

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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S Parts I-III Date/Time Prepared: 7/28/2016 7:35 pm
--	----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/28/2016 Time: 7:35 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LAPORTE HOSPITAL ( 150006 ) for the cost reporting period beginning 01/01/2016 and ending 02/29/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	77,054	-5,708	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
200.00 Total	0	77,054	-5,708	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: STATE & MADISON STREETS	PO Box: 250	Zip Code: 46350-		County: LAPORTE				1.00	
2.00	City: LAPORTE	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	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	LAPORTE HOSPITAL	150006	33140	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	02/29/2016		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		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.	85	28	0	0	736	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	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	N		0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	
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	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N	
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	
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y
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
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	Y
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm		
		V		XIX		
		1.00	2.00	3.00	4.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	286,280	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
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box: N/A				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
				1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N	146.00				
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		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
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part I Date/Time Prepared: 7/28/2016 7:29 pm	
			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)		10/01/2014	09/30/2015	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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part II Date/Time Prepared: 7/28/2016 7:29 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	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.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/01/2016	Y	06/01/2016
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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part II Date/Time Prepared: 7/28/2016 7:29 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-2 Part II Date/Time Prepared: 7/28/2016 7:29 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, REVENUE & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	109	6,540	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		109	6,540	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	1,200	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		129	7,740	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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)		129				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: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,335	65	1,851			1.00
2.00 HMO and other (see instructions)	300	736				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,335	65	1,851			7.00
8.00 INTENSIVE CARE UNIT	226	39	1,119			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		9	260			13.00
14.00 Total (see instructions)	1,561	113	3,230	0.00	875.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	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	875.38	27.00
28.00 Observation Bed Days		138	597			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)	5	0	283			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: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	332	37	907	1.00
2.00 HMO and other (see instructions)			53	234		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	332	37	907	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						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 WAGE INDEX INFORMATION			Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-3 Part II Date/Time Prepared: 7/28/2016 7:29 pm			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	10,331,171	-27,024	10,304,147	422,201.00	24.41	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		94,751	0	94,751	713.00	132.89	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		215,927	0	215,927	1,894.00	114.01	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		613,800	13,710	627,510	23,273.00	26.96	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		22,522	0	22,522	121.00	186.13	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		11,851	0	11,851			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		696	0	696			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		21	0	21			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		57	0	57			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	121,568	0	121,568	2,448.00	49.66	26.00
27.00	Administrative & General	5.00	2,578,539	-3,276	2,575,263	57,957.00	44.43	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	273,413	-4,411	269,002	14,589.00	18.44	30.00
31.00	Laundry & Linen Service	8.00	10,943	0	10,943	894.00	12.24	31.00
32.00	Housekeeping	9.00	160,170	0	160,170	16,403.00	9.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	251,827	-160,641	91,186	7,430.00	12.27	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	158,936	158,936	13,204.00	12.04	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	246,310	0	246,310	6,714.00	36.69	38.00
39.00	Central Services and Supply	14.00	34,788	0	34,788	2,914.00	11.94	39.00
40.00	Pharmacy	15.00	324,706	-7,438	317,268	10,330.00	30.71	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/28/2016 7:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 188,580	-1,026	187,554	10,295.00	18.22	41.00
42.00	Social Service	17.00 177,282	0	177,282	4,731.00	37.47	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part III  
Date/Time Prepared:  
7/28/2016 7:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	10,115,244	-27,024	10,088,220	420,307.00	24.00	1.00
2.00	Excluded area salaries (see instructions)	613,800	13,710	627,510	23,273.00	26.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	9,501,444	-40,734	9,460,710	397,034.00	23.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,522	0	22,522	121.00	186.13	4.00
5.00	Subtotal wage-related costs (see inst.)	11,872	0	11,872	0.00	0.13	5.00
6.00	Total (sum of lines 3 thru 5)	9,535,838	-40,734	9,495,104	397,155.00	23.91	6.00
7.00	Total overhead cost (see instructions)	4,368,126	-17,856	4,350,270	147,909.00	29.41	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-3 Part IV Date/Time Prepared: 7/28/2016 7:29 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		151,604	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		1,831,930	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,543	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		11,434	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		41,073	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		21,150	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		760,303	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		3,939	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		8,244	22.00
23.00	Tuition Reimbursement		12,624	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>2,843,844</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet S-3  
Part V  
Date/Time Prepared:  
7/28/2016 7:29 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet S-10 Date/Time Prepared: 7/28/2016 7:29 pm
---	----------------------	---	--

