT USE THIS LINE					
119.00	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		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 2, "Y" for yes or "N" for no.				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
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	14H036		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
161.20	OPT				
161.30	OOT				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:49 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.40	OSP		N	N	N		161.40
Multi campus						1.00	
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2014	12/31/2014		170.00
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N			171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/04/2016			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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/11/2017	Y	04/11/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:49 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		LEPPERT	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630.929.5768		ROBERT.LEPPERT@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:49 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,964	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)		254	92,964	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	99,186	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
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)		271				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,541	6,117	60,932			1.00
2.00	HMO and other (see instructions)	3,931	6,270				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	27,541	6,117	60,932			7.00
8.00	INTENSIVE CARE UNIT	2,163	353	4,970			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,007	3,659			13.00
14.00	Total (see instructions)	29,704	7,477	69,561	0.00	1,412.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER				0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY				0.00	0.00	20.00
20.01	ICF/MR	0	0	0	0.00	0.00	20.01
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						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						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,412.00	27.00
28.00	Observation Bed Days		0	6,078			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	306	618			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

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	6,535	969	16,817	1.00
2.00 HMO and other (see instructions)				858	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	6,535	969		16,817	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
20.01 ICF/MR	0.00	0	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
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: 14-0202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	99,952,330	0	99,952,330	2,937,480.00	34.03	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		587,622	192,443	780,065	22,132.00	35.25	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		323,634	0	323,634	5,673.00	57.05	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,651,400	0	1,651,400	11,456.00	144.15	13.00
14.00	Home office and/or related organization salaries and wage-related costs		10,721,692	0	10,721,692	167,710.00	63.93	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		26,829,961	0	26,829,961			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		209,391	0	209,391			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		2,418,284	0	2,418,284			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,876,939	-1,622,072	254,867	8,320.00	30.63	26.00
27.00	Administrative & General	5.00	11,317,957	774,700	12,092,657	300,445.89	40.25	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		819,205	0	819,205	3,982.00	205.73	28.00
29.00	Maintenance & Repairs	6.00	2,162,897	25,897	2,188,794	74,880.00	29.23	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	68,283	933	69,216	4,160.00	16.64	31.00
32.00	Housekeeping	9.00	2,212,655	23,521	2,236,176	145,600.00	15.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,725,503	-594,556	1,130,947	64,480.00	17.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	611,193	611,193	41,600.00	14.69	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,646,770	110,959	2,757,729	54,080.00	50.99	38.00
39.00	Central Services and Supply	14.00	718,268	4,277	722,545	33,280.00	21.71	39.00
40.00	Pharmacy	15.00	4,459,336	33,211	4,492,547	99,840.00	45.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	9,644	9,644	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2017 3:49 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	100,771,535	0	100,771,535	2,941,462.00	34.26	1.00
2.00	Excluded area salaries (see instructions)	587,622	192,443	780,065	22,132.00	35.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,183,913	-192,443	99,991,470	2,919,330.00	34.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,696,726	0	12,696,726	184,839.00	68.69	4.00
5.00	Subtotal wage-related costs (see inst.)	29,248,245	0	29,248,245	0.00	29.25	5.00
6.00	Total (sum of lines 3 thru 5)	142,128,884	-192,443	141,936,441	3,104,169.00	45.72	6.00
7.00	Total overhead cost (see instructions)	28,007,813	-622,293	27,385,520	830,667.89	32.97	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0202

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,196,885	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,197,240	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	194,609	6.00
7.00	Employee Managed Care Program Administration Fees	1,189,098	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	6,612,718	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,877,748	9.00
10.00	Dental, Hearing and Vision Plan	367,736	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	84,600	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)	617,177	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,385,665	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	7,148,292	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	121,621	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	231,411	21.00
22.00	Day Care Cost and Allowances	150,459	22.00
23.00	Tuition Reimbursement	454,702	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,829,961	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0202

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	323,634	26,829,961	1.00
2.00	Hospital	323,634	26,829,961	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 3:49 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.177935	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		31,422,734	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		239,599,768	6.00	
7.00	Medicaid cost (line 1 times line 6)		42,633,185	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)		11,210,451	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
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, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,210,451	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)		19,398,190	2,993,810	22,392,000
21.00	Cost of patients approved for charity care (line 1 times line 20)		3,451,617	532,704	3,984,321
22.00	Partial payment by patients approved for charity care		370,606	315,949	686,555
23.00	Cost of charity care (line 21 minus line 22)		3,081,011	216,755	3,297,766
			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)			24,925,083	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,365,139	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			23,559,944	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,192,139	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,489,905	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,700,356	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	9,051,989	9,051,989	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	7,584,223	7,584,223	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,876,939	19,625,035	21,501,974	-1,630,587	19,871,387	4.00
5.00 00500 ADMINI STRATIVE & GENERAL	11,317,957	76,844,226	88,162,183	-8,839,268	79,322,915	5.00
6.00 00600 MAINTENANCE & REPAIRS	2,162,897	8,869,094	11,031,991	-42,533	10,989,458	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	68,283	847,114	915,397	-15,626	899,771	8.00
9.00 00900 HOUSEKEEPING	2,212,655	1,077,253	3,289,908	11,411	3,301,319	9.00
10.00 01000 DIETARY	1,725,503	2,500,265	4,225,768	-1,521,799	2,703,969	10.00
11.00 01100 CAFETERIA	0	0	0	1,473,988	1,473,988	11.00
13.00 01300 NURSING ADMINISTRATION	2,646,770	887,406	3,534,176	-10,536	3,523,640	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	718,268	444,860	1,163,128	-322,798	840,330	14.00
15.00 01500 PHARMACY	4,459,336	17,268,005	21,727,341	-13,821,691	7,905,650	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	22,415	22,415	-1,549	20,866	16.00
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 02302 PARAMED EDUCATION EMS	265,305	321,817	587,122	-375,715	211,407	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	0	0	0	350,148	350,148	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	29,834,376	7,635,407	37,469,783	-5,574,719	31,895,064	30.00
31.00 03100 INTENSIVE CARE UNIT	5,368,722	3,050,818	8,419,540	-768,127	7,651,413	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,442,003	694,689	2,136,692	1,285,187	3,421,879	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,872,580	24,951,383	32,823,963	-21,803,722	11,020,241	50.00
51.00 05100 RECOVERY ROOM	1,073,890	135,988	1,209,878	-35,536	1,174,342	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,388,700	1,388,700	52.00
53.00 05300 ANESTHESIOLOGY	80,248	995,879	1,076,127	-591,966	484,161	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,273,977	2,077,480	5,351,457	-1,548,206	3,803,251	54.00
56.00 05600 RADIOISOTOPE	901,098	2,535,689	3,436,787	-1,611,751	1,825,036	56.00
56.01 05603 ULTRASOUND	1,201,751	407,616	1,609,367	-290,715	1,318,652	56.01
57.00 05700 CT SCAN	971,148	887,524	1,858,672	-682,715	1,175,957	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	621,275	1,019,758	1,641,033	-920,471	720,562	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,741,690	5,744,924	7,486,614	-5,849,941	1,636,673	59.00
60.00 06000 LABORATORY	0	9,346,997	9,346,997	0	9,346,997	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,037,251	1,037,251	-1,037,251	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,976,238	752,582	2,728,820	-420,407	2,308,413	65.00
65.01 06501 STRESS TEST	581,662	182,402	764,064	-107,645	656,419	65.01
66.00 06600 PHYSICAL THERAPY	3,753,599	966,670	4,720,269	-29,459	4,690,810	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	299,278	59,136	358,414	-19,241	339,173	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	48,695	24,298	72,993	-17,042	55,951	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,019,110	20,019,110	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,664,705	14,664,705	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	13,523,998	13,523,998	73.00
74.00 07400 RENAL DIALYSIS	0	1,008,611	1,008,611	-6,645	1,001,966	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	463,988	82,437	546,425	-27,218	519,207	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,400,446	630,760	2,031,206	-413,593	1,617,613	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	6,962,993	4,840,579	11,803,572	-872,833	10,930,739	91.00
91.20 09101 ACUTE CARE CENTER	2,306,443	1,590,538	3,896,981	-133,987	3,762,994	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,630,013	199,366,906	298,996,919	8,167	299,005,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	322,317	483,791	806,108	-8,167	797,941	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	99,952,330	199,850,697	299,803,027	0	299,803,027	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,705,151	12,757,140	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,863,607	9,447,830	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,365,602	24,236,989	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-36,006,555	43,316,360	5.00
6.00	00600	MAINTENANCE & REPAIRS	-508,714	10,480,744	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,684	893,087	8.00
9.00	00900	HOUSEKEEPING	-25,103	3,276,216	9.00
10.00	01000	DIETARY	-1,029	2,702,940	10.00
11.00	01100	CAFETERIA	-421,243	1,052,745	11.00
13.00	01300	NURSING ADMINISTRATION	-620	3,523,020	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	840,330	14.00
15.00	01500	PHARMACY	-2,837	7,902,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,293	19,573	16.00
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	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-116,461	94,946	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	350,148	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,019,065	30,875,999	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,127,151	6,524,262	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-324,996	3,096,883	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-24,750	10,995,491	50.00
51.00	05100	RECOVERY ROOM	0	1,174,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,388,700	52.00
53.00	05300	ANESTHESIOLOGY	-193,320	290,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-285	3,802,966	54.00
56.00	05600	RADIOISOTOPE	-12	1,825,024	56.00
56.01	05603	ULTRASOUND	0	1,318,652	56.01
57.00	05700	CT SCAN	0	1,175,957	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	720,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	-119,200	1,517,473	59.00
60.00	06000	LABORATORY	-309,155	9,037,842	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-30	2,308,383	65.00
65.01	06501	STRESS TEST	-6,975	649,444	65.01
66.00	06600	PHYSICAL THERAPY	-5,266	4,685,544	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	339,173	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	55,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,019,110	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,664,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,523,998	73.00
74.00	07400	RENAL DIALYSIS	0	1,001,966	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2	519,205	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	1,617,613	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-2,022,111	8,908,628	91.00
91.20	09101	ACUTE CARE CENTER	-514,096	3,248,898	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
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
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,822,593	266,182,493	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	797,941	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-32,822,593	266,980,434	200.00



RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:  
5/25/2017 3:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CLINICAL PASTORAL EDUCATION</b>					
1.00	CLINICAL PASTORAL EDUCATION	23.01	315,107	35,041	1.00
	O		315,107	35,041	
<b>B - EMS RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	125,346	39,405	1.00
	O		125,346	39,405	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,051,989	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,584,223	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	O		0	16,636,212	
<b>D - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,523,998	1.00
	O		0	13,523,998	
<b>E - NURSERY AND LABOR/DELIVERY</b>					
1.00	NURSERY	43.00	1,050,726	415,349	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	995,272	393,428	2.00
	O		2,045,998	808,777	
<b>F - CAFE/DIETARY</b>					
1.00	CAFETERIA	11.00	611,193	862,795	1.00
	O		611,193	862,795	
<b>G - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,683,815	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:  
5/25/2017 3:49 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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		
30.00	0.00	0	0	30.00		
31.00	0.00	0	0	31.00		
32.00	0.00	0	0	32.00		
33.00	0.00	0	0	33.00		
34.00	0.00	0	0	34.00		
0		0	34,683,815			
<b>H - IMPLANT</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,664,705	1.00	
0			0	14,664,705		
<b>I - CARDIAC REHAB</b>						
1.00	CARDIAC REHABILITATION	76.97	8,837	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
0			8,837	0		
<b>J - INCENTIVE PAYMENTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	964,793	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	25,897	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	933	0	3.00	
4.00	HOUSEKEEPING	9.00	23,521	0	4.00	
5.00	DIETARY	10.00	16,637	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	110,959	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	4,277	0	7.00	
8.00	PHARMACY	15.00	33,211	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	9,644	0	9.00	
10.00	PARAMED EDUCATION EMS	23.00	1,283	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	180,679	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	25,955	0	12.00	
13.00	NURSERY	43.00	5,674	0	13.00	
14.00	OPERATING ROOM	50.00	48,684	0	14.00	
15.00	RECOVERY ROOM	51.00	3,926	0	15.00	
16.00	ANESTHESIOLOGY	53.00	972	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	21,380	0	17.00	
18.00	RADIOISOTOPE	56.00	3,071	0	18.00	
19.00	ULTRASOUND	56.01	4,159	0	19.00	
20.00	CT SCAN	57.00	3,966	0	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,255	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	16,568	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	15,494	0	23.00	
24.00	PHYSICAL THERAPY	66.00	14,108	0	24.00	
25.00	STRESS TEST	65.01	2,022	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	2,877	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	1,672	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	1,982	0	28.00	
29.00	CLINIC	90.00	5,948	0	29.00	
30.00	EMERGENCY	91.00	37,614	0	30.00	
31.00	ACUTE CARE CENTER	91.20	30,512	0	31.00	
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,399	0	32.00	
	TOTALS		1,622,072	0		
500.00	Grand Total: Increases		4,728,553	81,254,748	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2017 3:49 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - CLINICAL PASTORAL EDUCATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	315,107	35,041	0	1.00
	O		315,107	35,041		
<b>B - EMS RECLASS</b>						
1.00	PARAMED EDUCATION EMS	23.00	125,346	39,405	0	1.00
	O		125,346	39,405		
<b>C - DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,507	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,618,332	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	65,811	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	518	0	4.00
5.00	HOUSEKEEPING	9.00	0	7,871	0	5.00
6.00	DIETARY	10.00	0	58,244	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	92,780	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	78,397	0	8.00
9.00	PHARMACY	15.00	0	163,916	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,193	0	10.00
11.00	PARAMED EDUCATION EMS	23.00	0	63,791	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	507,401	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	91,882	0	13.00
14.00	NURSERY	43.00	0	60,521	0	14.00
15.00	OPERATING ROOM	50.00	0	1,666,923	0	15.00
16.00	RECOVERY ROOM	51.00	0	6,482	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	1,853	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	807,062	0	18.00
19.00	RADIOISOTOPE	56.00	0	1,047,111	0	19.00
20.00	ULTRASOUND	56.01	0	152,914	0	20.00
21.00	CT SCAN	57.00	0	358,841	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	780,005	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	586,567	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	58,409	0	24.00
25.00	STRESS TEST	65.01	0	75,677	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	16,577	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,499	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,273	0	28.00
30.00	CARDIAC REHABILITATION	76.97	0	26,391	0	30.00
31.00	CLINIC	90.00	0	38,397	0	31.00
32.00	EMERGENCY	91.00	0	113,942	0	32.00
33.00	ACUTE CARE CENTER	91.20	0	31,008	0	33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,117	0	34.00
	O		0	16,636,212		
<b>D - DRUG RECLASS</b>						
1.00	PHARMACY	15.00	0	13,523,998	0	1.00
	O		0	13,523,998		
<b>E - NURSERY AND LABOR/DELIVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,045,998	808,777	0	1.00
2.00		0.00	0	0	0	2.00
	O		2,045,998	808,777		
<b>F - CAFE/DIETARY</b>						
1.00	DIETARY	10.00	611,193	862,795	0	1.00
	O		611,193	862,795		
<b>G - SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,619	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	16,041	0	3.00
4.00	HOUSEKEEPING	9.00	0	4,239	0	4.00
5.00	DIETARY	10.00	0	6,204	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	28,715	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	248,678	0	7.00
8.00	PHARMACY	15.00	0	166,988	0	8.00
9.00	PARAMED EDUCATION EMS	23.00	0	148,456	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,393,222	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	702,200	0	11.00
12.00	NURSERY	43.00	0	126,041	0	12.00
13.00	OPERATING ROOM	50.00	0	20,185,483	0	13.00
14.00	RECOVERY ROOM	51.00	0	32,980	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	591,085	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	762,524	0	16.00
17.00	RADIOISOTOPE	56.00	0	567,711	0	17.00
18.00	ULTRASOUND	56.01	0	141,960	0	18.00
19.00	CT SCAN	57.00	0	327,840	0	19.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:  
5/25/2017 3:49 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	142,721	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	5,278,617	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,037,251	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	377,492	0	23.00
24.00	STRESS TEST	65.01	0	26,810	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	26,990	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	8,619	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,441	0	27.00
28.00	RENAL DIALYSIS	74.00	0	6,645	0	28.00
30.00	CARDIAC REHABILITATION	76.97	0	11,646	0	30.00
31.00	CLINIC	90.00	0	381,144	0	31.00
32.00	EMERGENCY	91.00	0	796,505	0	32.00
33.00	ACUTE CARE CENTER	91.20	0	133,491	0	33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	449	0	34.00
			0	34,683,815		
<b>H - IMPLANT</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,664,705	0	1.00
			0	14,664,705		
<b>I - CARDIAC REHAB</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	332	0	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	1,325	0	0	2.00
3.00	STRESS TEST	65.01	7,180	0	0	3.00
			8,837	0		
<b>J - INCENTIVE PAYMENTS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,622,072	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
	<b>TOTALS</b>		<b>1,622,072</b>	<b>0</b>		
500.00	<b>Grand Total: Decreases</b>		<b>4,728,553</b>	<b>81,254,748</b>		<b>500.00</b>

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	49,200,000	0	0	0	1.00
2.00	Land Improvements	5,732,767	144,334	0	144,334	2.00
3.00	Buildings and Fixtures	222,414,348	5,688,833	0	5,688,833	3.00
4.00	Building Improvements	305,030	566,181	0	566,181	4.00
5.00	Fixed Equipment	68,457,545	4,963,793	0	4,963,793	5.00
6.00	Movable Equipment	29,000	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	346,138,690	11,363,141	0	11,363,141	8.00
9.00	Reconciling Items	7,749,484	-3,234,292	0	-3,234,292	9.00
10.00	Total (line 8 minus line 9)	338,389,206	14,597,433	0	14,597,433	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	49,200,000	0			1.00
2.00	Land Improvements	5,877,101	3,704,678			2.00
3.00	Buildings and Fixtures	228,103,181	28,004,957			3.00
4.00	Building Improvements	871,211	182,720			4.00
5.00	Fixed Equipment	73,213,603	63,559,770			5.00
6.00	Movable Equipment	29,000	65,385			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	357,294,096	95,517,510			8.00
9.00	Reconciling Items	4,515,192	0			9.00
10.00	Total (line 8 minus line 9)	352,778,904	95,517,510			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,810,817	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,447,830	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,258,647	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	12,757,140	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,447,830	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	22,204,970	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW 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	-4,690,888	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-6,412,339	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-421,243	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			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	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,150,386	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	77,655	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	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 MISC INCOME	B	-736,395	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00



Provider CCN: 14-0202  
 Period: From 01/01/2016 To 12/31/2016  
 Worksheet A-8  
 Date/Time Prepared: 5/25/2017 3:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MISC INCOME	B	-309,155	LABORATORY	60.00	0 33.01
33.02	MISC INCOME	B	-85	MEDICAL RECORDS & LIBRARY	16.00	0 33.02
34.00	MISC INCOME	B	-492,195	MAINTENANCE & REPAIRS	6.00	0 34.00
35.00	MISC INCOME	B	-500	NURSING ADMINISTRATION	13.00	0 35.00
36.00	MISC INCOME	B	-2,800	PHARMACY	15.00	0 36.00
37.00	MISC INCOME	B	-1,208	MEDICAL RECORDS & LIBRARY	16.00	0 37.00
37.01	MISC INCOME	B	-116,461	PARAMED EDUCATION EMS	23.00	0 37.01
37.04	MISC INCOME	B	-237,824	EMERGENCY	91.00	0 37.04
37.05	MISC INCOME	B	-382,552	ACUTE CARE CENTER	91.20	0 37.05
38.00	INTERCOMPANY INTEREST	A	-5,561,252	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-14,005,758	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	TELEPHONE	A	-16,519	MAINTENANCE & REPAIRS	6.00	0 40.00
41.00	TV	A	-6,684	LAUNDRY & LINEN SERVICE	8.00	0 41.00
41.01	PHYSICIAN COST	A	-90,924	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	REAL ESTATE TAX	B	-138,368	ADMINISTRATIVE & GENERAL	5.00	0 41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-288,689	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	MISC INCOME	B	-25,825	ADULTS & PEDIATRICS	30.00	0 44.00
45.00	MISC INCOME	B	-24,589	HOUSEKEEPING	9.00	0 45.00
45.01	MISC INCOME	B	-30	RESPIRATORY THERAPY	65.00	0 45.01
45.02	NON ALLOWABLE	A	-2	CARDIAC REHABILITATION	76.97	0 45.02
45.03	NON ALLOWABLE	A	-5,266	PHYSICAL THERAPY	66.00	0 45.03
45.04	MISC INCOME	B	-285	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.11	NON ALLOWABLE	A	-2,012,834	ADMINISTRATIVE & GENERAL	5.00	0 45.11
45.13	NON ALLOWABLE	A	-1,029	DIETARY	10.00	0 45.13
45.14	NON ALLOWABLE	A	-120	NURSING ADMINISTRATION	13.00	0 45.14
45.16	NON ALLOWABLE	A	-37	PHARMACY	15.00	0 45.16
45.17	NON ALLOWABLE	A	-514	HOUSEKEEPING	9.00	0 45.17
45.21	NON ALLOWABLE	A	-10,863	CARDIAC CATHETERIZATION	59.00	0 45.21
45.22	NON ALLOWABLE	A	-3,712	EMERGENCY	91.00	0 45.22
45.25	NON ALLOWABLE	A	-12	RADIOISOTOPE	56.00	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,822,593			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2017 3:49 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	4,365,602	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	608,442	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,785,952	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	10,976,632	24,148,967
5.00	0			17,736,628	24,148,967

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH CARE	100.00	6.00
7.00	B	0.00	ADVOCATE HEALTH CARE	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2017 3:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4,365,602	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	608,442	9		4.00
4.01	1,785,952	9		4.01
4.02	-13,172,335	0		4.02
5.00	-6,412,339			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0202

