This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet S Parts I-III Date/Time Prepared: 8/29/2016 9:33 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 8/29/2016 Time: 9:33 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOSEPH MEMORIAL HOSPITAL (141334) for the cost reporting period beginning 04/01/2015 and ending 03/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-160,253	-898,073	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	-62,999	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-223,252	-898,073	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 8/29/2016 9:33 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2 SOUTH HOSPITAL DRIVE	PO Box:			1.00
2.00	City: MURPHYSBORO	State: IL	Zip Code: 62966	County: JACKSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SAINT JOSEPH MEMORIAL HOSPITAL	141334	16060	1	05/01/2004	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	ST. JOSEPH MEMORIAL HOSP SWING BED	14Z334	16060		11/14/2013	N	O	O	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	04/01/2015	03/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 8/29/2016 9:33 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2	09/15/2014	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	640,455	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

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		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 06101	141.00
142.00	Street: 1239 E. MAIN STREET	PO Box: 3988		142.00
143.00	City: CARBONDALE	State: IL	Zip Code: 62902-3988	143.00

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

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet S-2 Part I Date/Time Prepared: 8/29/2016 9:33 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2015	09/28/2015	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 8/29/2016 9:33 am

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

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

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	05/12/2016	Y	05/12/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 8/29/2016 9:33 am

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

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SIH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6184575200	LUANNE.WARREN@SIH.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet S-2 Part II Date/Time Prepared: 8/29/2016 9:33 am

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

HFS Supplemental Information | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-2 Part IX Date/Time Prepared: 8/29/2016 9:33 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 8/29/2016 9:33 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,150	32,613.50	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)		25	9,150	32,613.50	0	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)		25	9,150	32,613.50	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		25				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: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 8/29/2016 9:33 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	847	167	1,366			1.00
2.00	HMO and other (see instructions)	142	0				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	2,104	0	2,849			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,951	167	4,215			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)	2,951	167	4,215	0.00	223.63	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	223.63	27.00
28.00	Observation Bed Days		214	409			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	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 8/29/2016 9:33 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	274	66	461	1.00
2.00	HMO and other (see instructions)			41	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	274	66	461	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						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 UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet S-10 | Date/Time Prepared: 8/29/2016 9:33 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.265607	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	6,660,404	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,327,981	5.00
6.00	Medicaid charges	35,967,903	6.00
7.00	Medicaid cost (line 1 times line 6)	9,553,327	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	1,564,942	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	28,124	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,564,942	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	822,149	581,202	1,403,351	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	218,369	154,371	372,740	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	218,369	154,371	372,740	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,619,062	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,301,248	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	2,317,814	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	615,628	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	988,368	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,553,310	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,308,294	1,308,294	141,684	1,449,978	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,049,871	1,049,871	76,291	1,126,162	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	142,770	4,513,923	4,656,693	0	4,656,693	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	29,885	42,267	72,152	0	72,152	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	473,800	32,527	506,327	0	506,327	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,021,112	2,470,347	3,491,459	0	3,491,459	5.04
6.00	00600	MAINTENANCE & REPAIRS	284,907	614,831	899,738	-14	899,724	6.00
7.00	00700	OPERATION OF PLANT	143,903	3,820	147,723	0	147,723	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	209,534	209,534	0	209,534	8.00
9.00	00900	HOUSEKEEPING	267,080	48,228	315,308	-167	315,141	9.00
10.00	01000	DIETARY	329,434	123,019	452,453	-287,654	164,799	10.00
11.00	01100	CAFETERIA	0	0	0	283,893	283,893	11.00
13.00	01300	NURSING ADMINISTRATION	781,400	41,648	823,048	0	823,048	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,031	49,602	99,633	-394	99,239	14.00
15.00	01500	PHARMACY	528,378	8,141,195	8,669,573	-11,260	8,658,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	100,383	3,769	104,152	0	104,152	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	217,010	217,010	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,854,607	1,273,161	3,127,768	-12,345	3,115,423	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,026,244	2,432,500	3,458,744	-1,598,655	1,860,089	50.00
51.00	05100	RECOVERY ROOM	92,750	4,334	97,084	-449	96,635	51.00
53.00	05300	ANESTHESIOLOGY	140,344	283,521	423,865	-230,711	193,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,257	835,600	1,678,857	-52,103	1,626,754	54.00
60.00	06000	LABORATORY	684,647	1,371,660	2,056,307	-205	2,056,102	60.00
64.00	06400	INTRAVENOUS THERAPY	767,857	251,763	1,019,620	-8,750	1,010,870	64.00
65.00	06500	RESPIRATORY THERAPY	365,457	77,875	443,332	-32,898	410,434	65.00
65.01	03610	SLEEP LAB	969,490	290,804	1,260,294	0	1,260,294	65.01
65.02	03950	GERIATRIC PSYCH	0	412,503	412,503	0	412,503	65.02
66.00	06600	PHYSICAL THERAPY	541,968	242,100	784,068	-26	784,042	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	819,797	819,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	815,988	815,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	105,593	105,593	73.00
76.97	07697	CARDIAC REHABILITATION	311,847	13,136	324,983	495	325,478	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,949	660,557	663,506	-1,034	662,472	90.00
91.00	09100	EMERGENCY	1,074,324	1,518,772	2,593,096	-6,111	2,586,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		405,174	405,174	-217,975	187,199	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,828,824	28,726,335	41,555,159	0	41,555,159	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,904	17,904	0	17,904	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		TOTAL (SUM OF LINES 118-199)	12,828,824	28,744,239	41,573,063	0	41,573,063	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,409	1,457,387		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	966,596	2,092,758		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-445,987	4,210,706		4.00
5.01	00550	DATA PROCESSING	1,983,823	1,983,823		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-5,046	67,106		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	723,566	1,229,893		5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,665,131	5,156,590		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	899,724		6.00
7.00	00700	OPERATION OF PLANT	0	147,723		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	209,534		8.00
9.00	00900	HOUSEKEEPING	0	315,141		9.00
10.00	01000	DIETARY	0	164,799		10.00
11.00	01100	CAFETERIA	-89,622	194,271		11.00
13.00	01300	NURSING ADMINISTRATION	0	823,048		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	99,239		14.00
15.00	01500	PHARMACY	0	8,658,313		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,638	84,514		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-217,010	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-879,077	2,236,346		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,860,089		50.00
51.00	05100	RECOVERY ROOM	0	96,635		51.00
53.00	05300	ANESTHESIOLOGY	0	193,154		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-43,172	1,583,582		54.00
60.00	06000	LABORATORY	-21,427	2,034,675		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,010,870		64.00
65.00	06500	RESPIRATORY THERAPY	-27,843	382,591		65.00
65.01	03610	SLEEP LAB	-6,563	1,253,731		65.01
65.02	03950	GERIATRIC PSYCH	0	412,503		65.02
66.00	06600	PHYSICAL THERAPY	-492	783,550		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	819,797		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	815,988		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,593		73.00
76.97	07697	CARDIAC REHABILITATION	0	325,478		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-109,436	553,036		90.00
91.00	09100	EMERGENCY	-1,303,594	1,283,391		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-187,199	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,990,419	43,545,578		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-7,050	10,854		192.00
192.01	19201	UNUSED SPACE	0	0		192.01
200.00		TOTAL (SUM OF LINES 118-199)	1,983,369	43,556,432		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP LAB	03610	SLEEP LAB	65.01
65.02	GERIATRIC PSYCH	03950		65.02
66.00	PHYSICAL THERAPY	06600		66.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	UNUSED SPACE	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-6 | Date/Time Prepared: 8/29/2016 9:33 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	208,437	77,836		1.00
	TOTALS		208,437	77,836		
	B - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,635,785		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
	TOTALS		0	1,635,785		
	C - IV SOLUTIONS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	49,411		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
	TOTALS		0	49,411		
	D - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	141,684		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	76,291		2.00
	TOTALS		0	217,975		
	E - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	815,988		1.00
	TOTALS		0	815,988		
	F - CONTRAST RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	56,182		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	56,182		
	G - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	217,010		1.00
	TOTALS		0	217,010		
	H - CVP MEDICAL DIRECTOR RECLASS					
1.00	CARDIAC REHABILITATION	76.97	0	495		1.00
	TOTALS		0	495		
500.00	Grand Total: Increases		208,437	3,070,682		500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-6 | Date/Time Prepared: 8/29/2016 9:33 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - CAFETERIA RECLASS					
1.00	DIETARY	10.00	208,437	77,836	0	1.00
	TOTALS		208,437	77,836		
	B - MEDICAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	1,585,678	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	12,938	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	31,995	0	3.00
4.00	INTRAVENOUS THERAPY	64.00	0	2,486	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	208	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	26	0	6.00
7.00	PHARMACY	15.00	0	624	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	383	0	8.00
9.00	LABORATORY	60.00	0	205	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	14	0	11.00
12.00	CLINIC	90.00	0	1,025	0	12.00
13.00	HOUSEKEEPING	9.00	0	167	0	13.00
	TOTALS		0	1,635,785		
	C - IV SOLUTIONS RECLASS					
1.00	DIETARY	10.00	0	1,381	0	1.00
2.00	CAFETERIA	11.00	0	2,380	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,137	0	3.00
4.00	OPERATING ROOM	50.00	0	9,265	0	4.00
5.00	RECOVERY ROOM	51.00	0	449	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	763	0	6.00
7.00	EMERGENCY	91.00	0	6,111	0	7.00
8.00	INTRAVENOUS THERAPY	64.00	0	6,264	0	8.00
9.00	PHARMACY	15.00	0	10,636	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	11	0	11.00
12.00	CLINIC	90.00	0	9	0	12.00
	TOTALS		0	49,411		
	D - INTEREST RECLASS					
1.00	INTEREST EXPENSE	113.00	0	217,975	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	217,975		
	E - IMPLANTABLE DEVICE RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	815,988	0	1.00
	TOTALS		0	815,988		
	F - CONTRAST RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,062	0	1.00
2.00	OPERATING ROOM	50.00	0	3,712	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	408	0	3.00
	TOTALS		0	56,182		
	G - CRNA RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	217,010	0	1.00
	TOTALS		0	217,010		
	H - CVP MEDICAL DIRECTOR RECLASS					
1.00	RESPIRATORY THERAPY	65.00	0	495	0	1.00
	TOTALS		0	495		
500.00	Grand Total: Decreases		208,437	3,070,682		500.00