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.272945		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		1,775,851		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		16,190,583		6.00	
7.00	Medicaid cost (line 1 times line 6)		4,419,139		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)		2,643,288		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		962,620		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		8,624,518		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		2,354,019		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)		1,391,399		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,034,687		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		597,491	305,041	902,532	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		163,082	83,259	246,341	21.00
22.00	Partial payment by patients approved for charity care		7,415	19,474	26,889	22.00
23.00	Cost of charity care (line 21 minus line 22)		155,667	63,785	219,452	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)		321,968			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		26,500			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		295,468			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		80,647			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		300,099			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,334,786			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,186,734	1,186,734	0	1,186,734	1.00
2.00	00200		1,352,966	1,352,966	0	1,352,966	2.00
4.00	00400		2,635,033	2,756,601	722,053	3,478,654	4.00
5.01	00540	121,568	4,995	35,591	-2,087	33,504	5.01
5.03	00560	30,596	51,357	114,993	-7,204	107,789	5.03
5.04	00580	63,636	345,687	639,127	-21,199	617,928	5.04
5.06	00590	293,440	4,353,202	6,544,069	-148,004	6,396,065	5.06
7.00	00700	2,190,867	616,675	890,088	-11,200	878,888	7.00
8.00	00800	273,413	65,881	76,824	-792	76,032	8.00
9.00	00900	10,943	20,380	180,550	-13,144	167,406	9.00
10.00	01000	160,170	234,238	486,065	-315,440	170,625	10.00
11.00	01100	251,827	0	0	294,857	294,857	11.00
13.00	01300	0	0	0	294,857	294,857	11.00
13.00	01300	246,310	88,013	334,323	-26,645	307,678	13.00
14.00	01400	34,788	22,984	57,772	513,950	571,722	14.00
15.00	01500	324,706	714,240	1,038,946	-932,406	106,540	15.00
16.00	01600	188,580	30,789	219,369	-13,459	205,910	16.00
17.00	01700	177,282	74,867	252,149	-11,809	240,340	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,130,271	1,384,712	2,514,983	-78,408	2,436,575	30.00
31.00	03100	510,418	144,975	655,393	-108,833	546,560	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	73,991	73,991	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	791,649	2,293,682	3,085,331	-1,602,034	1,483,297	50.00
52.00	05200	305,679	42,300	347,979	-224,885	123,094	52.00
54.00	05400	277,692	212,038	489,730	-72,447	417,283	54.00
54.01	05401	34,320	44,105	78,425	-2,792	75,633	54.01
54.02	05402	65,957	14,248	80,205	-8,572	71,633	54.02
57.00	05700	76,602	89,729	166,331	-20,283	146,048	57.00
58.00	05800	71,650	56,868	128,518	-8,316	120,202	58.00
59.00	05900	105,325	267,927	373,252	-219,818	153,434	59.00
60.00	06000	542,518	563,457	1,105,975	-58,712	1,047,263	60.00
62.00	06200	13,505	87,752	101,257	-914	100,343	62.00
65.00	06500	133,317	21,205	154,522	-18,507	136,015	65.00
66.00	06600	495,582	109,144	604,726	-193,697	411,029	66.00
67.00	06700	0	0	0	83,701	83,701	67.00
68.00	06800	0	0	0	70,711	70,711	68.00
69.00	06900	331,845	432,123	763,968	-324,294	439,674	69.00
71.00	07100	0	0	0	1,186,039	1,186,039	71.00
72.00	07200	0	0	0	685,677	685,677	72.00
73.00	07300	0	0	0	1,066,605	1,066,605	73.00
74.00	07400	0	0	0	34,313	34,313	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	21,035	2,156	23,191	-1,721	21,470	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	37,297	37,297	-5,503	31,794	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	7,181	7,181	90.03
90.04	09004	53,492	12,148	65,640	-10,412	55,228	90.04
91.00	09100	388,388	125,923	514,311	-76,316	437,995	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		9,717,371	17,739,830	27,457,201	199,225	27,656,426	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.03	19001	11,933	1,254	13,187	-816	12,371	190.03
190.04	19002	30,711	53,578	84,289	-2,396	81,893	190.04
190.05	19003	0	0	0	0	0	190.05
190.06	19004	14,443	8,197	22,640	-1,033	21,607	190.06
191.00	19100	41,213	9,991	51,204	-2,954	48,250	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	491,741	257,059	748,800	-64,738	684,062	193.01
193.02	19302	5,166	7,567	12,733	-1,653	11,080	193.02
193.03	19303	18,677	212,747	231,424	-13,496	217,928	193.03
193.04	19304	0	0	0	13,785	13,785	193.04
193.05	19306	-84	127,245	127,161	-125,924	1,237	193.05
193.06	19305	0	0	0	0	0	193.06
193.07	19307	0	0	0	0	0	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet A Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	10,331,171	18,417,468	28,748,639	0	28,748,639	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	101,387	1,288,121	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	38,252	1,391,218	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-353,905	3,124,749	4.00
5.01	00540	NONPATIENT TELEPHONES	-4,427	29,077	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	-2,702	105,087	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	617,928	5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	49,541	6,445,606	5.06
7.00	00700	OPERATION OF PLANT	-2,314	876,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,677	68,355	8.00
9.00	00900	HOUSEKEEPING	-1,785	165,621	9.00
10.00	01000	DIETARY	-34,876	135,749	10.00
11.00	01100	CAFETERIA	-133,435	161,422	11.00
13.00	01300	NURSING ADMINISTRATION	-33,326	274,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	571,722	14.00
15.00	01500	PHARMACY	-11,034	95,506	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-63,411	142,499	16.00
17.00	01700	SOCIAL SERVICE	-18,079	222,261	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,180,261	1,256,314	30.00
31.00	03100	INTENSIVE CARE UNIT	-20,777	525,783	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	73,991	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-542,535	940,762	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-495	122,599	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-46,448	370,835	54.00
54.01	05401	NUCLEAR MEDICINE	0	75,633	54.01
54.02	05402	ULTRASOUND	0	71,633	54.02
57.00	05700	CT SCAN	0	146,048	57.00
58.00	05800	MRI	0	120,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	153,434	59.00
60.00	06000	LABORATORY	-208,311	838,952	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	100,343	62.00
65.00	06500	RESPIRATORY THERAPY	-245	135,770	65.00
66.00	06600	PHYSICAL THERAPY	-23,323	387,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,726	78,975	67.00
68.00	06800	SPEECH PATHOLOGY	-3,992	66,719	68.00
69.00	06900	ELECTROCARDIOLOGY	-29,685	409,989	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,186,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	685,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,066,605	73.00
74.00	07400	RENAL DIALYSIS	0	34,313	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-870	20,600	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	31,794	90.00
90.01	09001	DENTAL CLINIC	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	7,181	90.03
90.04	09004	INFUSION CENTER	0	55,228	90.04
91.00	09100	EMERGENCY	-58,144	379,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,597,603	25,058,823	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	12,371	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	81,893	190.04
190.05	19003	SPORTS MEDICINE	0	0	190.05
190.06	19004	FOUNDATION	0	21,607	190.06
191.00	19100	RESEARCH	0	48,250	191.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	684,062	193.01
193.02	19302	WELLNESS CENTER	0	11,080	193.02
193.03	19303	RENTAL PROPERTIES	-56,971	160,957	193.03
193.04	19304	STARKE HOSPITAL	3,536,369	3,550,154	193.04
193.05	19306	RETAIL PHARMACY	0	1,237	193.05
193.06	19305	VACANT	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	193.07
200.00		TOTAL (SUM OF LINES 118-199)	881,795	29,630,434	200.00