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2017 3:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	993,240	993,240	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,098,000	1,098,000	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	57,600	0	57,600	154,100	384	3.00
4.00	43.00	NURSERY	324,996	324,996	0	0	0	4.00
5.00	50.00	OPERATING ROOM	24,750	24,750	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	193,320	193,320	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	108,337	108,337	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	65.01	STRESS TEST	6,975	6,975	0	0	0	10.00
11.00	91.00	EMERGENCY	1,314,000	0	1,314,000	171,400	8,832	11.00
12.00	91.00	EMERGENCY	857,048	0	857,048	171,400	1	12.00
13.00	91.00	EMERGENCY	337,400	337,400	0	0	0	13.00
14.00	91.20	ACUTE CARE CENTER	131,544	131,544	0	0	0	14.00
200.00			5,447,210	3,218,562	2,228,648		9,217	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	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	28,449	1,422	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	65.01	STRESS TEST	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	727,791	36,390	0	0	0	11.00
12.00	91.00	EMERGENCY	82	4	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.20	ACUTE CARE CENTER	0	0	0	0	0	14.00
200.00			756,322	37,816	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	0	0	993,240		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,098,000		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	28,449	29,151	29,151		3.00
4.00	43.00	NURSERY	0	0	0	324,996		4.00
5.00	50.00	OPERATING ROOM	0	0	0	24,750		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	193,320		6.00
7.00	0.00		0	0	0	0		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	108,337		8.00
9.00	0.00		0	0	0	0		9.00
10.00	65.01	STRESS TEST	0	0	0	6,975		10.00
11.00	91.00	EMERGENCY	0	727,791	586,209	586,209		11.00
12.00	91.00	EMERGENCY	0	82	856,966	856,966		12.00
13.00	91.00	EMERGENCY	0	0	0	337,400		13.00
14.00	91.20	ACUTE CARE CENTER	0	0	0	131,544		14.00
200.00			0	756,322	1,472,326	4,690,888		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3: 49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	12,757,140	12,757,140				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,447,830		9,447,830			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	24,236,989	24,265	17,971	24,279,225		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	43,316,360	1,091,744	808,536	2,944,913	48,161,553	5.00
6.00 00600 MAINTENANCE & REPAIRS	10,480,744	4,468,348	3,309,220	533,035	18,791,347	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	893,087	22,547	16,698	16,856	949,188	8.00
9.00 00900 HOUSEKEEPING	3,276,216	193,743	143,485	544,574	4,158,018	9.00
10.00 01000 DIETARY	2,702,940	206,220	152,724	275,418	3,337,302	10.00
11.00 01100 CAFETERIA	1,052,745	76,765	56,852	148,843	1,335,205	11.00
13.00 01300 NURSING ADMINISTRATION	3,523,020	106,169	78,628	671,587	4,379,404	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	840,330	122,254	90,540	175,961	1,229,085	14.00
15.00 01500 PHARMACY	7,902,813	89,482	66,270	1,094,065	9,152,630	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	19,573	41,055	30,405	2,349	93,382	16.00
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 02302 PARAMED EDUCATION EMS	94,946	42,842	31,729	34,397	203,914	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	350,148	0	0	76,738	426,886	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	30,875,999	2,765,164	2,047,857	6,811,276	42,500,296	30.00
31.00 03100 INTENSIVE CARE UNIT	6,524,262	216,531	160,361	1,313,760	8,214,914	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,096,883	13,439	9,953	608,434	3,728,709	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	10,995,491	628,832	465,708	1,929,058	14,019,089	50.00
51.00 05100 RECOVERY ROOM	1,174,342	59,219	43,857	262,479	1,539,897	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,388,700	143,134	106,004	242,378	1,880,216	52.00
53.00 05300 ANESTHESIOLOGY	290,841	4,142	3,067	19,779	317,829	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,802,966	355,248	263,093	802,515	5,223,822	54.00
56.00 05600 RADIOLOGY	1,825,024	34,129	25,276	220,191	2,104,620	56.00
56.01 05603 ULTRASOUND	1,318,652	13,026	9,647	293,674	1,634,999	56.01
57.00 05700 CT SCAN	1,175,957	16,704	12,371	237,469	1,442,501	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	720,562	41,192	30,507	151,848	944,109	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,517,473	317,252	234,954	427,864	2,497,543	59.00
60.00 06000 LABORATORY	9,037,842	107,544	79,646	0	9,225,032	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	23,303	17,258	0	40,561	63.00
65.00 06500 RESPIRATORY THERAPY	2,308,383	65,183	48,274	485,045	2,906,885	65.00
65.01 06501 STRESS TEST	649,444	4,210	3,118	140,395	797,167	65.01
66.00 06600 PHYSICAL THERAPY	4,685,544	147,877	109,516	917,546	5,860,483	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	339,173	10,998	8,145	73,584	431,900	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	55,951	82,368	61,001	12,266	211,586	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,019,110	0	0	0	20,019,110	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,664,705	0	0	0	14,664,705	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,523,998	0	0	0	13,523,998	73.00
74.00 07400 RENAL DIALYSIS	1,001,966	54,442	40,319	0	1,096,727	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	519,205	220,414	163,237	115,629	1,018,485	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,617,613	131,688	97,527	342,498	2,189,326	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	8,908,628	768,271	568,975	1,704,851	11,950,725	91.00
91.20 09101 ACUTE CARE CENTER	3,248,898	0	0	569,116	3,818,014	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	266,182,493	12,709,744	9,412,729	24,200,391	266,021,162	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	797,941	47,396	35,101	78,834	959,272	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	266,980,434	12,757,140	9,447,830	24,279,225	266,980,434	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 3:49 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	6.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL	48,161,553				5.00
6.00	00600	MAINTENANCE & REPAIRS	4,135,938	22,927,285			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	208,914	72,069	1,230,171		8.00
9.00	00900	HOUSEKEEPING	915,171	619,287	0	5,692,476	9.00
10.00	01000	DIETARY	734,533	659,166	0	168,749	4,899,750
11.00	01100	CAFETERIA	293,876	245,375	0	62,817	0
13.00	01300	NURSING ADMINISTRATION	963,898	339,361	0	86,878	0
14.00	01400	CENTRAL SERVICES & SUPPLY	270,519	390,776	0	100,040	0
15.00	01500	PHARMACY	2,014,476	286,023	0	73,223	0
16.00	01600	MEDICAL RECORDS & LIBRARY	20,553	131,229	0	33,595	0
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	44,881	136,942	0	35,058	0
23.01	02301	CLINICAL PASTORAL EDUCATION	93,957	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,354,185	8,838,649	1,077,569	2,262,723	4,291,939
31.00	03100	INTENSIVE CARE UNIT	1,808,086	692,125	87,893	177,186	350,078
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	820,681	42,956	64,709	10,997	257,733
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,085,573	2,010,018	0	514,572	0
51.00	05100	RECOVERY ROOM	338,928	189,291	0	48,459	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,832	457,516	0	117,126	0
53.00	05300	ANESTHESIOLOGY	69,954	13,238	0	3,389	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,149,753	1,135,524	0	290,698	0
56.00	05600	RADIOISOTOPE	463,223	109,092	0	27,928	0
56.01	05603	ULTRASOUND	359,860	41,637	0	10,659	0
57.00	05700	CT SCAN	317,492	53,392	0	13,669	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	207,797	131,668	0	33,708	0
59.00	05900	CARDIAC CATHETERIZATION	549,704	1,014,072	0	259,606	0
60.00	06000	LABORATORY	2,030,411	343,755	0	88,003	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,927	74,486	0	19,069	0
65.00	06500	RESPIRATORY THERAPY	639,800	208,351	0	53,339	0
65.01	06501	STRESS TEST	175,455	13,458	0	3,445	0
66.00	06600	PHYSICAL THERAPY	1,289,881	472,677	0	121,007	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	95,060	35,156	0	9,000	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	46,570	263,282	0	67,401	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,406,166	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,227,672	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,976,605	0	0	0	0
74.00	07400	RENAL DIALYSIS	241,387	174,020	0	44,550	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	224,167	704,539	0	180,364	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	481,866	420,933	0	107,760	0
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	2,630,331	2,455,724	0	628,674	0
91.20	09101	ACUTE CARE CENTER	840,337	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,950,419	22,775,787	1,230,171	5,653,692	4,899,750 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	211,134	151,498	0	38,784	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	48,161,553	22,927,285	1,230,171	5,692,476	4,899,750 202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,937,273					11.00
13.00	01300	NURSING ADMINISTRATION	65,659	5,835,200				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,203	24	2,007,647			14.00
15.00	01500	PHARMACY	106,963	0	9,674	11,642,989		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	230	60	0	0	279,049	16.00
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	02302	PARAMED EDUCATION EMS	3,363	3,629	8,600	28,207	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	7,502	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	665,887	3,188,044	132,010	254,717	42,497	30.00
31.00	03100	INTENSIVE CARE UNIT	128,442	563,469	40,678	46,530	5,077	31.00
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	59,484	211,972	7,302	1,825	3,607	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	188,597	553,148	1,169,337	149,139	34,305	50.00
51.00	05100	RECOVERY ROOM	25,662	119,343	1,911	6,930	4,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,696	0	8,399	0	1,153	52.00
53.00	05300	ANESTHESIOLOGY	1,934	0	34,242	137,610	4,212	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,459	44,336	44,173	15,465	9,013	54.00
56.00	05600	RADIOISOTOPE	21,527	593	32,887	3,694	5,886	56.00
56.01	05603	ULTRASOUND	28,712	0	8,224	1,978	5,101	56.01
57.00	05700	CT SCAN	23,216	0	18,992	22,489	20,961	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,846	0	8,268	7,280	6,178	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,831	101,764	305,790	14,889	9,974	59.00
60.00	06000	LABORATORY	0	0	0	0	22,391	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	60,088	0	1,800	63.00
65.00	06500	RESPIRATORY THERAPY	47,421	0	21,868	16,100	5,723	65.00
65.01	06501	STRESS TEST	13,726	17,092	1,553	6,430	4,693	65.01
66.00	06600	PHYSICAL THERAPY	89,705	0	1,564	213	5,110	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	7,194	0	499	0	1,363	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,199	0	141	0	111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,315	0	9,543	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,091	0	12,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,550,848	32,795	73.00
74.00	07400	RENAL DIALYSIS	0	0	385	2,536	974	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,305	21,992	675	35	565	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,485	85,196	22,080	34,422	2,215	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	166,677	750,149	46,142	290,180	23,954	91.00
91.20	09101	ACUTE CARE CENTER	55,641	174,389	7,733	51,472	2,546	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,929,566	5,835,200	2,007,621	11,642,989	279,049	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,707	0	26	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	1,937,273	5,835,200	2,007,647	11,642,989	279,049	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description	INTERNS & RESIDENTS					PARAMED EDUCATION EMS
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW 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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
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			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02302 PARAMED EDUCATION EMS					464,594	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION						23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	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
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
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
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
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 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	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
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
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
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	464,594	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	464,594	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
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	0	0	464,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
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	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	528,345				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	528,345	73,136,861	0	73,136,861	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,114,478	0	12,114,478	31.00
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	5,209,975	0	5,209,975	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	21,723,778	0	21,723,778	50.00
51.00	05100	RECOVERY ROOM	0	2,275,005	0	2,275,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,901,938	0	2,901,938	52.00
53.00	05300	ANESTHESIOLOGY	0	582,408	0	582,408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,991,243	0	7,991,243	54.00
56.00	05600	RADIOISOTOPE	0	2,769,450	0	2,769,450	56.00
56.01	05603	ULTRASOUND	0	2,091,170	0	2,091,170	56.01
57.00	05700	CT SCAN	0	1,912,712	0	1,912,712	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,353,854	0	1,353,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,795,173	0	4,795,173	59.00
60.00	06000	LABORATORY	0	11,709,592	0	11,709,592	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	204,931	0	204,931	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,899,487	0	3,899,487	65.00
65.01	06501	STRESS TEST	0	1,033,019	0	1,033,019	65.01
66.00	06600	PHYSICAL THERAPY	0	7,840,640	0	7,840,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	580,172	0	580,172	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	590,290	0	590,290	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,443,134	0	24,443,134	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,911,186	0	17,911,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,084,246	0	27,084,246	73.00
74.00	07400	RENAL DIALYSIS	0	1,560,579	0	1,560,579	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,162,127	0	2,162,127	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,377,283	0	3,377,283	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	19,407,150	0	19,407,150	91.00
91.20	09101	ACUTE CARE CENTER	0	4,950,132	0	4,950,132	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
99.30	09930	OOT	0	0	0	0		99.30
99.40	09940	OSP	0	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
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
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	528,345	265,612,013	0	265,612,013		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,368,421	0	1,368,421		190.00
194.00	07950	FUNDRAISING	0	0	0	0		194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0		194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0		194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0		194.03
194.04	07954	HOME PHARMACY	0	0	0	0		194.04
194.05	07955	HOSPICE	0	0	0	0		194.05
194.06	07956	NEIL MRI	0	0	0	0		194.06
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	528,345	266,980,434	0	266,980,434		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	24,265	17,971	42,236	42,236 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,091,744	808,536	1,900,280	5,127 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	4,468,348	3,309,220	7,777,568	928 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,547	16,698	39,245	29 8.00
9.00 00900	HOUSEKEEPING	0	193,743	143,485	337,228	948 9.00
10.00 01000	DIETARY	0	206,220	152,724	358,944	480 10.00
11.00 01100	CAFETERIA	0	76,765	56,852	133,617	259 11.00
13.00 01300	NURSING ADMINISTRATION	0	106,169	78,628	184,797	1,169 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	122,254	90,540	212,794	306 14.00
15.00 01500	PHARMACY	0	89,482	66,270	155,752	1,905 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	41,055	30,405	71,460	4 16.00
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 02302	PARAMED EDUCATION EMS	0	42,842	31,729	74,571	60 23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	134 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,765,164	2,047,857	4,813,021	11,828 30.00
31.00 03100	INTENSIVE CARE UNIT	0	216,531	160,361	376,892	2,287 31.00
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	13,439	9,953	23,392	1,059 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	628,832	465,708	1,094,540	3,359 50.00
51.00 05100	RECOVERY ROOM	0	59,219	43,857	103,076	457 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	143,134	106,004	249,138	422 52.00
53.00 05300	ANESTHESIOLOGY	0	4,142	3,067	7,209	34 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	355,248	263,093	618,341	1,397 54.00
56.00 05600	RADIOISOTOPE	0	34,129	25,276	59,405	383 56.00
56.01 05603	ULTRASOUND	0	13,026	9,647	22,673	511 56.01
57.00 05700	CT SCAN	0	16,704	12,371	29,075	413 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,192	30,507	71,699	264 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	317,252	234,954	552,206	745 59.00
60.00 06000	LABORATORY	0	107,544	79,646	187,190	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	23,303	17,258	40,561	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	65,183	48,274	113,457	844 65.00
65.01 06501	STRESS TEST	0	4,210	3,118	7,328	244 65.01
66.00 06600	PHYSICAL THERAPY	0	147,877	109,516	257,393	1,598 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	10,998	8,145	19,143	128 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	82,368	61,001	143,369	21 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	54,442	40,319	94,761	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	220,414	163,237	383,651	201 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	131,688	97,527	229,215	596 90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	768,271	568,975	1,337,246	2,968 91.00
91.20 09101	ACUTE CARE CENTER	0	0	0	0	991 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