RECLASSIFICATIONS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 8/29/2016 9:33 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - CAFETERIA RECLASS								
1.00	CAFETERIA	11.00	208,437	77,836	DIETARY	10.00	208,437	77,836	1.00
	TOTALS		208,437	77,836	TOTALS		208,437	77,836	
	B - MEDICAL SUPPLY RECLASS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,635,785	OPERATING ROOM	50.00	0	1,585,678	1.00
2.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	12,938	2.00
3.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	31,995	3.00
4.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	2,486	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	208	5.00
6.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	26	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	624	7.00
8.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	383	8.00
9.00		0.00	0	0	LABORATORY	60.00	0	205	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	36	10.00
11.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	14	11.00
12.00		0.00	0	0	CLINIC	90.00	0	1,025	12.00
13.00		0.00	0	0	HOUSEKEEPING	9.00	0	167	13.00
	TOTALS		0	1,635,785	TOTALS		0	1,635,785	
	C - IV SOLUTIONS RECLASS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	49,411	DIETARY	10.00	0	1,381	1.00
2.00		0.00	0	0	CAFETERIA	11.00	0	2,380	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	12,137	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	9,265	4.00
5.00		0.00	0	0	RECOVERY ROOM	51.00	0	449	5.00
6.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	763	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	6,111	7.00
8.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	6,264	8.00
9.00		0.00	0	0	PHARMACY	15.00	0	10,636	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	5	10.00
11.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	11	11.00
12.00		0.00	0	0	CLINIC	90.00	0	9	12.00
	TOTALS		0	49,411	TOTALS		0	49,411	
	D - INTEREST RECLASS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	141,684	INTEREST EXPENSE	113.00	0	217,975	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	76,291		0.00	0	0	2.00
	TOTALS		0	217,975	TOTALS		0	217,975	
	E - IMPLANTABLE DEVICE RECLASS								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	815,988	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	815,988	1.00
	TOTALS		0	815,988	TOTALS		0	815,988	
	F - CONTRAST RECLASS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	56,182	RADIOLOGY-DIAGNOSTIC	54.00	0	52,062	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	3,712	2.00
3.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	408	3.00
	TOTALS		0	56,182	TOTALS		0	56,182	
	G - CRNA RECLASS								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	217,010	ANESTHESIOLOGY	53.00	0	217,010	1.00
	TOTALS		0	217,010	TOTALS		0	217,010	
	H - CVP MEDICAL DIRECTOR RECLASS								
1.00	CARDIAC REHABILITATION	76.97	0	495	RESPIRATORY THERAPY	65.00	0	495	1.00
	TOTALS		0	495	TOTALS		0	495	
500.00	Grand Total: Increases		208,437	3,070,682	Grand Total: Decreases		208,437	3,070,682	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 8/29/2016 9:33 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	171,136	0	0	0	0	1.00
2.00	Land Improvements	1,109,977	0	0	0	0	2.00
3.00	Buildings and Fixtures	10,948,575	3,868,008	0	3,868,008	636	3.00
4.00	Building Improvements	8,669,803	913,082	0	913,082	26,385	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,639,340	1,876,194	0	1,876,194	529,645	6.00
7.00	HIT designated Assets	834,918	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	33,373,749	6,657,284	0	6,657,284	556,666	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	33,373,749	6,657,284	0	6,657,284	556,666	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	171,136	0	1.00
2.00	Land Improvements	1,109,977	0	2.00
3.00	Buildings and Fixtures	14,815,947	0	3.00
4.00	Building Improvements	9,556,500	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	12,985,889	0	6.00
7.00	HIT designated Assets	834,918	0	7.00
8.00	Subtotal (sum of lines 1-7)	39,474,367	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	39,474,367	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-7 Part II | Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,308,294	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,049,871	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,358,165	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	1,308,294		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,049,871		2.00
3.00	Total (sum of lines 1-2)	0	2,358,165		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	25,653,560	0	25,653,560	0.649879	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,820,807	0	13,820,807	0.350121	0	2.00
3.00	Total (sum of lines 1-2)	39,474,367	0	39,474,367	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,457,387	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,092,758	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,550,145	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,457,387	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,092,758	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,550,145	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-8 | Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,319,950			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	8,103,225			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-89,622	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	B	-19,638	MEDICAL RECORDS & LIBRARY	16.00	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-217,010	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-6,528	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	PURCHASE DISCOUNTS	B	-5,046	PURCHASING RECEIVING AND STORES	5.02	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-8 | Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	EMPLOYEE OUTPATIENT INSURANCE PAYMEN	B	-1,455,577	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	LOBBYING EXPENSES	A	-10,555	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	UNRESTRICTED INTEREST REVENUE	B	-218,670	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	PERSONAL USE OF PROVIDER VEHICLES	A	-1,159	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05	LEASEHOLD REVENUE	B	-37,251	CAP REL COSTS-BLDG & FIXT	1.00	9	33.05
33.06	XRAY FILM REVENUE	B	-905	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07	LOAN FORGIVENESS	A	-643,385	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.07
33.08	NONALLOWABLE INTEREST EXPENSE	A	-187,199	INTEREST EXPENSE	113.00	0	33.08
33.09	REAL ESTATE TAXES	A	-7,050	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.09
33.10	MEDICAID PROVIDER TAX	A	-818,707	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	CABLE TV	A	-1,287	SLEEP LAB	65.01	0	33.11
33.12	CABLE TV	A	-492	PHYSICAL THERAPY	66.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-63,154	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.13
33.14	REAL ESTATE TAXES	A	-5,276	SLEEP LAB	65.01	0	33.14
33.15	COMMUNITY DONATIONS	A	-895	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.15
33.16	SHAWNEE BLDG NONALLOWABLE DEPR	A	-10,500	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,983,369				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: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 8/29/2016 9:33 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	44,660	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	983,624	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,009,590	0	3.00
4.00	5.01	DATA PROCESSING	HOME OFFICE	1,983,823	0	4.00
4.01	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	723,566	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	3,421,656	0	4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	RENT	33,127	75,394	4.03
4.04	60.00	LABORATORY	RENT	16,794	38,221	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,216,840	113,615	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		
	Symbol (1)	Name	Percentage of Ownership	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	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	HSSI	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN	100.00	SIH CAYMAN	100.00	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: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet A-8-1 Date/Time Prepared: 8/29/2016 9:33 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	44,660	9		1.00
2.00	983,624	9		2.00
3.00	1,009,590	0		3.00
4.00	1,983,823	0		4.00
4.01	723,566	0		4.01
4.02	3,421,656	0		4.02
4.03	-42,267	0		4.03
4.04	-21,427	0		4.04
5.00	8,103,225			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALHTCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		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: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 8/29/2016 9:33 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	DR. A	1,304,621	1,303,594	1,027	0	0	1.00
2.00	60.00	DR. A	40,000	0	40,000	0	0	2.00
3.00	76.97	DR. C	2,090	0	2,090	0	0	3.00
4.00	65.01	DR. D	25,630	0	25,630	0	0	4.00
5.00	65.00	DR. E	27,843	27,843	0	0	0	5.00
6.00	90.00	DR. F	110,516	109,436	1,080	0	0	6.00
7.00	30.00	DR. G	879,077	879,077	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,389,777	2,319,950	69,827		0	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	91.00	DR. A	0	0	0	0	0	1.00
2.00	60.00	DR. A	0	0	0	0	0	2.00
3.00	76.97	DR. C	0	0	0	0	0	3.00
4.00	65.01	DR. D	0	0	0	0	0	4.00
5.00	65.00	DR. E	0	0	0	0	0	5.00
6.00	90.00	DR. F	0	0	0	0	0	6.00
7.00	30.00	DR. G	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	91.00	DR. A	0	0	0	1,303,594		1.00
2.00	60.00	DR. A	0	0	0	0		2.00
3.00	76.97	DR. C	0	0	0	0		3.00
4.00	65.01	DR. D	0	0	0	0		4.00
5.00	65.00	DR. E	0	0	0	27,843		5.00
6.00	90.00	DR. F	0	0	0	109,436		6.00
7.00	30.00	DR. G	0	0	0	879,077		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,319,950		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part I Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,457,387	1,457,387				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,092,758		2,092,758			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,210,706	12,178	17,487	4,240,371		4.00