RECLASSIFICATIONS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-6

Date/Time Prepared:  
7/28/2016 7:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NON-BILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,388,245	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
<b>TOTALS</b>			0	2,388,245	
<b>B - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,871,716	1.00
<b>TOTALS</b>			0	1,871,716	
<b>C - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	685,677	1.00
<b>TOTALS</b>			0	685,677	
<b>D - BILLABLE DRUGS</b>					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	75	1.00
2.00	NURSING ADMINISTRATION	13.00	0	12	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,066,605	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
<b>TOTALS</b>			0	1,066,692	
<b>E - LABOR AND DELIVERY</b>					
1.00	ADULTS & PEDIATRICS	30.00	110,476	1,337	1.00
2.00	NURSERY	43.00	73,106	885	2.00
<b>TOTALS</b>			183,582	2,222	
<b>F - MEALS</b>					
1.00	CAFETERIA	11.00	158,936	135,921	1.00
<b>TOTALS</b>			158,936	135,921	
<b>G - FRINGE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		723,909	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	723,909		
<b>H - THERAPY</b>						
1.00	OCCUPATIONAL THERAPY	67.00	79,478	4,223		1.00
2.00	SPEECH PATHOLOGY	68.00	63,826	6,885		2.00
	TOTALS		143,304	11,108		
<b>I - ADMIN OFFICES</b>						
1.00	OPERATION OF PLANT	7.00	0	12,191		1.00
	TOTALS		0	12,191		
<b>J - EXPENSES RELATED TO STARKE</b>						
1.00	STARKE HOSPITAL	193.04	13,785	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		13,785	0		
<b>L - DIABETIC EDUCATION</b>						
1.00	DIABETIC TRAINING	90.03	7,181	0		1.00
	TOTALS		7,181	0		
<b>M - DIALYSIS</b>						
1.00	RENAL DIALYSIS	74.00	0	34,313		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	34,313		
<b>N - PTO USED AS STD</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	345		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	616		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,315		3.00
4.00	OPERATION OF PLANT	7.00	0	426		4.00
5.00	PHARMACY	15.00	0	5,550		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,026		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	3,455		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	479		8.00
9.00	OPERATING ROOM	50.00	0	3,442		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,151		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,771		11.00
12.00	LABORATORY	60.00	0	4,373		12.00
13.00	FREESTANDING VNA & HOSPICE	193.01	0	75		13.00
	TOTALS		0	27,024		
500.00	Grand Total: Increases		506,788	6,959,018		500.00