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Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12,709,744	9,412,729	22,122,473	42,099	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,396	35,101	82,497	137	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	12,757,140	9,447,830	22,204,970	42,236	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:49 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	6.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL	1,905,407				5.00
6.00	00600	MAINTENANCE & REPAIRS	163,635	7,942,131			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,266	24,965	72,505		8.00
9.00	00900	HOUSEKEEPING	36,208	214,524	0	588,908	9.00
10.00	01000	DIETARY	29,061	228,339	0	17,458	634,282
11.00	01100	CAFETERIA	11,627	84,999	0	6,499	0
13.00	01300	NURSING ADMINISTRATION	38,136	117,556	0	8,988	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,703	135,367	0	10,350	0
15.00	01500	PHARMACY	79,701	99,080	0	7,575	0
16.00	01600	MEDICAL RECORDS & LIBRARY	813	45,458	0	3,476	0
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	1,776	47,437	0	3,627	0
23.01	02301	CLINICAL PASTORAL EDUCATION	3,717	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	370,026	3,061,755	63,511	234,086	555,600
31.00	03100	INTENSIVE CARE UNIT	71,535	239,756	5,180	18,331	45,318
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	32,470	14,880	3,814	1,138	33,364
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	122,078	696,281	0	53,234	0
51.00	05100	RECOVERY ROOM	13,409	65,571	0	5,013	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,373	158,486	0	12,117	0
53.00	05300	ANESTHESIOLOGY	2,768	4,586	0	351	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,489	393,351	0	30,074	0
56.00	05600	RADIOISOTOPE	18,327	37,790	0	2,889	0
56.01	05603	ULTRASOUND	14,238	14,423	0	1,103	0
57.00	05700	CT SCAN	12,561	18,495	0	1,414	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,221	45,611	0	3,487	0
59.00	05900	CARDIAC CATHETERIZATION	21,749	351,280	0	26,857	0
60.00	06000	LABORATORY	80,332	119,079	0	9,104	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	353	25,802	0	1,973	0
65.00	06500	RESPIRATORY THERAPY	25,313	72,174	0	5,518	0
65.01	06501	STRESS TEST	6,942	4,662	0	356	0
66.00	06600	PHYSICAL THERAPY	51,033	163,738	0	12,519	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,761	12,178	0	931	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,842	91,202	0	6,973	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	174,326	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	127,700	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	117,767	0	0	0	0
74.00	07400	RENAL DIALYSIS	9,550	60,281	0	4,609	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	8,869	244,056	0	18,659	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	19,065	145,813	0	11,148	0
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIpsy	0	0	0	0	0
91.00	09100	EMERGENCY	104,067	850,676	0	65,039	0
91.20	09101	ACUTE CARE CENTER	33,247	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,897,054	7,889,651	72,505	584,896	634,282 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,353	52,480	0	4,012	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,905,407	7,942,131	72,505	588,908	634,282 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	237,001					11.00
13.00	01300	NURSING ADMINISTRATION	8,033	358,679				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,105	1	371,626			14.00
15.00	01500	PHARMACY	13,087	0	1,791	358,891		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28	4	0	0	121,243	16.00
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	02302	PARAMED EDUCATION EMS	411	223	1,592	869	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	918	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,447	195,964	24,435	7,852	18,777	30.00
31.00	03100	INTENSIVE CARE UNIT	15,715	34,635	7,530	1,434	2,199	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,278	13,030	1,352	56	1,562	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,075	34,001	216,454	4,597	14,860	50.00
51.00	05100	RECOVERY ROOM	3,140	7,336	354	214	1,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,899	0	1,555	0	500	52.00
53.00	05300	ANESTHESIOLOGY	237	0	6,338	4,242	1,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,599	2,725	8,177	477	3,904	54.00
56.00	05600	RADIOISOTOPE	2,634	36	6,088	114	2,550	56.00
56.01	05603	ULTRASOUND	3,513	0	1,522	61	2,209	56.01
57.00	05700	CT SCAN	2,841	0	3,515	693	9,080	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,816	0	1,530	224	2,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,118	6,255	56,603	459	4,320	59.00
60.00	06000	LABORATORY	0	0	0	0	9,699	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	11,122	0	780	63.00
65.00	06500	RESPIRATORY THERAPY	5,802	0	4,048	496	2,479	65.00
65.01	06501	STRESS TEST	1,679	1,051	287	198	2,033	65.01
66.00	06600	PHYSICAL THERAPY	10,975	0	289	7	2,213	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	880	0	92	0	590	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	147	0	26	0	48	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,539	0	4,134	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,127	0	5,509	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	325,226	14,205	73.00
74.00	07400	RENAL DIALYSIS	0	0	71	78	422	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,383	1,352	125	1	245	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,097	5,237	4,087	1,061	959	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,393	46,110	8,541	8,945	10,376	91.00
91.20	09101	ACUTE CARE CENTER	6,808	10,719	1,431	1,587	1,103	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	236,058	358,679	371,621	358,891	121,243	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	5	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	237,001	358,679	371,626	358,891	121,243	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
	19.00	20.00	SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW 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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
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			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02302	PARAMED EDUCATION EMS					23.00
23.01 02301	CLINICAL PASTORAL EDUCATION					23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
41.00 04100	SUBPROVIDER - IRF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
45.00 04500	NURSING FACILITY					45.00
45.01 04510	ICF/MR					45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
56.00 05600	RADIOISOTOPE					56.00
56.01 05603	ULTRASOUND					56.01
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	LABORATORY					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 06501	STRESS TEST					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
69.01 06901	ECHOCARDIOGRAM					69.01
69.02 06902	CARDIOLOGY					69.02
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT					71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.02 07501	OUTPATIENT SURGERY					75.02
76.00 03290	ELECTROMYOGRAPHY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001	ADDICTION RECOVERY CLINIC					90.01
90.03 09002	LITHOTRIPSY					90.03
91.00 09100	EMERGENCY					91.00
91.20 09101	ACUTE CARE CENTER					91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF					99.10
99.20 09920	OPT					99.20
99.30 09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	130,566	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	130,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center	Description	CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
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	02302	PARAMED EDUCATION EMS				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	4,769			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	9,438,302	0	9,438,302	30.00
31.00	03100	INTENSIVE CARE UNIT	820,812	0	820,812	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	133,395	0	133,395	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,262,479	0	2,262,479	50.00
51.00	05100	RECOVERY ROOM	200,556	0	200,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,490	0	441,490	52.00
53.00	05300	ANESTHESIOLOGY	27,590	0	27,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,113,534	0	1,113,534	54.00
56.00	05600	RADIOISOTOPE	130,216	0	130,216	56.00
56.01	05603	ULTRASOUND	60,253	0	60,253	56.01
57.00	05700	CT SCAN	78,087	0	78,087	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	135,528	0	135,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,025,592	0	1,025,592	59.00
60.00	06000	LABORATORY	405,404	0	405,404	60.00
60.01	06001	LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,591	0	80,591	63.00
65.00	06500	RESPIRATORY THERAPY	230,131	0	230,131	65.00
65.01	06501	STRESS TEST	24,780	0	24,780	65.01
66.00	06600	PHYSICAL THERAPY	499,765	0	499,765	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	37,703	0	37,703	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	243,628	0	243,628	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,999	0	179,999	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	134,336	0	134,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,198	0	457,198	73.00
74.00	07400	RENAL DIALYSIS	169,772	0	169,772	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	658,542	0	658,542	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	421,278	0	421,278	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	90.03
91.00	09100	EMERGENCY	2,454,361	0	2,454,361	91.00
91.20	09101	ACUTE CARE CENTER	55,886	0	55,886	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OPT	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT		0	0	0	99.30
99.40	09940	OSP		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,921,208	0	21,921,208	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		148,427	0	148,427	190.00
194.00	07950	FUNDRAISING		0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	HOME PHARMACY		0	0	0	194.04
194.05	07955	HOSPICE		0	0	0	194.05
194.06	07956	NEIL MRI		0	0	0	194.06
200.00		Cross Foot Adjustments	4,769	135,335	0	135,335	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,769	22,204,970	0	22,204,970	202.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	742,343				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		742,343			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,412	1,412	99,697,463		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	63,529	63,529	12,092,657	-48,161,553	5.00
6.00 00600	MAINTENANCE & REPAIRS	260,015	260,015	2,188,794	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,312	1,312	69,216	0	8.00
9.00 00900	HOUSEKEEPING	11,274	11,274	2,236,176	0	9.00
10.00 01000	DIETARY	12,000	12,000	1,130,947	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	611,193	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,178	6,178	2,757,729	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,114	7,114	722,545	0	14.00
15.00 01500	PHARMACY	5,207	5,207	4,492,547	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,389	2,389	9,644	0	16.00
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	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	2,493	2,493	141,242	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	315,107	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	160,906	160,906	27,969,057	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,600	12,600	5,394,677	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	782	782	2,498,403	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,592	36,592	7,921,264	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	1,077,816	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	995,272	0	52.00
53.00 05300	ANESTHESIOLOGY	241	241	81,220	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,672	20,672	3,295,357	0	54.00
56.00 05600	RADIOISOTOPE	1,986	1,986	904,169	0	56.00
56.01 05603	ULTRASOUND	758	758	1,205,910	0	56.01
57.00 05700	CT SCAN	972	972	975,114	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	623,530	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	18,461	18,461	1,756,933	0	59.00
60.00 06000	LABORATORY	6,258	6,258	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,793	3,793	1,991,732	0	65.00
65.01 06501	STRESS TEST	245	245	576,504	0	65.01
66.00 06600	PHYSICAL THERAPY	8,605	8,605	3,767,707	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	640	640	302,155	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	4,793	4,793	50,367	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,826	12,826	474,807	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	7,663	7,663	1,406,394	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	44,706	44,706	7,000,607	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	2,336,955	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	739,585	739,585	99,373,747	-48,161,553	217,859,609
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	2,758	323,716	0	959,272
194.00 07950	FUNDRAISING	0	0	0	0	0
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0
194.04 07954	HOME PHARMACY	0	0	0	0	0
194.05 07955	HOSPICE	0	0	0	0	0
194.06 07956	NEIL MRI	0	0	0	0	0
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)	12,757,140	9,447,830	24,279,225		48,161,553
203.00	Unit cost multiplier (Wkst. B, Part I)	17.184967	12.727041	0.243529		0.220098
204.00	Cost to be allocated (per Wkst. B, Part II)			42,236		1,905,407
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000424		0.008708