5.01	00550	DATA PROCESSING	1,983,823	6,714	9,641	0	2,000,178	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	67,106	6,533	9,381	9,989	6,803	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,229,893	14,662	21,054	158,370	81,640	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	5,156,590	301,333	432,704	341,312	170,083	5.04
6.00	00600	MAINTENANCE & REPAIRS	899,724	60,423	86,766	95,232	115,657	6.00
7.00	00700	OPERATION OF PLANT	147,723	87,384	125,480	48,100	6,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	209,534	10,146	14,569	0	0	8.00
9.00	00900	HOUSEKEEPING	315,141	4,922	7,068	89,273	6,803	9.00
10.00	01000	DIETARY	164,799	71,638	102,870	40,444	20,410	10.00
11.00	01100	CAFETERIA	194,271	6,985	10,030	69,671	0	11.00
13.00	01300	NURSING ADMINISTRATION	823,048	34,923	50,149	261,187	54,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99,239	7,030	10,095	16,723	0	14.00
15.00	01500	PHARMACY	8,658,313	22,911	32,899	176,613	34,017	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84,514	70,148	100,730	33,554	34,017	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,236,346	157,004	225,453	619,904	244,920	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,860,089	197,257	283,254	343,027	340,164	50.00
51.00	05100	RECOVERY ROOM	96,635	21,391	30,716	31,002	27,213	51.00
53.00	05300	ANESTHESIOLOGY	193,154	1,174	1,686	46,911	20,410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,583,582	60,860	87,393	281,863	115,657	54.00
60.00	06000	LABORATORY	2,034,675	35,676	51,230	228,847	115,657	60.00
64.00	06400	INTRAVENOUS THERAPY	1,010,870	14,331	20,578	256,660	74,837	64.00
65.00	06500	RESPIRATORY THERAPY	382,591	10,116	14,526	122,156	61,230	65.00
65.01	03610	SLEEP LAB	1,253,731	62,516	89,771	324,057	115,657	65.01
65.02	03950	GERIATRIC PSYCH	412,503	18,500	26,566	0	34,017	65.02
66.00	06600	PHYSICAL THERAPY	783,550	9,378	13,467	181,156	122,460	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	819,797	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,988	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,593	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	325,478	28,827	41,394	104,236	27,213	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	553,036	40,719	58,471	986	81,640	90.00
91.00	09100	EMERGENCY	1,283,391	61,838	88,798	359,098	88,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,545,578	1,437,517	2,064,226	4,240,371	2,000,178	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,488	9,316	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,854	13,382	19,216	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	43,556,432	1,457,387	2,092,758	4,240,371	2,000,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part I Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	99,812					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,140	1,506,759				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	56	0	6,402,078	6,402,078		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,257,802	216,732	1,474,534	6.00
7.00	00700	OPERATION OF PLANT	0	0	415,490	71,593	122,070	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	234,249	40,363	14,173	8.00
9.00	00900	HOUSEKEEPING	6	0	423,213	72,924	6,876	9.00
10.00	01000	DIETARY	44	0	400,205	68,959	100,074	10.00
11.00	01100	CAFETERIA	75	0	281,032	48,425	9,757	11.00
13.00	01300	NURSING ADMINISTRATION	45	0	1,223,779	210,869	48,786	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	251	0	133,338	22,975	9,820	14.00
15.00	01500	PHARMACY	3,570	0	8,928,323	1,538,453	32,005	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	322,963	55,650	97,992	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,954	25,219	3,520,800	606,669	219,326	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,858	198,574	3,259,223	561,597	275,560	50.00
51.00	05100	RECOVERY ROOM	175	57,309	264,441	45,566	29,881	51.00
53.00	05300	ANESTHESIOLOGY	2,830	33,092	299,257	51,565	1,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,709	312,931	2,445,995	421,469	85,018	54.00
60.00	06000	LABORATORY	4,874	270,405	2,741,364	472,364	49,837	60.00
64.00	06400	INTRAVENOUS THERAPY	19,481	34,065	1,430,822	246,545	20,019	64.00
65.00	06500	RESPIRATORY THERAPY	835	26,104	617,558	106,411	14,131	65.00
65.01	03610	SLEEP LAB	1,095	111,757	1,958,584	337,484	87,331	65.01
65.02	03950	GERIATRIC PSYCH	0	5,845	497,431	85,712	25,844	65.02
66.00	06600	PHYSICAL THERAPY	586	37,630	1,148,227	197,851	13,101	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,102	842,899	145,240	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,945	841,933	145,073	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	210,097	315,690	54,397	0	73.00
76.97	07697	CARDIAC REHABILITATION	177	10,794	538,119	92,723	40,269	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,867	33,419	770,138	132,702	56,882	90.00
91.00	09100	EMERGENCY	10,184	90,471	1,982,223	341,557	86,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,812	1,506,759	43,497,176	6,391,868	1,446,777	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,804	2,723	9,063	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	43,452	7,487	18,694	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	99,812	1,506,759	43,556,432	6,402,078	1,474,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part I | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	609,153					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,384	295,169				8.00
9.00	00900	HOUSEKEEPING	3,097	572	506,682			9.00
10.00	01000	DIETARY	45,074	706	1,145	616,163		10.00
11.00	01100	CAFETERIA	4,395	0	5,727	0	349,336	11.00
13.00	01300	NURSING ADMINISTRATION	21,973	0	0	0	18,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,423	0	0	0	4,209	14.00
15.00	01500	PHARMACY	14,415	0	4,391	0	12,627	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,136	0	1,336	0	6,313	16.00
17.00	01700	SOCIAL SERVICE	0	0	573	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,785	100,985	223,847	616,163	65,237	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	124,110	52,976	69,110	0	35,775	50.00
51.00	05100	RECOVERY ROOM	13,459	18,227	4,964	0	2,104	51.00
53.00	05300	ANESTHESIOLOGY	739	0	1,718	0	4,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,292	22,559	20,046	0	31,567	54.00
60.00	06000	LABORATORY	22,447	0	12,696	0	29,462	60.00
64.00	06400	INTRAVENOUS THERAPY	9,017	0	11,455	0	31,567	64.00
65.00	06500	RESPIRATORY THERAPY	6,365	439	4,009	0	12,627	65.00
65.01	03610	SLEEP LAB	39,334	20,397	42,764	0	33,671	65.01
65.02	03950	GERIATRIC PSYCH	11,640	0	5,727	0	0	65.02
66.00	06600	PHYSICAL THERAPY	5,901	0	0	0	16,835	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	18,137	805	6,109	0	10,522	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,620	11,453	47,728	0	0	90.00
91.00	09100	EMERGENCY	38,908	66,050	43,337	0	33,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	596,651	295,169	506,682	616,163	349,336	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,082	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,420	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	609,153	295,169	506,682	616,163	349,336	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part I Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,524,347					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	174,765				14.00
15.00	01500	PHARMACY	123,527	67	10,653,808			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	528,390		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	573	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	663,536	22	16,055	81,291	573	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	371,098	169,469	13,446	160,548	0	50.00
51.00	05100	RECOVERY ROOM	25,885	0	594	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	1,383	3,396	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4	7	52,839	0	54.00
60.00	06000	LABORATORY	0	22	0	36,581	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	266	8,716	50,807	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,419	2,601	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	16,258	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	0	4,065	0	65.02
66.00	06600	PHYSICAL THERAPY	0	3	3,579	6,097	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,592,390	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	110	4,888	24,387	0	90.00
91.00	09100	EMERGENCY	340,301	0	8,136	95,517	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,524,347	174,765	10,653,808	528,390	573	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,524,347	174,765	10,653,808	528,390	573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part I | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	6,213,289	0	6,213,289		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,092,912	0	5,092,912		50.00
51.00	05100	RECOVERY ROOM	0	405,121	0	405,121		51.00
53.00	05300	ANESTHESIOLOGY	0	363,907	0	363,907		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,117,796	0	3,117,796		54.00
60.00	06000	LABORATORY	0	3,364,773	0	3,364,773		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,809,214	0	1,809,214		64.00
65.00	06500	RESPIRATORY THERAPY	0	767,560	0	767,560		65.00
65.01	03610	SLEEP LAB	0	2,535,823	0	2,535,823		65.01
65.02	03950	GERIATRIC PSYCH	0	630,419	0	630,419		65.02
66.00	06600	PHYSICAL THERAPY	0	1,391,594	0	1,391,594		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	988,139	0	988,139		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	987,006	0	987,006		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,962,477	0	10,962,477		73.00
76.97	07697	CARDIAC REHABILITATION	0	706,684	0	706,684		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,073,908	0	1,073,908		90.00
91.00	09100	EMERGENCY	0	3,036,085	0	3,036,085		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	43,446,707	0	43,446,707		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,672	0	31,672		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	78,053	0	78,053		192.00
192.01	19201	UNUSED SPACE	0	0	0	0		192.01
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)	0	43,556,432	0	43,556,432		202.00