RECLASSIFICATIONS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-6  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - NON-BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,856	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2,837	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	425	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	167	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	14	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	10	0	6.00	
7.00	HOUSEKEEPING	9.00	0	1,748	0	7.00	
8.00	DIETARY	10.00	0	1,037	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	4,873	0	9.00	
10.00	PHARMACY	15.00	0	2,613	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	82,480	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	54,203	0	13.00	
14.00	OPERATING ROOM	50.00	0	1,540,000	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,599	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,003	0	16.00	
17.00	NUCLEAR MEDICINE	54.01	0	440	0	17.00	
18.00	ULTRASOUND	54.02	0	3,921	0	18.00	
19.00	CT SCAN	57.00	0	14,621	0	19.00	
20.00	MRI	58.00	0	3,183	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	211,484	0	21.00	
22.00	LABORATORY	60.00	0	16,300	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	9,232	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	2,278	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	299,300	0	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	163	0	26.00	
27.00	INFUSION CENTER	90.04	0	6,498	0	27.00	
28.00	CLINIC	90.00	0	5,503	0	28.00	
29.00	EMERGENCY	91.00	0	47,174	0	29.00	
30.00	MARKETING / PUBLIC RELATIONS	190.04	0	24	0	30.00	
31.00	FREESTANDING VNA & HOSPICE	193.01	0	6,257	0	31.00	
32.00	WELLNESS CENTER	193.02	0	1	0	32.00	
	<b>TOTALS</b>		0	2,388,245			
<b>B - BILLABLE SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,871,716	0	1.00	
	<b>TOTALS</b>		0	1,871,716			
<b>C - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	685,677	0	1.00	
	<b>TOTALS</b>		0	685,677			
<b>D - BILLABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	903,647	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	4,398	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,190	0	3.00	
4.00	OPERATING ROOM	50.00	0	5,340	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	419	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	563	0	7.00	
8.00	LABORATORY	60.00	0	13	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	15	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	153	0	10.00	
11.00	INFUSION CENTER	90.04	0	133	0	11.00	
12.00	EMERGENCY	91.00	0	1,183	0	12.00	
13.00	FREESTANDING VNA & HOSPICE	193.01	0	22,625	0	13.00	
14.00	RETAIL PHARMACY	193.05	0	125,924	0	14.00	
	<b>TOTALS</b>		0	1,066,692			
<b>E - LABOR AND DELIVERY</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	183,582	2,222	0	1.00	
2.00		0.00	0	0	0	2.00	
	<b>TOTALS</b>		183,582	2,222			
<b>F - MEALS</b>							
1.00	DIETARY	10.00	158,936	135,921	0	1.00	
	<b>TOTALS</b>		158,936	135,921			
<b>G - FRINGE BENEFITS</b>							
1.00	NONPATIENT TELEPHONES	5.01		2,087	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03		4,442	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04		20,774	0	3.00	

RECLASSIFICATIONS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-6  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06		147,837		0	4.00
5.00	OPERATION OF PLANT	7.00		19,392		0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00		782		0	6.00
7.00	HOUSEKEEPING	9.00		11,396		0	7.00
8.00	DIETARY	10.00		17,841		0	8.00
9.00	NURSING ADMINISTRATION	13.00		21,784		0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00		2,579		0	10.00
11.00	PHARMACY	15.00		24,258		0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00		13,458		0	12.00
13.00	SOCIAL SERVICE	17.00		11,809		0	13.00
14.00	ADULTS & PEDIATRICS	30.00		77,861		0	14.00
15.00	INTENSIVE CARE UNIT	31.00		36,428		0	15.00
16.00	OPERATING ROOM	50.00		56,694		0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00		22,063		0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00		19,355		0	18.00
19.00	NUCLEAR MEDICINE	54.01		2,352		0	19.00
20.00	ULTRASOUND	54.02		4,651		0	20.00
21.00	CT SCAN	57.00		5,662		0	21.00
22.00	MRI	58.00		5,133		0	22.00
23.00	CARDIAC CATHETERIZATION	59.00		7,771		0	23.00
24.00	LABORATORY	60.00		39,416		0	24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD	62.00		914		0	25.00
26.00	RESPIRATORY THERAPY	65.00		9,275		0	26.00
27.00	PHYSICAL THERAPY	66.00		34,961		0	27.00
28.00	ELECTROCARDIOLOGY	69.00		23,648		0	28.00
29.00	CARDIAC REHABILITATION	76.97		1,558		0	29.00
30.00	INFUSION CENTER	90.04		3,781		0	30.00
31.00	EMERGENCY	91.00		27,959		0	31.00
32.00	PHYSICIAN RECRUITMENT	190.03		816		0	32.00
33.00	MARKETING / PUBLIC RELATIONS	190.04		2,372		0	33.00
34.00	FOUNDATION	190.06		1,033		0	34.00
35.00	RESEARCH	191.00		2,954		0	35.00
36.00	FREESTANDING VNA & HOSPICE	193.01		35,856		0	36.00
37.00	WELLNESS CENTER	193.02		1,652		0	37.00
38.00	RENTAL PROPERTIES	193.03		1,305		0	38.00
	TOTALS		0	723,909			
<b>H - THERAPY</b>							
1.00	PHYSICAL THERAPY	66.00	143,304	11,108		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		143,304	11,108			
<b>I - ADMIN OFFICES</b>							
1.00	RENTAL PROPERTIES	193.03	0	12,191		0	1.00
	TOTALS		0	12,191			
<b>J - EXPENSES RELATED TO STARKE</b>							
1.00	OPERATION OF PLANT	7.00	3,985	0		0	1.00
2.00	DIETARY	10.00	1,705	0		0	2.00
3.00	PHARMACY	15.00	1,888	0		0	3.00
4.00	LABORATORY	60.00	2,983	0		0	4.00
5.00	PHYSICAL THERAPY	66.00	2,031	0		0	5.00
6.00	ELECTROCARDIOLOGY	69.00	1,193	0		0	6.00
	TOTALS		13,785	0			
<b>L - DIABETIC EDUCATION</b>							
1.00	ADULTS & PEDIATRICS	30.00	7,181	0		0	1.00
	TOTALS		7,181	0			
<b>M - DIALYSIS</b>							
1.00	ADULTS & PEDIATRICS	30.00		18,301		0	1.00
2.00	INTENSIVE CARE UNIT	31.00		16,012		0	2.00
	TOTALS		0	34,313			
<b>N - PTO USED AS STD</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	345	0		0	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	616	0		0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,315	0		0	3.00
4.00	OPERATION OF PLANT	7.00	426	0		0	4.00
5.00	PHARMACY	15.00	5,550	0		0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	1,026	0		0	6.00
7.00	ADULTS & PEDIATRICS	30.00	3,455	0		0	7.00
8.00	INTENSIVE CARE UNIT	31.00	479	0		0	8.00
9.00	OPERATING ROOM	50.00	3,442	0		0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	3,151	0		0	10.00