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	417,387				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	69,561			8.00
9.00	00900	HOUSEKEEPING	11,274	0	404,801		9.00
10.00	01000	DIETARY	12,000	0	12,000	69,561	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	81,368,480
13.00	01300	NURSING ADMINISTRATION	6,178	0	6,178	0	2,757,729
14.00	01400	CENTRAL SERVICES & SUPPLY	7,114	0	7,114	0	722,545
15.00	01500	PHARMACY	5,207	0	5,207	0	4,492,547
16.00	01600	MEDICAL RECORDS & LIBRARY	2,389	0	2,389	0	9,644
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	2,493	0	2,493	0	141,242
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	315,107
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	160,906	60,932	160,906	60,932	27,969,057
31.00	03100	INTENSIVE CARE UNIT	12,600	4,970	12,600	4,970	5,394,677
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	782	3,659	782	3,659	2,498,403
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,592	0	36,592	0	7,921,264
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	1,077,816
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	0	8,329	0	995,272
53.00	05300	ANESTHESIOLOGY	241	0	241	0	81,220
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,672	0	20,672	0	3,295,357
56.00	05600	RADIOISOTOPE	1,986	0	1,986	0	904,169
56.01	05603	ULTRASOUND	758	0	758	0	1,205,910
57.00	05700	CT SCAN	972	0	972	0	975,114
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	0	2,397	0	623,530
59.00	05900	CARDIAC CATHETERIZATION	18,461	0	18,461	0	1,756,933
60.00	06000	LABORATORY	6,258	0	6,258	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	3,793	0	3,793	0	1,991,732
65.01	06501	STRESS TEST	245	0	245	0	576,504
66.00	06600	PHYSICAL THERAPY	8,605	0	8,605	0	3,767,707
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	640	0	640	0	302,155
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,793	0	4,793	0	50,367
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,826	0	12,826	0	474,807
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,663	0	7,663	0	1,406,394
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	44,706	0	44,706	0	7,000,607
91.20	09101	ACUTE CARE CENTER	0	0	0	0	2,336,955
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

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Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
99.40	09940 OSP	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	414,629	69,561	402,043	69,561	81,044,764	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,758	0	2,758	0	323,716	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEILMRI	0	0	0	0	0	194.06
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)	22,927,285	1,230,171	5,692,476	4,899,750	1,937,273	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	54.930520	17.684780	14.062406	70.438177	0.023809	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,942,131	72,505	588,908	634,282	237,001	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	19.028218	1.042323	1.454809	9.118357	0.002913	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,937,485					13.00
14.00	01400	8	34,656,534				14.00
15.00	01500	0	166,988	16,264,554			15.00
16.00	01600	20	0	0	1,492,750,649		16.00
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	0	0	0	0	0	22.00
23.00	02302	1,205	148,456	39,404	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,058,539	2,278,781	355,824	227,757,113	0	30.00
31.00	03100	187,091	702,200	65,000	27,148,642	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	70,382	126,041	2,549	19,289,223	0	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	183,664	20,185,483	208,338	183,451,650	0	50.00
51.00	05100	39,626	32,980	9,681	24,515,676	0	51.00
52.00	05200	0	144,986	0	6,167,125	0	52.00
53.00	05300	0	591,085	192,233	22,526,539	0	53.00
54.00	05400	14,721	762,524	21,604	48,198,484	0	54.00
56.00	05600	197	567,711	5,160	31,477,318	0	56.00
56.01	05603	0	141,960	2,763	27,277,114	0	56.01
57.00	05700	0	327,840	31,416	112,093,083	0	57.00
58.00	05800	0	142,721	10,170	33,038,921	0	58.00
59.00	05900	33,789	5,278,617	20,799	53,334,525	0	59.00
60.00	06000	0	0	0	119,736,677	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,037,251	0	9,628,191	0	63.00
65.00	06500	0	377,492	22,491	30,602,488	0	65.00
65.01	06501	5,675	26,810	8,982	25,094,700	0	65.01
66.00	06600	0	26,990	297	27,326,751	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	8,619	0	7,286,788	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	0	2,441	0	596,246	0	70.00
71.00	07100	0	143,534	0	51,031,134	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	105,144	0	68,012,020	0	72.00
73.00	07300	0	0	14,738,898	175,374,615	0	73.00
74.00	07400	0	6,645	3,542	5,206,088	0	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	7,302	11,646	49	3,022,145	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	28,288	381,144	48,086	11,845,477	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	249,075	796,505	405,364	128,098,131	0	91.00
91.20	09101	57,903	133,491	71,904	13,613,785	0	91.20
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