COST ALLOCATION STATISTICS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	2	GROSS SALARIES	4.00
5.01	DATA PROCESSING	3	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	4	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	5	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF SERVICE	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	10	DIRECT NURSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	14.00
15.00	PHARMACY	12	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	13	TIME SPENT	16.00
17.00	SOCIAL SERVICE	14	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part II | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,178	17,487	29,665	29,665	4.00
5.01	00550	DATA PROCESSING	0	6,714	9,641	16,355	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	6,533	9,381	15,914	70	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,662	21,054	35,716	1,108	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	301,333	432,704	734,037	2,387	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	60,423	86,766	147,189	666	6.00
7.00	00700	OPERATION OF PLANT	0	87,384	125,480	212,864	336	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,146	14,569	24,715	0	8.00
9.00	00900	HOUSEKEEPING	0	4,922	7,068	11,990	624	9.00
10.00	01000	DIETARY	0	71,638	102,870	174,508	283	10.00
11.00	01100	CAFETERIA	0	6,985	10,030	17,015	487	11.00
13.00	01300	NURSING ADMINISTRATION	0	34,923	50,149	85,072	1,827	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,030	10,095	17,125	117	14.00
15.00	01500	PHARMACY	0	22,911	32,899	55,810	1,235	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,148	100,730	170,878	235	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	157,004	225,453	382,457	4,342	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	197,257	283,254	480,511	2,399	50.00
51.00	05100	RECOVERY ROOM	0	21,391	30,716	52,107	217	51.00
53.00	05300	ANESTHESIOLOGY	0	1,174	1,686	2,860	328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,860	87,393	148,253	1,972	54.00
60.00	06000	LABORATORY	0	35,676	51,230	86,906	1,601	60.00
64.00	06400	INTRAVENOUS THERAPY	0	14,331	20,578	34,909	1,795	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,116	14,526	24,642	854	65.00
65.01	03610	SLEEP LAB	0	62,516	89,771	152,287	2,267	65.01
65.02	03950	GERIATRIC PSYCH	0	18,500	26,566	45,066	0	65.02
66.00	06600	PHYSICAL THERAPY	0	9,378	13,467	22,845	1,267	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	28,827	41,394	70,221	729	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	40,719	58,471	99,190	7	90.00
91.00	09100	EMERGENCY	0	61,838	88,798	150,636	2,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,437,517	2,064,226	3,501,743	29,665	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,488	9,316	15,804	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,382	19,216	32,598	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,457,387	2,092,758	3,550,145	29,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part II Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	16,355					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	56	16,040				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	668	183	37,675			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,391	9	0	737,824		5.04
6.00	00600	MAINTENANCE & REPAIRS	946	0	0	24,977	173,778	6.00
7.00	00700	OPERATION OF PLANT	56	0	0	8,251	14,386	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,652	1,670	8.00
9.00	00900	HOUSEKEEPING	56	1	0	8,404	810	9.00
10.00	01000	DIETARY	167	7	0	7,947	11,794	10.00
11.00	01100	CAFETERIA	0	12	0	5,581	1,150	11.00
13.00	01300	NURSING ADMINISTRATION	445	7	0	24,302	5,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	40	0	2,648	1,157	14.00
15.00	01500	PHARMACY	278	574	0	177,312	3,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	278	0	0	6,413	11,549	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,003	1,921	631	69,916	25,848	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,777	5,924	4,972	64,722	32,476	50.00
51.00	05100	RECOVERY ROOM	223	28	1,435	5,251	3,522	51.00
53.00	05300	ANESTHESIOLOGY	167	455	828	5,943	193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	946	596	7,786	48,573	10,020	54.00
60.00	06000	LABORATORY	946	783	6,770	54,438	5,873	60.00
64.00	06400	INTRAVENOUS THERAPY	612	3,131	853	28,413	2,359	64.00
65.00	06500	RESPIRATORY THERAPY	501	134	654	12,263	1,665	65.00
65.01	03610	SLEEP LAB	946	176	2,798	38,894	10,292	65.01
65.02	03950	GERIATRIC PSYCH	278	0	146	9,878	3,046	65.02
66.00	06600	PHYSICAL THERAPY	1,001	94	942	22,801	1,544	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	578	16,738	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	650	16,719	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,260	6,269	0	73.00
76.97	07697	CARDIAC REHABILITATION	223	28	270	10,686	4,746	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	668	300	837	15,293	6,704	90.00
91.00	09100	EMERGENCY	723	1,637	2,265	39,363	10,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,355	16,040	37,675	736,647	170,507	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	314	1,068	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	863	2,203	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,355	16,040	37,675	737,824	173,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part II | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	235,893					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,472	33,509				8.00
9.00	00900	HOUSEKEEPING	1,199	65	23,149			9.00
10.00	01000	DIETARY	17,455	80	52	212,293		10.00
11.00	01100	CAFETERIA	1,702	0	262	0	26,209	11.00
13.00	01300	NURSING ADMINISTRATION	8,509	0	0	0	1,421	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,713	0	0	0	316	14.00
15.00	01500	PHARMACY	5,582	0	201	0	947	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,092	0	61	0	474	16.00
17.00	01700	SOCIAL SERVICE	0	0	26	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,254	11,465	10,226	212,293	4,896	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,060	6,014	3,157	0	2,684	50.00
51.00	05100	RECOVERY ROOM	5,212	2,069	227	0	158	51.00
53.00	05300	ANESTHESIOLOGY	286	0	79	0	316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,829	2,561	916	0	2,368	54.00
60.00	06000	LABORATORY	8,692	0	580	0	2,210	60.00
64.00	06400	INTRAVENOUS THERAPY	3,492	0	523	0	2,368	64.00
65.00	06500	RESPIRATORY THERAPY	2,465	50	183	0	947	65.00
65.01	03610	SLEEP LAB	15,232	2,316	1,954	0	2,526	65.01
65.02	03950	GERIATRIC PSYCH	4,508	0	262	0	0	65.02
66.00	06600	PHYSICAL THERAPY	2,285	0	0	0	1,263	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	7,024	91	279	0	789	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,921	1,300	2,181	0	0	90.00
91.00	09100	EMERGENCY	15,067	7,498	1,980	0	2,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	231,051	33,509	23,149	212,293	26,209	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,581	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,261	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	235,893	33,509	23,149	212,293	26,209	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part II Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	127,333					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,116				14.00
15.00	01500	PHARMACY	10,319	9	256,039			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	206,980		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	26	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,427	3	386	31,843	26	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,999	22,416	323	62,890	0	50.00
51.00	05100	RECOVERY ROOM	2,162	0	14	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	183	82	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1	0	20,698	0	54.00
60.00	06000	LABORATORY	0	3	0	14,329	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	35	209	19,902	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	452	63	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	6,369	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	0	1,592	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	86	2,388	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	254,563	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14	117	9,553	0	90.00
91.00	09100	EMERGENCY	28,426	0	196	37,416	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,333	23,116	256,039	206,980	26	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	127,333	23,116	256,039	206,980	26	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B Part II | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		851,937	0	851,937		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		770,324	0	770,324		50.00
51.00	05100	RECOVERY ROOM		72,625	0	72,625		51.00
53.00	05300	ANESTHESIOLOGY		11,720	0	11,720		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		259,519	0	259,519		54.00
60.00	06000	LABORATORY		183,131	0	183,131		60.00
64.00	06400	INTRAVENOUS THERAPY		98,601	0	98,601		64.00
65.00	06500	RESPIRATORY THERAPY		44,873	0	44,873		65.00
65.01	03610	SLEEP LAB		236,057	0	236,057		65.01
65.02	03950	GERIATRIC PSYCH		64,776	0	64,776		65.02
66.00	06600	PHYSICAL THERAPY		56,516	0	56,516		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		17,316	0	17,316		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,369	0	17,369		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		266,092	0	266,092		73.00
76.97	07697	CARDIAC REHABILITATION		95,086	0	95,086		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		146,085	0	146,085		90.00
91.00	09100	EMERGENCY		300,426	0	300,426		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,492,453	0	3,492,453		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,767	0	18,767		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		38,925	0	38,925		192.00
192.01	19201	UNUSED SPACE		0	0	0		192.01
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)	0	3,550,145	0	3,550,145		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B-1 | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	96,816					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		96,816				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	809	809	12,686,054			4.00
5.01	00550	DATA PROCESSING	446	446	0	294		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	434	434	29,885	1	1,140,073	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	974	974	473,800	12	13,025	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	20,018	20,018	1,021,112	25	637	5.04
6.00	00600	MAINTENANCE & REPAIRS	4,014	4,014	284,907	17	0	6.00
7.00	00700	OPERATION OF PLANT	5,805	5,805	143,903	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	674	674	0	0	0	8.00
9.00	00900	HOUSEKEEPING	327	327	267,080	1	72	9.00
10.00	01000	DIETARY	4,759	4,759	120,997	3	499	10.00
11.00	01100	CAFETERIA	464	464	208,437	0	859	11.00
13.00	01300	NURSING ADMINISTRATION	2,320	2,320	781,400	8	516	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	467	467	50,031	0	2,865	14.00
15.00	01500	PHARMACY	1,522	1,522	528,378	5	40,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,660	4,660	100,383	5	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,430	10,430	1,854,607	36	136,537	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,104	13,104	1,026,244	50	421,014	50.00
51.00	05100	RECOVERY ROOM	1,421	1,421	92,750	4	1,995	51.00
53.00	05300	ANESTHESIOLOGY	78	78	140,344	3	32,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,043	4,043	843,257	17	42,364	54.00
60.00	06000	LABORATORY	2,370	2,370	684,647	17	55,666	60.00
64.00	06400	INTRAVENOUS THERAPY	952	952	767,857	11	222,513	64.00
65.00	06500	RESPIRATORY THERAPY	672	672	365,457	9	9,536	65.00
65.01	03610	SLEEP LAB	4,153	4,153	969,490	17	12,503	65.01
65.02	03950	GERIATRIC PSYCH	1,229	1,229	0	5	0	65.02
66.00	06600	PHYSICAL THERAPY	623	623	541,968	18	6,689	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,915	1,915	311,847	4	2,019	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,705	2,705	2,949	12	21,330	90.00