RECLASSIFICATIONS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-6

Date/Time Prepared:  
7/28/2016 7:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	RADIOLOGY-DIAGNOSTIC	54.00	1,771	0	0		11.00
12.00	LABORATORY	60.00	4,373	0	0		12.00
13.00	FREESTANDING VNA & HOSPICE	193.01	75	0	0		13.00
	TOTALS		27,024	0			
500.00	Grand Total: Decreases		533,812	6,931,994			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,720,665	0	0	0	0	1.00
2.00	Land Improvements	2,053,717	136,633	0	136,633	0	2.00
3.00	Buildings and Fixtures	44,167,861	0	0	0	0	3.00
4.00	Building Improvements	72,153,430	154,704	0	154,704	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	98,480,975	776,119	0	776,119	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,576,648	1,067,456	0	1,067,456	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,576,648	1,067,456	0	1,067,456	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,720,665	0				1.00
2.00	Land Improvements	2,190,350	0				2.00
3.00	Buildings and Fixtures	44,167,861	0				3.00
4.00	Building Improvements	72,308,134	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	99,257,094	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	223,644,104	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	223,644,104	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	690,936	436,633	1,788	0	57,377	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,255,466	97,500	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,946,402	534,133	1,788	0	57,377	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	1,186,734				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,352,966				2.00
3.00	Total (sum of lines 1-2)	0	2,539,700				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	124,387,010	0	124,387,010	0.556183	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	99,257,094	0	99,257,094	0.443817	0	2.00
3.00	Total (sum of lines 1-2)	223,644,104	0	223,644,104	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	687,490	541,466	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,255,769	135,449	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,943,259	676,915	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,788	0	57,377	0	1,288,121	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,391,218	2.00
3.00	Total (sum of lines 1-2)	1,788	0	57,377	0	2,679,339	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-8

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,788	CAP REL COSTS-BLDG & FIXT		1.00	9	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)	B	-4,427	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,108,987				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	1,040,201				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-133,435	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	B	-2,702	PURCHASING RECEIVING AND STORES		5.03	0	16.00
17.00 Sale of drugs to other than patients	B	-1,974	PHARMACY		15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,891	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		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MEDICAID ASSESSMENT FEE - 2015	A	-667,753	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.01 1990 ADDITIONS ASSET LIVES ADJUST	B	-552	CAP REL COSTS-BLDG & FIXT	1.00	9	33.01
33.02 1993 ADDITIONS ASSET LIVES ADJUST	B	-837	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03 1994 ADDITIONS ASSET LIVES ADJUST	B	-269	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04 1994 CARRYFORWARD ADJUSTMENT	B	303	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05 MISCELLANEOUS INCOME	B	-207,100	OTHER ADMINISTRATIVE AND GENERA	5.06	0	33.05
33.06 MISCELLANEOUS INCOME	B	-2,314	OPERATION OF PLANT	7.00	0	33.06
33.07 MISCELLANEOUS INCOME	B	-7,677	LAUNDRY & LINEN SERVICE	8.00	0	33.07
33.08 MISCELLANEOUS INCOME	B	-1,785	HOUSEKEEPING	9.00	0	33.08
33.09 MISCELLANEOUS INCOME	B	-34,876	DIETARY	10.00	0	33.09
33.10 MISCELLANEOUS INCOME	B	-9,060	PHARMACY	15.00	0	33.10
33.11 MISCELLANEOUS INCOME	B	-57,520	MEDICAL RECORDS & LIBRARY	16.00	0	33.11
33.12 MISCELLANEOUS INCOME	B	-267	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 MISCELLANEOUS INCOME	B	-495	DELIVERY ROOM & LABOR ROOM	52.00	0	33.13
33.14 MISCELLANEOUS INCOME	B	-58,586	LABORATORY	60.00	0	33.14
33.15 MISCELLANEOUS INCOME	B	-23,323	PHYSICAL THERAPY	66.00	0	33.15
33.16 MISCELLANEOUS INCOME	B	-4,726	OCCUPATIONAL THERAPY	67.00	0	33.16
33.17 MISCELLANEOUS INCOME	B	-3,992	SPEECH PATHOLOGY	68.00	9	33.17
33.18 BENEFIT EXPENSE	A	-325,101	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19 STARKE REVENUE	B	3,536,369	STARKE HOSPITAL	193.04	0	33.19
33.20 MISCELLANEOUS INCOME	B	-877	ELECTROCARDIOLOGY	69.00	0	33.20
33.21 MISCELLANEOUS INCOME	B	-870	CARDIAC REHABILITATION	76.97	0	33.21
33.22 MISCELLANEOUS INCOME	B	-56,971	RENTAL PROPERTIES	193.03	0	33.22
33.23 INVESTMENT MANAGEMENT FEES	A	29,077	OTHER ADMINISTRATIVE AND GENERA	5.06	0	33.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		881,795				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: 150006  
 Period: From 01/01/2016 To 02/29/2016  
 Worksheet A-8-1  
 Date/Time Prepared: 7/28/2016 7:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY RENT	122,019	17,186 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME	37,949	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	0	28,804 3.00
4.00	5.00	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE AND GENERAL	1,352,686	426,463 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,512,654	472,453 5.00