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Cost Center Description			NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,937,485	34,656,085	16,264,554	1,492,750,649	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	449	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,835,200	2,007,647	11,642,989	279,049	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.011739	0.057930	0.715850	0.000187	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	358,679	371,626	358,891	121,243	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.185126	0.010723	0.022066	0.000081	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW 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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02302	PARAMED EDUCATION EMS				100	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION					100 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	100 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
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
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
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
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05603	ULTRASOUND	0	0	0	0	0 56.01
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	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 06501	STRESS TEST	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
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
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
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	0	0	100	0 91.00
91.20 09101	ACUTE CARE CENTER	0	0	0	0	0 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	464,594	528,345 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,645.940000	5,283.450000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	130,566	4,769 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1,305.660000	47.690000 205.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	73,136,861	73,136,861	0	73,136,861	30.00
31.00	03100 INTENSIVE CARE UNIT	12,114,478	12,114,478	29,151	12,143,629	31.00
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	5,209,975	5,209,975	0	5,209,975	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	21,723,778	21,723,778	0	21,723,778	50.00
51.00	05100 RECOVERY ROOM	2,275,005	2,275,005	0	2,275,005	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,901,938	2,901,938	0	2,901,938	52.00
53.00	05300 ANESTHESIOLOGY	582,408	582,408	0	582,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,991,243	7,991,243	0	7,991,243	54.00
56.00	05600 RADIOISOTOPE	2,769,450	2,769,450	0	2,769,450	56.00
56.01	05603 ULTRASOUND	2,091,170	2,091,170	0	2,091,170	56.01
57.00	05700 CT SCAN	1,912,712	1,912,712	0	1,912,712	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,353,854	1,353,854	0	1,353,854	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,795,173	4,795,173	0	4,795,173	59.00
60.00	06000 LABORATORY	11,709,592	11,709,592	0	11,709,592	60.00
60.01	06001 LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	204,931	204,931	0	204,931	63.00
65.00	06500 RESPIRATORY THERAPY	3,899,487	3,899,487	0	3,899,487	65.00
65.01	06501 STRESS TEST	1,033,019	1,033,019	0	1,033,019	65.01
66.00	06600 PHYSICAL THERAPY	7,840,640	7,840,640	0	7,840,640	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	580,172	580,172	0	580,172	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	590,290	590,290	0	590,290	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,443,134	24,443,134	0	24,443,134	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,911,186	17,911,186	0	17,911,186	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,084,246	27,084,246	0	27,084,246	73.00
74.00	07400 RENAL DIALYSIS	1,560,579	1,560,579	0	1,560,579	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,162,127	2,162,127	0	2,162,127	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	3,377,283	3,377,283	0	3,377,283	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03
91.00	09100 EMERGENCY	19,407,150	19,407,150	1,443,175	20,850,325	91.00
91.20	09101 ACUTE CARE CENTER	4,950,132	4,950,132	0	4,950,132	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,633,712	6,633,712	0	6,633,712	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	272,245,725	272,245,725	1,472,326	273,718,051	200.00
201.00	Less Observation Beds	6,633,712	6,633,712	0	6,633,712	201.00
202.00	Total (see instructions)	265,612,013	265,612,013	1,472,326	267,084,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	199,870,159		199,870,159		30.00
31.00	03100	INTENSIVE CARE UNIT	27,148,642		27,148,642		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,289,223		19,289,223		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,770,009	102,681,641	183,451,650	0.118417	50.00
51.00	05100	RECOVERY ROOM	9,992,490	14,523,186	24,515,676	0.092798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,167,125	0	6,167,125	0.470550	52.00
53.00	05300	ANESTHESIOLOGY	10,603,847	11,922,692	22,526,539	0.025854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,449,140	33,749,344	48,198,484	0.165799	54.00
56.00	05600	RADIO SOTOPE	5,073,375	26,403,943	31,477,318	0.087982	56.00
56.01	05603	ULTRASOUND	5,394,180	21,882,934	27,277,114	0.076664	56.01
57.00	05700	CT SCAN	36,657,080	75,436,003	112,093,083	0.017064	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,995,861	23,043,060	33,038,921	0.040978	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,033,461	25,301,064	53,334,525	0.089907	59.00
60.00	06000	LABORATORY	66,534,693	53,201,984	119,736,677	0.097795	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,652,832	1,975,359	9,628,191	0.021284	63.00
65.00	06500	RESPIRATORY THERAPY	28,261,723	2,340,765	30,602,488	0.127424	65.00
65.01	06501	STRESS TEST	11,977,537	13,117,163	25,094,700	0.041165	65.01
66.00	06600	PHYSICAL THERAPY	8,086,823	19,239,928	27,326,751	0.286922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,289,756	3,997,032	7,286,788	0.079620	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	253,399	342,847	596,246	0.990011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,674,798	19,356,336	51,031,134	0.478985	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,268,506	18,743,514	68,012,020	0.263353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,908,367	67,466,248	175,374,615	0.154437	73.00
74.00	07400	RENAL DIALYSIS	5,206,088	0	5,206,088	0.299760	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	121,302	2,900,843	3,022,145	0.715428	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	74,569	11,770,908	11,845,477	0.285112	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	35,325,078	92,773,053	128,098,131	0.151502	91.00
91.20	09101	ACUTE CARE CENTER	51,008	13,562,777	13,613,785	0.363612	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,008,243	19,878,711	27,886,954	0.237879	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	817,139,314	675,611,335	1,492,750,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	817,139,314	675,611,335	1,492,750,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:49 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.118417		50.00
51.00	05100	RECOVERY ROOM	0.092798		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470550		52.00
53.00	05300	ANESTHESIOLOGY	0.025854		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165799		54.00
56.00	05600	RADIOISOTOPE	0.087982		56.00
56.01	05603	ULTRASOUND	0.076664		56.01
57.00	05700	CT SCAN	0.017064		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040978		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089907		59.00
60.00	06000	LABORATORY	0.097795		60.00
60.01	06001	LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021284		63.00
65.00	06500	RESPIRATORY THERAPY	0.127424		65.00
65.01	06501	STRESS TEST	0.041165		65.01
66.00	06600	PHYSICAL THERAPY	0.286922		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.079620		69.00
69.01	06901	ECHOCARDIOGRAM	0.000000		69.01
69.02	06902	CARDIOLOGY	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.990011		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.478985		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.263353		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154437		73.00
74.00	07400	RENAL DIALYSIS	0.299760		74.00
75.02	07501	OUTPATIENT SURGERY	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.715428		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.285112		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002	LITHOTRIPSY	0.000000		90.03
91.00	09100	EMERGENCY	0.162768		91.00
91.20	09101	ACUTE CARE CENTER	0.363612		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237879		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	73,136,861		73,136,861	0	73,136,861	30.00
31.00	03100 INTENSIVE CARE UNIT	12,114,478		12,114,478	29,151	12,143,629	31.00
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	5,209,975		5,209,975	0	5,209,975	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	21,723,778		21,723,778	0	21,723,778	50.00
51.00	05100 RECOVERY ROOM	2,275,005		2,275,005	0	2,275,005	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,901,938		2,901,938	0	2,901,938	52.00
53.00	05300 ANESTHESIOLOGY	582,408		582,408	0	582,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,991,243		7,991,243	0	7,991,243	54.00
56.00	05600 RADIOISOTOPE	2,769,450		2,769,450	0	2,769,450	56.00
56.01	05603 ULTRASOUND	2,091,170		2,091,170	0	2,091,170	56.01
57.00	05700 CT SCAN	1,912,712		1,912,712	0	1,912,712	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,353,854		1,353,854	0	1,353,854	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,795,173		4,795,173	0	4,795,173	59.00
60.00	06000 LABORATORY	11,709,592		11,709,592	0	11,709,592	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	204,931		204,931	0	204,931	63.00
65.00	06500 RESPIRATORY THERAPY	3,899,487	0	3,899,487	0	3,899,487	65.00
65.01	06501 STRESS TEST	1,033,019	0	1,033,019	0	1,033,019	65.01
66.00	06600 PHYSICAL THERAPY	7,840,640	0	7,840,640	0	7,840,640	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	580,172		580,172	0	580,172	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	590,290		590,290	0	590,290	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,443,134		24,443,134	0	24,443,134	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,911,186		17,911,186	0	17,911,186	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,084,246		27,084,246	0	27,084,246	73.00
74.00	07400 RENAL DIALYSIS	1,560,579		1,560,579	0	1,560,579	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,162,127		2,162,127	0	2,162,127	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,377,283		3,377,283	0	3,377,283	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	19,407,150		19,407,150	1,443,175	20,850,325	91.00
91.20	09101 ACUTE CARE CENTER	4,950,132		4,950,132	0	4,950,132	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,633,712		6,633,712	0	6,633,712	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	272,245,725	0	272,245,725	1,472,326	273,718,051	200.00
201.00	Less Observation Beds	6,633,712		6,633,712	0	6,633,712	201.00
202.00	Total (see instructions)	265,612,013	0	265,612,013	1,472,326	267,084,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	199,870,159		199,870,159		30.00
31.00	03100	INTENSIVE CARE UNIT	27,148,642		27,148,642		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,289,223		19,289,223		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,770,009	102,681,641	183,451,650	0.118417	50.00
51.00	05100	RECOVERY ROOM	9,992,490	14,523,186	24,515,676	0.092798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,167,125	0	6,167,125	0.470550	52.00
53.00	05300	ANESTHESIOLOGY	10,603,847	11,922,692	22,526,539	0.025854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,449,140	33,749,344	48,198,484	0.165799	54.00
56.00	05600	RADIO SOTOPE	5,073,375	26,403,943	31,477,318	0.087982	56.00
56.01	05603	ULTRASOUND	5,394,180	21,882,934	27,277,114	0.076664	56.01
57.00	05700	CT SCAN	36,657,080	75,436,003	112,093,083	0.017064	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,995,861	23,043,060	33,038,921	0.040978	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,033,461	25,301,064	53,334,525	0.089907	59.00
60.00	06000	LABORATORY	66,534,693	53,201,984	119,736,677	0.097795	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,652,832	1,975,359	9,628,191	0.021284	63.00
65.00	06500	RESPIRATORY THERAPY	28,261,723	2,340,765	30,602,488	0.127424	65.00
65.01	06501	STRESS TEST	11,977,537	13,117,163	25,094,700	0.041165	65.01
66.00	06600	PHYSICAL THERAPY	8,086,823	19,239,928	27,326,751	0.286922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,289,756	3,997,032	7,286,788	0.079620	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	253,399	342,847	596,246	0.990011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,674,798	19,356,336	51,031,134	0.478985	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,268,506	18,743,514	68,012,020	0.263353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,908,367	67,466,248	175,374,615	0.154437	73.00
74.00	07400	RENAL DIALYSIS	5,206,088	0	5,206,088	0.299760	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	121,302	2,900,843	3,022,145	0.715428	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	74,569	11,770,908	11,845,477	0.285112	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	35,325,078	92,773,053	128,098,131	0.151502	91.00
91.20	09101	ACUTE CARE CENTER	51,008	13,562,777	13,613,785	0.363612	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,008,243	19,878,711	27,886,954	0.237879	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	817,139,314	675,611,335	1,492,750,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	817,139,314	675,611,335	1,492,750,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:49 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05603	ULTRASOUND	0.000000		56.01
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	LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	STRESS TEST	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
69.01	06901	ECHOCARDIOGRAM	0.000000		69.01
69.02	06902	CARDIOLOGY	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	09001	ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002	LITHOTRIPSY	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title V		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	73,136,861		73,136,861	0	73,136,861	30.00
31.00	03100 INTENSIVE CARE UNIT	12,114,478		12,114,478	29,151	12,143,629	31.00
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	5,209,975		5,209,975	0	5,209,975	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	21,723,778		21,723,778	0	21,723,778	50.00
51.00	05100 RECOVERY ROOM	2,275,005		2,275,005	0	2,275,005	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,901,938		2,901,938	0	2,901,938	52.00
53.00	05300 ANESTHESIOLOGY	582,408		582,408	0	582,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,991,243		7,991,243	0	7,991,243	54.00
56.00	05600 RADIOISOTOPE	2,769,450		2,769,450	0	2,769,450	56.00
56.01	05603 ULTRASOUND	2,091,170		2,091,170	0	2,091,170	56.01
57.00	05700 CT SCAN	1,912,712		1,912,712	0	1,912,712	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,353,854		1,353,854	0	1,353,854	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,795,173		4,795,173	0	4,795,173	59.00
60.00	06000 LABORATORY	11,709,592		11,709,592	0	11,709,592	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	204,931		204,931	0	204,931	63.00
65.00	06500 RESPIRATORY THERAPY	3,899,487	0	3,899,487	0	3,899,487	65.00
65.01	06501 STRESS TEST	1,033,019	0	1,033,019	0	1,033,019	65.01
66.00	06600 PHYSICAL THERAPY	7,840,640	0	7,840,640	0	7,840,640	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	580,172		580,172	0	580,172	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	590,290		590,290	0	590,290	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,443,134		24,443,134	0	24,443,134	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,911,186		17,911,186	0	17,911,186	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,084,246		27,084,246	0	27,084,246	73.00
74.00	07400 RENAL DIALYSIS	1,560,579		1,560,579	0	1,560,579	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,162,127		2,162,127	0	2,162,127	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,377,283		3,377,283	0	3,377,283	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	19,407,150		19,407,150	1,443,175	20,850,325	91.00
91.20	09101 ACUTE CARE CENTER	4,950,132		4,950,132	0	4,950,132	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,633,712		6,633,712	0	6,633,712	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	272,245,725	0	272,245,725	1,472,326	273,718,051	200.00
201.00	Less Observation Beds	6,633,712		6,633,712	0	6,633,712	201.00
202.00	Total (see instructions)	265,612,013	0	265,612,013	1,472,326	267,084,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	199,870,159		199,870,159		30.00
31.00	03100	INTENSIVE CARE UNIT	27,148,642		27,148,642		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	19,289,223		19,289,223		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,770,009	102,681,641	183,451,650	0.118417	50.00
51.00	05100	RECOVERY ROOM	9,992,490	14,523,186	24,515,676	0.092798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,167,125	0	6,167,125	0.470550	52.00
53.00	05300	ANESTHESIOLOGY	10,603,847	11,922,692	22,526,539	0.025854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,449,140	33,749,344	48,198,484	0.165799	54.00
56.00	05600	RADIO SOTOPE	5,073,375	26,403,943	31,477,318	0.087982	56.00
56.01	05603	ULTRASOUND	5,394,180	21,882,934	27,277,114	0.076664	56.01
57.00	05700	CT SCAN	36,657,080	75,436,003	112,093,083	0.017064	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,995,861	23,043,060	33,038,921	0.040978	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,033,461	25,301,064	53,334,525	0.089907	59.00
60.00	06000	LABORATORY	66,534,693	53,201,984	119,736,677	0.097795	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,652,832	1,975,359	9,628,191	0.021284	63.00
65.00	06500	RESPIRATORY THERAPY	28,261,723	2,340,765	30,602,488	0.127424	65.00
65.01	06501	STRESS TEST	11,977,537	13,117,163	25,094,700	0.041165	65.01
66.00	06600	PHYSICAL THERAPY	8,086,823	19,239,928	27,326,751	0.286922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,289,756	3,997,032	7,286,788	0.079620	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	253,399	342,847	596,246	0.990011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,674,798	19,356,336	51,031,134	0.478985	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,268,506	18,743,514	68,012,020	0.263353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,908,367	67,466,248	175,374,615	0.154437	73.00
74.00	07400	RENAL DIALYSIS	5,206,088	0	5,206,088	0.299760	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	121,302	2,900,843	3,022,145	0.715428	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	74,569	11,770,908	11,845,477	0.285112	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	35,325,078	92,773,053	128,098,131	0.151502	91.00
91.20	09101	ACUTE CARE CENTER	51,008	13,562,777	13,613,785	0.363612	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,008,243	19,878,711	27,886,954	0.237879	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	817,139,314	675,611,335	1,492,750,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	817,139,314	675,611,335	1,492,750,649		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:49 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title V	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05603	ULTRASOUND	0.000000		56.01
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	LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	STRESS TEST	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
69.01	06901	ECHOCARDIOGRAM	0.000000		69.01
69.02	06902	CARDIOLOGY	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	09001	ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002	LITHOTRIPSY	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,438,302	0	9,438,302	67,010	140.85	30.00
31.00	INTENSIVE CARE UNIT	820,812		820,812	4,970	165.15	31.00
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	133,395		133,395	3,659	36.46	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	10,392,509		10,392,509	75,639		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	27,541	3,879,150				
31.00	INTENSIVE CARE UNIT	2,163	357,219				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30-199)	29,704	4,236,369				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/25/2017 3:49 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,262,479	183,451,650	0.012333	30,889,067	380,955	50.00
51.00	05100	RECOVERY ROOM	200,556	24,515,676	0.008181	4,021,382	32,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,490	6,167,125	0.071588	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,590	22,526,539	0.001225	3,762,975	4,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,113,534	48,198,484	0.023103	7,255,878	167,633	54.00
56.00	05600	RADIOISOTOPE	130,216	31,477,318	0.004137	2,601,821	10,764	56.00
56.01	05603	ULTRASOUND	60,253	27,277,114	0.002209	2,431,263	5,371	56.01
57.00	05700	CT SCAN	78,087	112,093,083	0.000697	15,514,157	10,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	135,528	33,038,921	0.004102	4,509,925	18,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,025,592	53,334,525	0.019229	12,835,447	246,813	59.00
60.00	06000	LABORATORY	405,404	119,736,677	0.003386	31,443,372	106,467	60.00
60.01	06001	LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,591	9,628,191	0.008370	2,875,158	24,065	63.00
65.00	06500	RESPIRATORY THERAPY	230,131	30,602,488	0.007520	13,153,330	98,913	65.00
65.01	06501	STRESS TEST	24,780	25,094,700	0.000987	6,370,739	6,288	65.01
66.00	06600	PHYSICAL THERAPY	499,765	27,326,751	0.018288	4,546,734	83,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,703	7,286,788	0.005174	1,751,406	9,062	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	243,628	596,246	0.408603	135,942	55,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,999	51,031,134	0.003527	13,877,600	48,946	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	134,336	68,012,020	0.001975	20,147,649	39,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	457,198	175,374,615	0.002607	47,516,622	123,876	73.00
74.00	07400	RENAL DIALYSIS	169,772	5,206,088	0.032610	2,811,282	91,676	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	658,542	3,022,145	0.217905	50,743	11,057	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	421,278	11,845,477	0.035564	39,037	1,388	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,454,361	128,098,131	0.019160	15,935,721	305,328	91.00
91.20	09101	ACUTE CARE CENTER	55,886	13,613,785	0.004105	15,669	64	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	856,081	27,886,954	0.030698	4,262,981	130,865	92.00
200.00		Total (lines 50-199)	12,384,780	1,246,442,625		248,755,900	2,014,842	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	528,345	0	0	528,345	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	528,345	0	0	528,345	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	67,010	7.88	27,541	217,023		30.00
31.00	03100	INTENSIVE CARE UNIT	4,970	0.00	2,163	0		31.00
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	3,659	0.00	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	75,639		29,704	217,023		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05603	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	464,594	0	464,594
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	47,922	0	47,922
200.00		Total (lines 50-199)	0	0	512,516	0	512,516