91.00	09100	EMERGENCY	4,108	4,108	1,074,324	13	116,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,496	95,496	12,686,054	294	1,140,073	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	431	431	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	889	889	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,457,387	2,092,758	4,240,371	2,000,178	99,812	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.053163	21.615828	0.334255	6,803.326531	0.087549	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			29,665	16,355	16,040	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002338	55.629252	0.014069	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B-1 | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	166,912,473					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-6,402,078	37,154,354			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,257,802	70,121		6.00
7.00	00700	OPERATION OF PLANT	0	0	415,490	5,805	64,316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	234,249	674	674	8.00
9.00	00900	HOUSEKEEPING	0	0	423,213	327	327	9.00
10.00	01000	DIETARY	0	0	400,205	4,759	4,759	10.00
11.00	01100	CAFETERIA	0	0	281,032	464	464	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,223,779	2,320	2,320	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	133,338	467	467	14.00
15.00	01500	PHARMACY	0	0	8,928,323	1,522	1,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	322,963	4,660	4,660	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,793,703	0	3,520,800	10,430	10,430	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,997,813	0	3,259,223	13,104	13,104	50.00
51.00	05100	RECOVERY ROOM	6,348,632	0	264,441	1,421	1,421	51.00
53.00	05300	ANESTHESIOLOGY	3,665,837	0	299,257	78	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,661,725	0	2,445,995	4,043	4,043	54.00
60.00	06000	LABORATORY	29,955,150	0	2,741,364	2,370	2,370	60.00
64.00	06400	INTRAVENOUS THERAPY	3,773,675	0	1,430,822	952	952	64.00
65.00	06500	RESPIRATORY THERAPY	2,891,762	0	617,558	672	672	65.00
65.01	03610	SLEEP LAB	12,380,336	0	1,958,584	4,153	4,153	65.01
65.02	03950	GERIATRIC PSYCH	647,484	0	497,431	1,229	1,229	65.02
66.00	06600	PHYSICAL THERAPY	4,168,593	0	1,148,227	623	623	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,559,163	0	842,899	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,874,165	0	841,933	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,274,330	0	315,690	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,195,700	0	538,119	1,915	1,915	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,702,141	0	770,138	2,705	2,705	90.00
91.00	09100	EMERGENCY	10,022,264	0	1,982,223	4,108	4,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	166,912,473	-6,402,078	37,095,098	68,801	62,996	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,804	431	431	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	43,452	889	889	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,506,759		6,402,078	1,474,534	609,153	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009027		0.172310	21.028422	9.471251	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,675		737,824	173,778	235,893	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000226		0.019858	2.478259	3.667719	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B-1 | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,392					8.00
9.00	00900	HOUSEKEEPING	150	5,308				9.00
10.00	01000	DIETARY	185	12	17,701			10.00
11.00	01100	CAFETERIA	0	60	0	166		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	9	152,994	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2	0	14.00
15.00	01500	PHARMACY	0	46	0	6	12,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	6	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,478	2,345	17,701	31	66,597	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,890	724	0	17	37,246	50.00
51.00	05100	RECOVERY ROOM	4,779	52	0	1	2,598	51.00
53.00	05300	ANESTHESIOLOGY	0	18	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,915	210	0	15	0	54.00
60.00	06000	LABORATORY	0	133	0	14	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	120	0	15	0	64.00
65.00	06500	RESPIRATORY THERAPY	115	42	0	6	0	65.00
65.01	03610	SLEEP LAB	5,348	448	0	16	0	65.01
65.02	03950	GERIATRIC PSYCH	0	60	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	8	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	211	64	0	5	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,003	500	0	0	0	90.00
91.00	09100	EMERGENCY	17,318	454	0	16	34,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,392	5,308	17,701	166	152,994	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	295,169	506,682	616,163	349,336	1,524,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.813947	95.456292	34.809502	2,104.433735	9.963443	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,509	23,149	212,293	26,209	127,333	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.432978	4.361153	11.993277	157.885542	0.832274	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet B-1 | Date/Time Prepared: 8/29/2016 9:33 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,635,221					14.00
15.00	01500	PHARMACY	624	8,057,198				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	260			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,215		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	208	12,142	40	4,215	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,585,678	10,169	79	0	0	50.00
51.00	05100	RECOVERY ROOM	0	449	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	12,938	2,568	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36	5	26	0	0	54.00
60.00	06000	LABORATORY	205	0	18	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,486	6,592	25	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,995	1,967	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	8	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	2	0	0	65.02
66.00	06600	PHYSICAL THERAPY	26	2,707	3	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,010,749	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,025	3,697	12	0	0	90.00
91.00	09100	EMERGENCY	0	6,153	47	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,635,221	8,057,198	260	4,215	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	UNUSED SPACE	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	174,765	10,653,808	528,390	573	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.106875	1.322272	2,032.269231	0.135943	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,116	256,039	206,980	26	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014136	0.031778	796.076923	0.006168	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,213,289		6,213,289	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,092,912		5,092,912	0	0	50.00
51.00	05100	RECOVERY ROOM	405,121		405,121	0	0	51.00
53.00	05300	ANESTHESIOLOGY	363,907		363,907	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,117,796		3,117,796	0	0	54.00
60.00	06000	LABORATORY	3,364,773		3,364,773	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,809,214		1,809,214	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	767,560	0	767,560	0	0	65.00
65.01	03610	SLEEP LAB	2,535,823	0	2,535,823	0	0	65.01
65.02	03950	GERIATRIC PSYCH	630,419	0	630,419	0	0	65.02
66.00	06600	PHYSICAL THERAPY	1,391,594	0	1,391,594	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,139		988,139	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	987,006		987,006	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,962,477		10,962,477	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	706,684		706,684	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,073,908		1,073,908	0	0	90.00
91.00	09100	EMERGENCY	3,036,085		3,036,085	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	549,577		549,577		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	43,996,284	0	43,996,284	0	0	200.00
201.00		Less Observation Beds	549,577		549,577		0	201.00
202.00		Total (see instructions)	43,446,707	0	43,446,707	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,333,143		2,333,143			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	341,091	21,185,193	21,526,284	0.236590	0.000000	50.00
51.00	05100	RECOVERY ROOM	46,593	6,154,792	6,201,385	0.065328	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	53,877	3,510,689	3,564,566	0.102090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,578,564	32,436,461	34,015,025	0.091659	0.000000	54.00
60.00	06000	LABORATORY	1,512,917	27,741,693	29,254,610	0.115017	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	90,405	3,683,270	3,773,675	0.479430	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	570,896	1,993,124	2,564,020	0.299358	0.000000	65.00
65.01	03610	SLEEP LAB	85	11,951,288	11,951,373	0.212178	0.000000	65.01
65.02	03950	GERIATRIC PSYCH	0	647,484	647,484	0.973644	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	1,123,342	2,966,119	4,089,461	0.340288	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,213	2,488,967	2,515,180	0.392870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,945	2,817,337	2,869,282	0.343991	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,246,611	20,790,186	23,036,797	0.475868	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,195,700	1,195,700	0.591021	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,000	3,686,513	3,691,513	0.290913	0.000000	90.00
91.00	09100	EMERGENCY	231,988	9,674,120	9,906,108	0.306486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,006	417,339	439,345	1.250901	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	10,234,676	153,340,275	163,574,951			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	10,234,676	153,340,275	163,574,951			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03610	SLEEP LAB	0.000000		65.01
65.02	03950	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
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: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,213,289		6,213,289	0	6,213,289	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,092,912		5,092,912	0	5,092,912	50.00
51.00	05100	RECOVERY ROOM	405,121		405,121	0	405,121	51.00
53.00	05300	ANESTHESIOLOGY	363,907		363,907	0	363,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,117,796		3,117,796	0	3,117,796	54.00
60.00	06000	LABORATORY	3,364,773		3,364,773	0	3,364,773	60.00
64.00	06400	INTRAVENOUS THERAPY	1,809,214		1,809,214	0	1,809,214	64.00
65.00	06500	RESPIRATORY THERAPY	767,560	0	767,560	0	767,560	65.00
65.01	03610	SLEEP LAB	2,535,823	0	2,535,823	0	2,535,823	65.01
65.02	03950	GERIATRIC PSYCH	630,419	0	630,419	0	630,419	65.02
66.00	06600	PHYSICAL THERAPY	1,391,594	0	1,391,594	0	1,391,594	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,139		988,139	0	988,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	987,006		987,006	0	987,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,962,477		10,962,477	0	10,962,477	73.00
76.97	07697	CARDIAC REHABILITATION	706,684		706,684	0	706,684	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,073,908		1,073,908	0	1,073,908	90.00
91.00	09100	EMERGENCY	3,036,085		3,036,085	0	3,036,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	549,577		549,577		549,577	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	43,996,284	0	43,996,284	0	43,996,284	200.00
201.00		Less Observation Beds	549,577		549,577		549,577	201.00
202.00		Total (see instructions)	43,446,707	0	43,446,707	0	43,446,707	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,333,143		2,333,143			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	341,091	21,185,193	21,526,284	0.236590	0.000000	50.00
51.00	05100	RECOVERY ROOM	46,593	6,154,792	6,201,385	0.065328	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	53,877	3,510,689	3,564,566	0.102090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,578,564	32,436,461	34,015,025	0.091659	0.000000	54.00
60.00	06000	LABORATORY	1,512,917	27,741,693	29,254,610	0.115017	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	90,405	3,683,270	3,773,675	0.479430	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	570,896	1,993,124	2,564,020	0.299358	0.000000	65.00
65.01	03610	SLEEP LAB	85	11,951,288	11,951,373	0.212178	0.000000	65.01
65.02	03950	GERIATRIC PSYCH	0	647,484	647,484	0.973644	0.000000	65.02