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

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

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

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

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

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

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

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

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-8-1

Date/Time Prepared:  
7/28/2016 7:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	104,833	10		1.00
2.00	37,949	10		2.00
3.00	-28,804	0		3.00
4.00	926,223	0		4.00
5.00	1,040,201			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet A-8-2

Date/Time Prepared:  
7/28/2016 7:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	57,949	0	57,949	159,800	352	1.00
2.00	13.00	NURSING ADMINISTRATION	37,859	29,835	8,024	159,800	59	2.00
3.00	17.00	SOCIAL SERVICE	19,539	14,789	4,750	159,800	19	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,185,742	1,174,973	10,769	142,500	80	4.00
5.00	31.00	INTENSIVE CARE UNIT	20,777	20,777	0	142,500	0	5.00
6.00	50.00	OPERATING ROOM	542,535	542,535	0	182,900	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	46,181	46,181	0	217,600	0	7.00
8.00	60.00	LABORATORY	154,411	147,031	7,380	159,800	61	8.00
9.00	65.00	RESPIRATORY THERAPY	450	0	450	142,500	3	9.00
10.00	69.00	ELECTROCARDIOLOGY	31,001	28,808	2,193	217,600	21	10.00
11.00	91.00	EMERGENCY	74,586	47,278	27,308	142,500	240	11.00
200.00			2,171,030	2,052,207	118,823		835	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	27,043	1,352	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	4,533	227	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	1,460	73	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,481	274	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	4,686	234	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	205	10	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	2,197	110	0	0	0	10.00
11.00	91.00	EMERGENCY	16,442	822	0	0	0	11.00
200.00			62,047	3,102	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	27,043	30,906	30,906		1.00
2.00	13.00	NURSING ADMINISTRATION	0	4,533	3,491	33,326		2.00
3.00	17.00	SOCIAL SERVICE	0	1,460	3,290	18,079		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	5,481	5,288	1,180,261		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	20,777		5.00
6.00	50.00	OPERATING ROOM	0	0	0	542,535		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	46,181		7.00
8.00	60.00	LABORATORY	0	4,686	2,694	149,725		8.00
9.00	65.00	RESPIRATORY THERAPY	0	205	245	245		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	2,197	0	28,808		10.00
11.00	91.00	EMERGENCY	0	16,442	10,866	58,144		11.00
200.00			0	62,047	56,780	2,108,987		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7: 29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,288,121	1,288,121			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,391,218		1,391,218		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,124,749	0	0	3,124,749	4.00
5.01 00540	NONPATIENT TELEPHONES	29,077	0	0	9,389	38,466 5.01
5.03 00560	PURCHASING RECEIVING AND STORES	105,087	19,083	20,611	19,422	307 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	617,928	4,407	4,760	89,859	2,967 5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	6,445,606	109,321	118,071	676,639	10,998 5.06
7.00 00700	OPERATION OF PLANT	876,574	275,216	297,238	82,549	1,483 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	68,355	19,841	21,429	3,358	128 8.00
9.00 00900	HOUSEKEEPING	165,621	9,035	9,759	49,151	486 9.00
10.00 01000	DIETARY	135,749	17,725	19,144	27,982	384 10.00
11.00 01100	CAFETERIA	161,422	30,322	32,749	48,773	563 11.00
13.00 01300	NURSING ADMINISTRATION	274,352	13,784	14,888	93,992	409 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	571,722	12,226	13,205	10,675	281 14.00
15.00 01500	PHARMACY	95,506	9,348	10,096	97,360	1,074 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	142,499	11,964	12,922	57,555	972 16.00
17.00 01700	SOCIAL SERVICE	222,261	4,936	5,331	50,019	588 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,256,314	139,819	151,009	359,243	2,941 30.00
31.00 03100	INTENSIVE CARE UNIT	525,783	49,143	53,076	156,485	1,176 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	73,991	19,916	21,510	22,092	205 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	940,762	110,209	119,029	241,877	2,532 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	122,599	31,876	34,427	36,676	384 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	370,835	53,846	58,156	84,672	1,739 54.00
54.01 05401	NUCLEAR MEDICINE	75,633	4,041	4,364	10,532	51 54.01
54.02 05402	ULTRASOUND	71,633	1,616	1,746	20,240	77 54.02
57.00 05700	CT SCAN	146,048	5,245	5,664	23,507	230 57.00
58.00 05800	MRI	120,202	3,912	4,225	21,987	26 58.00
59.00 05900	CARDIAC CATHETERIZATION	153,434	19,758	21,339	32,321	0 59.00
60.00 06000	LABORATORY	838,952	26,498	28,619	164,225	1,023 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	100,343	2,091	2,259	4,144	128 62.00
65.00 06500	RESPIRATORY THERAPY	135,770	1,837	1,984	40,911	230 65.00
66.00 06600	PHYSICAL THERAPY	387,706	12,772	13,794	120,186	691 66.00
67.00 06700	OCCUPATIONAL THERAPY	78,975	2,587	2,794	14,042	230 67.00
68.00 06800	SPEECH PATHOLOGY	66,719	2,187	2,362	17,228	102 68.00