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:49 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	183,451,650	0.000000	0.000000	30,889,067	50.00
51.00	05100	RECOVERY ROOM	0	24,515,676	0.000000	0.000000	4,021,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,167,125	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,526,539	0.000000	0.000000	3,762,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,198,484	0.000000	0.000000	7,255,878	54.00
56.00	05600	RADIOISOTOPE	0	31,477,318	0.000000	0.000000	2,601,821	56.00
56.01	05603	ULTRASOUND	0	27,277,114	0.000000	0.000000	2,431,263	56.01
57.00	05700	CT SCAN	0	112,093,083	0.000000	0.000000	15,514,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,038,921	0.000000	0.000000	4,509,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,334,525	0.000000	0.000000	12,835,447	59.00
60.00	06000	LABORATORY	0	119,736,677	0.000000	0.000000	31,443,372	60.00
60.01	06001	LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,628,191	0.000000	0.000000	2,875,158	63.00
65.00	06500	RESPIRATORY THERAPY	0	30,602,488	0.000000	0.000000	13,153,330	65.00
65.01	06501	STRESS TEST	0	25,094,700	0.000000	0.000000	6,370,739	65.01
66.00	06600	PHYSICAL THERAPY	0	27,326,751	0.000000	0.000000	4,546,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,286,788	0.000000	0.000000	1,751,406	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	596,246	0.000000	0.000000	135,942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,031,134	0.000000	0.000000	13,877,600	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	68,012,020	0.000000	0.000000	20,147,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	175,374,615	0.000000	0.000000	47,516,622	73.00
74.00	07400	RENAL DIALYSIS	0	5,206,088	0.000000	0.000000	2,811,282	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,022,145	0.000000	0.000000	50,743	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	11,845,477	0.000000	0.000000	39,037	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	464,594	128,098,131	0.003627	0.003627	15,935,721	91.00
91.20	09101	ACUTE CARE CENTER	0	13,613,785	0.000000	0.000000	15,669	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	47,922	27,886,954	0.001718	0.001718	4,262,981	92.00
200.00		Total (lines 50-199)	512,516	1,246,442,625			248,755,900	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:49 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	27,287,943	0	50.00
51.00	05100 RECOVERY ROOM	0	2,933,619	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,891,415	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,425,147	0	54.00
56.00	05600 RADIOISOTOPE	0	10,126,026	0	56.00
56.01	05603 ULTRASOUND	0	3,488,398	0	56.01
57.00	05700 CT SCAN	0	19,134,373	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,613,891	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,692,921	0	59.00
60.00	06000 LABORATORY	0	10,884,719	0	60.00
60.01	06001 LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	737,625	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	553,992	0	65.00
65.01	06501 STRESS TEST	0	3,921,401	0	65.01
66.00	06600 PHYSICAL THERAPY	0	148,221	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	1,127,463	0	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	101,480	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,992,278	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,101,385	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,040,772	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,531,583	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	4,459,581	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	90.03
91.00	09100 EMERGENCY	57,799	16,219,571	58,828	91.00
91.20	09101 ACUTE CARE CENTER	0	978,961	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,324	10,881,679	18,695	92.00
200.00	Total (lines 50-199)	65,123	176,274,444	77,523	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.118417	27,287,943	0	0	3,231,356	50.00
51.00	05100 RECOVERY ROOM	0.092798	2,933,619	0	0	272,234	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.470550	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.025854	2,891,415	0	0	74,755	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165799	10,425,147	0	0	1,728,479	54.00
56.00	05600 RADIOISOTOPE	0.087982	10,126,026	0	0	890,908	56.00
56.01	05603 ULTRASOUND	0.076664	3,488,398	0	0	267,435	56.01
57.00	05700 CT SCAN	0.017064	19,134,373	10	0	326,509	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.040978	6,613,891	0	0	271,024	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089907	10,692,921	0	0	961,368	59.00
60.00	06000 LABORATORY	0.097795	10,884,719	1,161	0	1,064,471	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021284	737,625	0	0	15,700	63.00
65.00	06500 RESPIRATORY THERAPY	0.127424	553,992	28	0	70,592	65.00
65.01	06501 STRESS TEST	0.041165	3,921,401	0	0	161,424	65.01
66.00	06600 PHYSICAL THERAPY	0.286922	148,221	0	0	42,528	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079620	1,127,463	0	0	89,769	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.990011	101,480	0	0	100,466	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.478985	5,992,278	0	0	2,870,211	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.263353	7,101,385	0	0	1,870,171	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.154437	18,040,772	0	121,501	2,786,163	73.00
74.00	07400 RENAL DIALYSIS	0.299760	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.715428	1,531,583	4	0	1,095,737	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.285112	4,459,581	98	3	1,271,480	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.151502	16,219,571	62	87	2,457,297	91.00
91.20	09101 ACUTE CARE CENTER	0.363612	978,961	14	33	355,962	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.237879	10,881,679	0	33	2,588,523	92.00
200.00	Subtotal (see instructions)		176,274,444	1,377	121,657	24,864,562	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		176,274,444	1,377	121,657	24,864,562	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:49 pm
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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05603 ULTRASOUND	0	0		56.01
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	114	0		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	4	0		65.00
65.01 06501 STRESS TEST	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
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,764		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	3	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	28	1		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	9	13		91.00
91.20 09101 ACUTE CARE CENTER	5	12		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8		92.00
200.00 Subtotal (see instructions)	163	18,798		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	163	18,798		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:49 pm
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Title XIX		Hospital		Cost			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.118417	0	0	2,571,672	0	50.00
51.00	05100 RECOVERY ROOM	0.092798	0	0	509,277	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.470550	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.025854	0	0	322,336	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165799	0	0	1,295,603	0	54.00
56.00	05600 RADIOISOTOPE	0.087982	0	0	746,013	0	56.00
56.01	05603 ULTRASOUND	0.076664	0	0	1,951,551	0	56.01
57.00	05700 CT SCAN	0.017064	0	0	3,201,563	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.040978	0	0	780,943	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089907	0	0	301,764	0	59.00
60.00	06000 LABORATORY	0.097795	0	0	3,436,592	0	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021284	0	0	102,527	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.127424	0	0	174,223	0	65.00
65.01	06501 STRESS TEST	0.041165	0	0	552,657	0	65.01
66.00	06600 PHYSICAL THERAPY	0.286922	0	0	1,379,868	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079620	0	0	194,547	0	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 CARDIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.990011	0	0	33,619	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.478985	0	0	368,608	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.263353	0	0	376,452	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.154437	0	0	3,832,696	0	73.00
74.00	07400 RENAL DIALYSIS	0.299760	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.715428	0	0	29,051	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0.285112	0	0	322,860	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.151502	0	0	7,873,097	0	91.00
91.20	09101 ACUTE CARE CENTER	0.363612	0	0	688,129	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.237879	0	0	884,778	0	92.00
200.00	Subtotal (see instructions)		0	0	31,930,426	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	31,930,426	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:49 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	304,530		50.00
51.00 05100 RECOVERY ROOM	0	47,260		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	8,334		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	214,810		54.00
56.00 05600 RADIOISOTOPE	0	65,636		56.00
56.01 05603 ULTRASOUND	0	149,614		56.01
57.00 05700 CT SCAN	0	54,631		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	32,001		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,131		59.00
60.00 06000 LABORATORY	0	336,082		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,182		63.00
65.00 06500 RESPIRATORY THERAPY	0	22,200		65.00
65.01 06501 STRESS TEST	0	22,750		65.01
66.00 06600 PHYSICAL THERAPY	0	395,914		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	15,490		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	33,283		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	176,558		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	99,140		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	591,910		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	20,784		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	92,051		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	1,192,790		91.00
91.20 09101 ACUTE CARE CENTER	0	250,212		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	210,470		92.00
200.00 Subtotal (see instructions)	0	4,365,763		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,365,763		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 3:49 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		67,010	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		67,010	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		60,932	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)		27,541	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		73,136,861	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)		73,136,861	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		73,136,861	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,091.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,059,074	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)		30,059,074	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
		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	12,143,629	4,970	2,443.39	2,163	5,285,053	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,798,374	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,142,501	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)					4,453,392	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,079,965	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,533,357	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,609,144	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,078	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,091.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,633,712	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,438,302	73,136,861	0.129050	6,633,712	856,081	90.00
91.00	Nursing School cost	0	73,136,861	0.000000	6,633,712	0	91.00
92.00	Allied health cost	528,345	73,136,861	0.007224	6,633,712	47,922	92.00
93.00	All other Medical Education	0	73,136,861	0.000000	6,633,712	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		87,475,448	30.00
31.00	03100	INTENSIVE CARE UNIT		10,735,127	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.118417	30,889,067	50.00
51.00	05100	RECOVERY ROOM	0.092798	4,021,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470550	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025854	3,762,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165799	7,255,878	54.00
56.00	05600	RADIO SOTOPE	0.087982	2,601,821	56.00
56.01	05603	ULTRASOUND	0.076664	2,431,263	56.01
57.00	05700	CT SCAN	0.017064	15,514,157	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040978	4,509,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089907	12,835,447	59.00
60.00	06000	LABORATORY	0.097795	31,443,372	60.00
60.01	06001	LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021284	2,875,158	63.00
65.00	06500	RESPIRATORY THERAPY	0.127424	13,153,330	65.00
65.01	06501	STRESS TEST	0.041165	6,370,739	65.01
66.00	06600	PHYSICAL THERAPY	0.286922	4,546,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079620	1,751,406	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.990011	135,942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.478985	13,877,600	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.263353	20,147,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154437	47,516,622	73.00
74.00	07400	RENAL DIALYSIS	0.299760	2,811,282	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.715428	50,743	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.285112	39,037	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	90.01
90.03	09002	LI THOTRI PSY	0.000000	0	90.03
91.00	09100	EMERGENCY	0.162768	15,935,721	91.00
91.20	09101	ACUTE CARE CENTER	0.363612	15,669	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237879	4,262,981	92.00
200.00		Total (sum of lines 50-94 and 96-98)		248,755,900	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)		248,755,900	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 3:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		9,485,885		30.00
31.00	03100 INTENSIVE CARE UNIT		2,101,099		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		4,408,878		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.118417	2,855,694	338,163	50.00
51.00	05100 RECOVERY ROOM	0.092798	336,633	31,239	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.470550	1,153,237	542,656	52.00
53.00	05300 ANESTHESIOLOGY	0.025854	447,368	11,566	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165799	582,546	96,586	54.00
56.00	05600 RADIOISOTOPE	0.087982	145,142	12,770	56.00
56.01	05603 ULTRASOUND	0.076664	302,422	23,185	56.01
57.00	05700 CT SCAN	0.017064	1,800,693	30,727	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.040978	396,772	16,259	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089907	825,482	74,217	59.00
60.00	06000 LABORATORY	0.097795	3,323,558	325,027	60.00
60.01	06001 LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021284	786,944	16,749	63.00
65.00	06500 RESPIRATORY THERAPY	0.127424	1,874,207	238,819	65.00
65.01	06501 STRESS TEST	0.041165	436,953	17,987	65.01
66.00	06600 PHYSICAL THERAPY	0.286922	263,284	75,542	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079620	111,945	8,913	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.990011	11,974	11,854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.478985	1,650,174	790,409	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.263353	1,050,617	276,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.154437	5,710,206	881,867	73.00
74.00	07400 RENAL DIALYSIS	0.299760	278,353	83,439	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.715428	5,502	3,936	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.285112	0	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.151502	1,857,106	281,355	91.00
91.20	09101 ACUTE CARE CENTER	0.363612	2,187	795	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.237879	381,843	90,832	92.00
200.00	Total (sum of lines 50-94 and 96-98)		26,590,842	4,281,575	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		26,590,842		202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,677,372	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,559,124	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)		431,195	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		254.39	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.02	31.00
32.00	Sum of lines 30 and 31		22.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.14	33.00
34.00	Disproportionate share adjustment (see instructions)		1,185,113	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:49 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000476496	0.000435716	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,052,504	2,604,486	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,285,208	656,474	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,941,682		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	62,794,486		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		62,794,486	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,951,875	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		100	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		217,023	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		65,123	58.00
59.00	Total (sum of amounts on lines 49 through 58)		68,030,678	59.00
60.00	Primary payer payments		41,555	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,989,123	61.00
62.00	Deductibles billed to program beneficiaries		6,052,004	62.00
63.00	Coinurance billed to program beneficiaries		80,815	63.00
64.00	Allowable bad debts (see instructions)		1,159,502	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		753,676	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		656,941	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,609,980	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)		222,654	70.93
70.94	HRR adjustment amount (see instructions)		-30,569	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:49 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			62,802,065	71.00
71.01	Sequestration adjustment (see instructions)			1,256,041	71.01
72.00	Interim payments			61,563,448	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)			-17,424	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			426,690	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0202