66.00	06600	PHYSICAL THERAPY	1,123,342	2,966,119	4,089,461	0.340288	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,213	2,488,967	2,515,180	0.392870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,945	2,817,337	2,869,282	0.343991	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,246,611	20,790,186	23,036,797	0.475868	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,195,700	1,195,700	0.591021	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,000	3,686,513	3,691,513	0.290913	0.000000	90.00
91.00	09100	EMERGENCY	231,988	9,674,120	9,906,108	0.306486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,006	417,339	439,345	1.250901	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	10,234,676	153,340,275	163,574,951			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	10,234,676	153,340,275	163,574,951			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet C Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03610	SLEEP LAB	0.000000		65.01
65.02	03950	GERIATRIC PSYCH	0.000000		65.02
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part II Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	770,324	21,526,284	0.035785	186,248	6,665	50.00
51.00	05100	RECOVERY ROOM	72,625	6,201,385	0.011711	24,360	285	51.00
53.00	05300	ANESTHESIOLOGY	11,720	3,564,566	0.003288	29,184	96	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	259,519	34,015,025	0.007630	935,569	7,138	54.00
60.00	06000	LABORATORY	183,131	29,254,610	0.006260	742,746	4,650	60.00
64.00	06400	INTRAVENOUS THERAPY	98,601	3,773,675	0.026129	44,185	1,155	64.00
65.00	06500	RESPIRATORY THERAPY	44,873	2,564,020	0.017501	320,431	5,608	65.00
65.01	03610	SLEEP LAB	236,057	11,951,373	0.019751	0	0	65.01
65.02	03950	GERIATRIC PSYCH	64,776	647,484	0.100043	0	0	65.02
66.00	06600	PHYSICAL THERAPY	56,516	4,089,461	0.013820	103,695	1,433	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,316	2,515,180	0.006885	11,878	82	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,369	2,869,282	0.006053	28,366	172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	266,092	23,036,797	0.011551	620,143	7,163	73.00
76.97	07697	CARDIAC REHABILITATION	95,086	1,195,700	0.079523	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	146,085	3,691,513	0.039573	3,855	153	90.00
91.00	09100	EMERGENCY	300,426	9,906,108	0.030327	20,031	607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,355	439,345	0.171517	2,694	462	92.00
200.00		Total (lines 50-199)	2,715,871	161,241,808		3,073,385	35,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part IV | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part IV | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,526,284	0.000000	0.000000	186,248	50.00
51.00	05100	RECOVERY ROOM	0	6,201,385	0.000000	0.000000	24,360	51.00
53.00	05300	ANESTHESIOLOGY	0	3,564,566	0.000000	0.000000	29,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,015,025	0.000000	0.000000	935,569	54.00
60.00	06000	LABORATORY	0	29,254,610	0.000000	0.000000	742,746	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,773,675	0.000000	0.000000	44,185	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,564,020	0.000000	0.000000	320,431	65.00
65.01	03610	SLEEP LAB	0	11,951,373	0.000000	0.000000	0	65.01
65.02	03950	GERIATRIC PSYCH	0	647,484	0.000000	0.000000	0	65.02
66.00	06600	PHYSICAL THERAPY	0	4,089,461	0.000000	0.000000	103,695	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,515,180	0.000000	0.000000	11,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,869,282	0.000000	0.000000	28,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,036,797	0.000000	0.000000	620,143	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,195,700	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,691,513	0.000000	0.000000	3,855	90.00
91.00	09100	EMERGENCY	0	9,906,108	0.000000	0.000000	20,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	439,345	0.000000	0.000000	2,694	92.00
200.00		Total (lines 50-199)	0	161,241,808			3,073,385	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part IV | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part IV | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03610	SLEEP LAB	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part V Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.236590	0	7,155,640	0	0	50.00
51.00	05100	RECOVERY ROOM	0.065328	0	2,069,360	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.102090	0	1,128,504	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091659	0	9,104,626	0	0	54.00
60.00	06000	LABORATORY	0.115017	0	8,104,185	7,681	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.479430	0	1,486,108	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.299358	0	764,711	0	0	65.00
65.01	03610	SLEEP LAB	0.212178	0	2,595,053	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0.973644	0	554,952	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.340288	0	801,847	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392870	0	885,334	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343991	0	1,376,728	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.475868	0	8,950,297	1,936	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.591021	0	510,936	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.290913	0	2,157,795	0	0	90.00
91.00	09100	EMERGENCY	0.306486	0	2,303,504	1,953	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.250901	0	311,522	0	0	92.00
200.00		Subtotal (see instructions)		0	50,261,102	11,570	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	50,261,102	11,570	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part V Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,692,953	0		50.00
51.00	05100	RECOVERY ROOM	135,187	0		51.00
53.00	05300	ANESTHESIOLOGY	115,209	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	834,521	0		54.00
60.00	06000	LABORATORY	932,119	883		60.00
64.00	06400	INTRAVENOUS THERAPY	712,485	0		64.00
65.00	06500	RESPIRATORY THERAPY	228,922	0		65.00
65.01	03610	SLEEP LAB	550,613	0		65.01
65.02	03950	GERIATRIC PSYCH	540,326	0		65.02
66.00	06600	PHYSICAL THERAPY	272,859	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	347,821	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	473,582	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,259,160	921		73.00
76.97	07697	CARDIAC REHABILITATION	301,974	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	627,731	0		90.00
91.00	09100	EMERGENCY	705,992	599		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	389,683	0		92.00
200.00		Subtotal (see instructions)	13,121,137	2,403		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	13,121,137	2,403		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part V | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.236590	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.065328	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.102090	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091659	0	0	0	0	54.00
60.00	06000	LABORATORY	0.115017	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.479430	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.299358	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0.212178	0	0	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0.973644	0	0	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.340288	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392870	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343991	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.475868	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.591021	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.290913	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.306486	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.250901	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D Part V | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03610	SLEEP LAB	0	0		65.01
65.02	03950	GERIATRIC PSYCH	0	0		65.02
66.00	06600	PHYSICAL THERAPY	0	0		66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-1 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,624	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,775	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)	1,366	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)	2,849	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)	847	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)	2,104	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,213,289	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)	3,828,201	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,385,088	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,385,088	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,343.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,138,114	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,138,114	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-1 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	692,370	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,830,484	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	2,827,145	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	2,827,145	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)	409	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,343.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	549,577	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-1 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	851,937	6,213,289	0.137115	549,577	75,355	90.00
91.00	Nursing School cost	0	6,213,289	0.000000	549,577	0	91.00
92.00	Allied health cost	0	6,213,289	0.000000	549,577	0	92.00
93.00	All other Medical Education	0	6,213,289	0.000000	549,577	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-3 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		648,109		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.236590	186,248	44,064	50.00
51.00	05100	RECOVERY ROOM	0.065328	24,360	1,591	51.00
53.00	05300	ANESTHESIOLOGY	0.102090	29,184	2,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091659	935,569	85,753	54.00
60.00	06000	LABORATORY	0.115017	742,746	85,428	60.00
64.00	06400	INTRAVENOUS THERAPY	0.479430	44,185	21,184	64.00
65.00	06500	RESPIRATORY THERAPY	0.299358	320,431	95,924	65.00
65.01	03610	SLEEP LAB	0.212178	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0.973644	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.340288	103,695	35,286	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392870	11,878	4,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343991	28,366	9,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.475868	620,143	295,106	73.00
76.97	07697	CARDIAC REHABILITATION	0.591021	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.290913	3,855	1,121	90.00
91.00	09100	EMERGENCY	0.306486	20,031	6,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.250901	2,694	3,370	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,073,385	692,370	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		3,073,385		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-3 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.236590	1,764	417	50.00
51.00	05100	RECOVERY ROOM	0.065328	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.102090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091659	143,077	13,114	54.00
60.00	06000	LABORATORY	0.115017	307,779	35,400	60.00
64.00	06400	INTRAVENOUS THERAPY	0.479430	18,377	8,810	64.00
65.00	06500	RESPIRATORY THERAPY	0.299358	99,715	29,850	65.00
65.01	03610	SLEEP LAB	0.212178	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0.973644	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.340288	701,963	238,870	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392870	2,220	872	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343991	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.475868	909,801	432,945	73.00
76.97	07697	CARDIAC REHABILITATION	0.591021	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.290913	225	65	90.00
91.00	09100	EMERGENCY	0.306486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.250901	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,184,921	760,343	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)		2,184,921		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 141334 | Component CCN: 14Z334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet D-3 | Date/Time Prepared: 8/29/2016 9:33 am