69.00 06900	ELECTROCARDIOLOGY	409,989	43,594	47,084	101,467	2,941 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	1,186,039	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	685,677	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,066,605	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	34,313	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	20,600	0	0	6,455	179 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	31,794	0	0	0	26 90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	0 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	7,181	0	0	2,204	0 90.03
90.04 09004	INFUSION CENTER	55,228	17,842	19,270	16,415	179 90.04
91.00 09100	EMERGENCY	379,851	36,688	39,624	119,185	1,381 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,058,823	1,122,685	1,212,538	2,932,817	37,111 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	3,932	4,247	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	12,371	0	0	3,662	51 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	81,893	0	0	8,767	0 190.04
190.05 19003	SPORTS MEDICINE	0	0	0	0	179 190.05
190.06 19004	FOUNDATION	21,607	2,312	2,497	4,432	102 190.06
191.00 19100	RESEARCH	48,250	0	0	12,647	0 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	684,062	61,490	66,412	150,878	0 193.01
193.02 19302	WELLNESS CENTER	11,080	0	0	1,585	77 193.02
193.03 19303	RENTAL PROPERTIES	160,957	12,876	13,907	5,731	0 193.03
193.04 19304	STARKE HOSPITAL	3,550,154	0	0	4,230	0 193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.05 19306 RETAIL PHARMACY	1,237	0	0	0	0	193.05
193.06 19305 VACANT	0	21,953	23,711	0	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	0	62,873	67,906	0	946	193.07
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)	29,630,434	1,288,121	1,391,218	3,124,749	38,466	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.03	5.04	5A.04	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES	164,510					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	353	720,274				5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	7,360,635	7,360,635		5.06
7.00	00700	OPERATION OF PLANT	3,516	0	1,536,576	507,871	2,044,447	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49	0	113,160	37,402	50,345	8.00
9.00	00900	HOUSEKEEPING	115	0	234,167	77,397	22,926	9.00
10.00	01000	DIETARY	2,834	0	203,818	67,366	44,976	10.00
11.00	01100	CAFETERIA	4,848	0	278,677	92,109	76,939	11.00
13.00	01300	NURSING ADMINISTRATION	10	0	397,435	131,361	34,976	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,860	0	627,969	207,557	31,023	14.00
15.00	01500	PHARMACY	0	0	213,384	70,528	23,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62	0	225,974	74,689	30,357	16.00
17.00	01700	SOCIAL SERVICE	32	0	283,167	93,593	12,525	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,568	55,060	1,965,954	649,789	354,777	30.00
31.00	03100	INTENSIVE CARE UNIT	471	19,205	805,339	266,181	124,695	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	19	2,776	140,509	46,441	50,535	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,227	157,042	1,573,678	520,134	279,641	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30	5,150	231,142	76,397	80,882	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,005	20,490	590,743	195,253	136,628	54.00
54.01	05401	NUCLEAR MEDICINE	937	6,795	102,353	33,830	10,253	54.01
54.02	05402	ULTRASOUND	3	9,112	104,427	34,515	4,101	54.02
57.00	05700	CT SCAN	274	33,932	214,900	71,029	13,308	57.00
58.00	05800	MRI	321	15,850	166,523	55,039	9,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	529	23,716	251,097	82,993	50,134	59.00
60.00	06000	LABORATORY	10,520	87,739	1,157,576	382,603	67,236	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	3,243	2,046	114,254	37,763	5,306	62.00
65.00	06500	RESPIRATORY THERAPY	57	11,733	192,522	63,633	4,661	65.00
66.00	06600	PHYSICAL THERAPY	200	17,410	552,759	182,698	32,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	40	7,514	106,182	35,095	6,564	67.00
68.00	06800	SPEECH PATHOLOGY	34	3,414	92,046	30,423	5,549	68.00
69.00	06900	ELECTROCARDIOLOGY	1,344	43,760	650,179	214,898	110,615	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	44,301	21,906	1,252,246	413,894	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,610	30,694	741,981	245,240	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,838	88,075	1,194,518	394,813	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,162	35,475	11,725	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13	1,499	28,746	9,501	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	2,884	34,704	11,470	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	371	9,756	3,225	0	90.03
90.04	09004	INFUSION CENTER	0	1,866	110,800	36,622	45,271	90.04
91.00	09100	EMERGENCY	76	49,073	625,878	206,866	93,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	164,339	720,274	24,521,249	5,671,943	1,813,365	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	8,179	2,703	9,978	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	16,084	5,316	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	149	0	90,809	30,014	0	190.04
190.05	19003	SPORTS MEDICINE	0	0	179	59	0	190.05
190.06	19004	FOUNDATION	0	0	30,950	10,230	5,866	190.06
191.00	19100	RESEARCH	0	0	60,897	20,128	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	962,842	318,240	0	193.01
193.02	19302	WELLNESS CENTER	5	0	12,747	4,213	0	193.02
193.03	19303	RENTAL PROPERTIES	8	0	193,479	63,949	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	3,554,384	1,174,797	0	193.04
193.05	19306	RETAIL PHARMACY	9	0	1,246	412	0	193.05