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	43,677,372	0	43,677,372		43,677,372	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,559,124	0		58,236,496	58,236,496	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	431,195	0	0	431,195	431,195	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0814	0.0814	0.0814	0.0814		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,185,113	0	888,835	296,278	1,185,113	11.00
11.01	Uncompensated care payments	36.00	2,941,682	0	3,481,347	0	3,481,347	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	62,794,486	0	48,047,554	14,746,932	62,794,486	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,794,486	0	48,047,554	14,746,932	62,794,486	15.00
16.00	Payment for inpatient program capital	50.00	4,951,875	0	0	4,951,875	4,951,875	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	0	2,071	2,071	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0202

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	48,047,554	19,700,878	67,748,432	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,681,056	0	0	4,681,056	4,681,056	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	48,001	0	0	48,001	48,001	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0476	0.0476	0.0476	0.0476		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	222,818	0	0	222,818	222,818	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,951,875	0	0	4,951,875	4,951,875	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0202

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	43,677,372	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,559,124		58,236,496	58,236,496	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	431,195	0	431,195	431,195	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0814	0.0814	0.0814		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,185,113	0	1,185,113	1,185,113	11.00
11.01	Uncompensated care payments	36.00	2,941,682	2,285,208	656,474	2,941,682	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	62,794,486	2,285,208	60,509,278	62,794,486	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,794,486	2,285,208	60,509,278	62,794,486	15.00
16.00	Payment for inpatient program capital	50.00	4,951,875	0	4,951,875	4,951,875	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			2,285,208	65,463,224	67,748,432	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0202

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,681,056	0	4,681,056	4,681,056	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	48,001	0	48,001	48,001	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0476	0.0476	0.0476		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	222,818	0	222,818	222,818	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,951,875	0	4,951,875	4,951,875	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	222,654	0	222,654	222,654	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-30,569	0	-30,569	-30,569	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 3:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		18,961	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,787,039	2.00
3.00	PPS payments		25,614,821	3.00
4.00	Outlier payment (see instructions)		44,246	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		77,523	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,961	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		123,034	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)		123,034	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		123,034	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,073	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)		18,961	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)		25,736,590	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,998,226	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)		20,757,325	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		20,757,325	30.00
31.00	Primary payer payments		1,584	31.00
32.00	Subtotal (line 30 minus line 31)		20,755,741	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		940,712	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		611,463	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		597,556	36.00
37.00	Subtotal (see instructions)		21,367,204	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-80	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)		17,399	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,367,284	40.00
40.01	Sequestration adjustment (see instructions)		427,346	40.01
41.00	Interim payments		20,758,036	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		181,920	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0202

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2017 3:49 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		61,563,448		20,758,036	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)		61,563,448		20,758,036	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		181,902	6.01	
6.02	SETTLEMENT TO PROGRAM		17,424		0	6.02	
7.00	Total Medicare program liability (see instructions)		61,546,024		20,939,938	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0202

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/25/2017 3:49 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	16,817	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	29,704	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,931	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	65,902	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,492,750,649	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	22,392,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

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

Provider CCN: 14-0202

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

Worksheet G

Date/Time Prepared:  
5/25/2017 3:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	16,323,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,506,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,510,000	0	0	0	9.00
10.00	Due from other funds	5,285,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	73,624,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	55,095,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	262,139,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	74,373,000	0	0	0	23.00
24.00	Accumulated depreciation	-123,339,000	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)	268,268,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	116,589,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	93,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	116,682,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	458,574,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	14,667,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,510,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,080,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	39,621,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	77,878,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	27,616,000	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	6,160,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,776,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,654,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	346,920,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	346,920,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	458,574,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0202

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

Worksheet G-1

Date/Time Prepared:  
5/25/2017 3:49 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		293,813,413		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		53,106,587			2.00
3.00	Total (sum of line 1 and line 2)		346,920,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		346,920,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		346,920,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0202

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2017 3:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	219,159,382		219,159,382	1.00
2.00	SUBPROVIDER - IPF				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				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	219,159,382		219,159,382	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	27,148,642		27,148,642	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,148,642		27,148,642	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	246,308,024		246,308,024	17.00
18.00	Ancillary services	562,398,943	642,542,942	1,204,941,885	18.00
19.00	Outpatient services	51,008	13,562,777	13,613,785	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		1	1	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	8,008,243	19,878,711	27,886,954	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	816,766,218	675,984,431	1,492,750,649	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		299,803,027		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)		299,803,027		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

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

Worksheet G-3

Date/Time Prepared:  
5/25/2017 3:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,492,750,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,143,287,324	2.00
3.00	Net patient revenues (line 1 minus line 2)	349,463,325	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	299,803,027	4.00
5.00	Net income from service to patients (line 3 minus line 4)	49,660,298	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,120	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,053,888	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	59,381	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	216,011	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	300,652	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	827,356	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,305,737	24.00
25.00	Total other income (sum of lines 6-24)	3,765,145	25.00
26.00	Total (line 5 plus line 25)	53,425,443	26.00
27.00	NET NON-OPERATING REVENUE	318,856	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	318,856	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	53,106,587	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0202	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 3:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,681,056	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		48,001	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)		181.75	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.02	8.00
9.00	Sum of lines 7 and 8		22.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.76	10.00
11.00	Disproportionate share adjustment (see instructions)		222,818	11.00
12.00	Total prospective capital payments (see instructions)		4,951,875	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00