Title XIX | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.236590	0	0	50.00
51.00	05100	RECOVERY ROOM	0.065328	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.102090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091659	0	0	54.00
60.00	06000	LABORATORY	0.115017	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.479430	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.299358	0	0	65.00
65.01	03610	SLEEP LAB	0.212178	0	0	65.01
65.02	03950	GERIATRIC PSYCH	0.973644	0	0	65.02
66.00	06600	PHYSICAL THERAPY	0.340288	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392870	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343991	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.475868	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.591021	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.290913	0	0	90.00
91.00	09100	EMERGENCY	0.306486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.250901	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		0	0	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)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet E Part B Date/Time Prepared: 8/29/2016 9:33 am
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	13,123,540	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	13,123,540	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	13,254,775	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	8,666,753	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	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)	3,859,191	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)	3,859,191	30.00
31.00	Primary payer payments	188	31.00
32.00	Subtotal (line 30 minus line 31)	3,859,003	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	1,919,276	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,247,529	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,458,633	36.00
37.00	Subtotal (see instructions)	5,106,532	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	5,106,532	40.00
40.01	Sequestration adjustment (see instructions)	102,131	40.01
41.00	Interim payments	5,902,474	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-898,073	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet E-1 Part I Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Hospital | Cost

		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		2,537,435		6,407,106	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/25/2015	132,970	12/08/2015	102,441	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	09/25/2015	386,259	06/25/2015	29,100	3.50
3.51		12/08/2015	471,577	09/25/2015	400,585	3.51
3.52		03/22/2016	14,829	03/22/2016	177,388	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)		-739,695		-504,632	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)		1,797,740		5,902,474	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		160,253		898,073	6.02
7.00	Total Medicare program liability (see instructions)		1,637,487		5,004,401	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 8/29/2016 9:33 am

Component CCN: 14Z334 | Title XVIII | Swing Beds - SNF | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,974,971		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	09/25/2015	312,007		0	3.50
3.51		12/08/2015	105,555		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)		-417,562		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,557,409		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		62,999		0	6.02
7.00	Total Medicare program liability (see instructions)		3,494,410		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet E-1 Part II Date/Time Prepared: 8/29/2016 9:33 am
	Title XVIII	Hospital	Cost

		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	461	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	847	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	142	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	1,366	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	163,574,951	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,403,351	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
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet E-2

Component CCN: 14Z334 | Date/Time Prepared: 8/29/2016 9:33 am

Title XVIII | Swing Beds - SNF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,855,416	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	767,946	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	2,104	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	3,623,362	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	3,623,362	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	3,623,362	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	57,638	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	3,565,724	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	3,565,724	0	19.00
19.01	Sequestration adjustment (see instructions)	71,314	0	19.01
20.00	Interim payments	3,557,409	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-62,999	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 141334 Component CCN: 14Z334	Period: From 04/01/2015 To 03/31/2016	Worksheet E-2 Date/Time Prepared: 8/29/2016 9:33 am
	Title XIX	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet E-3 Part V Date/Time Prepared: 8/29/2016 9:33 am
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	1,830,484	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,830,484	4.00
5.00	Primary payer payments	2,716	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	1,846,073	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	1,846,073	19.00
20.00	Deductibles (exclude professional component)	228,887	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	1,617,186	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	1,617,186	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	82,645	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	53,719	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	60,787	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	1,670,905	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (see instructions)	1,670,905	30.00
30.01	Sequestration adjustment (see instructions)	33,418	30.01
31.00	Interim payments	1,797,740	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)	-160,253	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet G | Date/Time Prepared: 8/29/2016 9:33 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	2,796,697	0	37,713	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	26,110,099	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,514,815	0	0	0	6.00
7.00	Inventory	1,199,979	0	0	0	7.00
8.00	Prepaid expenses	124,298	0	0	0	8.00
9.00	Other current assets	45,016	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	17,761,274	0	37,713	0	11.00
	FIXED ASSETS					
12.00	Land	171,136	0	0	0	12.00
13.00	Land improvements	1,109,977	0	0	0	13.00
14.00	Accumulated depreciation	-705,670	0	0	0	14.00
15.00	Buildings	24,372,448	0	0	0	15.00
16.00	Accumulated depreciation	-10,984,446	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	104,932	0	0	0	21.00
22.00	Accumulated depreciation	-82,349	0	0	0	22.00
23.00	Major movable equipment	14,348,654	0	0	0	23.00
24.00	Accumulated depreciation	-9,441,068	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	35,774	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,929,388	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	176,394	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	176,394	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	36,867,056	0	37,713	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,952,710	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,740,649	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	431,740	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,733,682	0	0	0	43.00
44.00	Other current liabilities	297,932	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,156,713	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	13,337,496	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	280,814	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,618,310	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,775,023	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	17,092,033				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			37,713		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)	17,092,033	0	37,713	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	36,867,056	0	37,713	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet G-1 | Date/Time Prepared: 8/29/2016 9:33 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		35,163,545		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-18,071,512				2.00
3.00	Total (sum of line 1 and line 2)		17,092,033		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INFUSION TRANSFER	0		0		30,000	5.00
6.00	TRANSFERS	0		0		6,936	6.00
7.00	ROUNDING	0		0		1	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		17,092,033		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		17,092,033		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	776		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)	776		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	INFUSION TRANSFER		0			5.00
6.00	TRANSFERS		0			6.00
7.00	ROUNDING		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	36,937		0		10.00
11.00	Subtotal (line 3 plus line 10)	37,713		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)	37,713		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 141334 | Period: From 04/01/2015 To 03/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 8/29/2016 9:33 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	1,079,011		1,079,011	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	997,500		997,500	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,076,511		2,076,511	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,076,511		2,076,511	17.00
18.00	Ancillary services	7,899,122	156,936,840	164,835,962	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	9,975,633	156,936,840	166,912,473	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		41,573,063		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)		41,573,063		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 141334	Period: From 04/01/2015 To 03/31/2016	Worksheet G-3 Date/Time Prepared: 8/29/2016 9:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	166,912,473	1.00
2.00	Less contractual allowances and discounts on patients' accounts	101,060,487	2.00
3.00	Net patient revenues (line 1 minus line 2)	65,851,986	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	41,573,063	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,278,923	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	106,902	6.00
7.00	Income from investments	80,833	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	5,046	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	89,622	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	905	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	19,638	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	37,251	22.00
23.00	Governmental appropriations	28,124	23.00
24.00	MISCELLANEOUS	63,160	24.00
25.00	Total other income (sum of lines 6-24)	431,481	25.00
26.00	Total (line 5 plus line 25)	24,710,404	26.00
27.00	CORP ALLOC/CONTR/LOSS ON EQUIP	42,781,916	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	42,781,916	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,071,512	29.00