193.06	19305	VACANT	0	0	45,664	15,093	55,704	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	131,725	43,538	159,534	193.07
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.04	Subtotal 5A.04	OTHER ADMINISTRATIVE AND GENERA 5.06	OPERATION OF PLANT 7.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	164,510	720,274	29,630,434	7,360,635	2,044,447	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	200,907				8.00
9.00	00900	HOUSEKEEPING	0	334,490			9.00
10.00	01000	DIETARY	0	7,632	323,792		10.00
11.00	01100	CAFETERIA	0	13,056	0	460,781	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,935	0	13,114	582,821
14.00	01400	CENTRAL SERVICES & SUPPLY	4,368	5,264	0	4,077	0
15.00	01500	PHARMACY	0	4,025	0	18,935	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,151	0	21,475	0
17.00	01700	SOCIAL SERVICE	0	2,125	0	11,618	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	63,451	60,205	132,045	102,830	207,976
31.00	03100	INTENSIVE CARE UNIT	22,136	21,160	28,998	43,306	87,586
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
43.00	04300	NURSERY	2,665	8,575	0	3,511	7,101
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	26,470	47,452	817	55,848	112,954
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,926	13,725	15,662	5,617	11,360
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,465	23,185	0	18,064	36,535
54.01	05401	NUCLEAR MEDICINE	0	1,740	0	1,361	0
54.02	05402	ULTRASOUND	0	696	0	2,698	0
57.00	05700	CT SCAN	0	2,258	0	5,323	0
58.00	05800	MRI	0	1,684	0	4,317	0
59.00	05900	CARDIAC CATHETERIZATION	0	8,507	0	5,836	11,803
60.00	06000	LABORATORY	0	11,409	0	35,147	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	900	0	771	0
65.00	06500	RESPIRATORY THERAPY	0	791	0	10,278	0
66.00	06600	PHYSICAL THERAPY	933	5,499	0	25,300	0
67.00	06700	OCCUPATIONAL THERAPY	244	1,114	0	5,139	0
68.00	06800	SPEECH PATHOLOGY	202	942	0	4,340	0
69.00	06900	ELECTROCARDIOLOGY	3,536	18,770	0	19,019	38,466
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,810	3,661
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	0	0	0	745	0
90.04	09004	INFUSION CENTER	0	7,682	4,368	3,213	6,497
91.00	09100	EMERGENCY	22,640	15,797	2,593	26,788	54,180
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	166,036	295,279	184,483	450,480	578,119
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,693	0	0	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	713	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	2,236	0
190.05	19003	SPORTS MEDICINE	0	0	0	0	0
190.06	19004	FOUNDATION	0	995	0	1,165	0
191.00	19100	RESEARCH	0	0	0	2,325	4,702
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	0
193.02	19302	WELLNESS CENTER	1,945	0	0	2,313	0
193.03	19303	RENTAL PROPERTIES	0	0	0	1,549	0
193.04	19304	STARKE HOSPITAL	0	0	0	0	0
193.05	19306	RETAIL PHARMACY	0	0	0	0	0
193.06	19305	VACANT	0	9,452	0	0	0
193.07	19307	CONTINUING CARE - MILLERS	32,926	27,071	139,309	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150006			Period: From 01/01/2016 To 02/29/2016		Worksheet B Part I Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
202.00	TOTAL (sum lines 118-201)	200,907	334,490	323,792	460,781	582,821	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	880,258					14.00
15.00	01500	PHARMACY	850	331,441				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	357,646			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	403,028		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,423	0	27,342	230,961	3,826,753	30.00
31.00	03100	INTENSIVE CARE UNIT	19,564	0	9,537	139,625	1,568,127	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,222	0	1,378	32,442	294,379	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,648	0	77,954	0	2,758,596	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,956	0	2,557	0	445,224	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,086	0	10,175	0	1,029,134	54.00
54.01	05401	NUCLEAR MEDICINE	163	0	3,374	0	153,074	54.01
54.02	05402	ULTRASOUND	1,102	0	4,525	0	152,064	54.02
57.00	05700	CT SCAN	1,543	0	16,850	0	325,211	57.00
58.00	05800	MRI	555	0	7,871	0	245,914	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,504	0	11,777	0	436,651	59.00
60.00	06000	LABORATORY	6,040	0	43,570	0	1,703,581	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	1,016	0	160,010	62.00
65.00	06500	RESPIRATORY THERAPY	1,994	0	5,827	0	279,706	65.00
66.00	06600	PHYSICAL THERAPY	615	0	8,646	0	808,858	66.00
67.00	06700	OCCUPATIONAL THERAPY	125	0	3,731	0	158,194	67.00
68.00	06800	SPEECH PATHOLOGY	105	0	1,695	0	135,302	68.00
69.00	06900	ELECTROCARDIOLOGY	14,214	0	21,731	0	1,091,428	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	439,474	0	10,878	0	2,116,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	254,069	0	15,242	0	1,256,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	331,441	43,737	0	1,964,509	73.00
74.00	07400	RENAL DIALYSIS	0	0	577	0	47,777	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	60	0	744	0	44,522	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,432	0	47,606	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	184	0	13,910	90.03
90.04	09004	INFUSION CENTER	2,408	0	927	0	217,788	90.04
91.00	09100	EMERGENCY	17,258	0	24,369	0	1,089,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	877,978	331,441	357,646	403,028	22,370,801	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	22,553	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	22,113	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	9	0	0	0	123,068	190.04
190.05	19003	SPORTS MEDICINE	0	0	0	0	238	190.05
190.06	19004	FOUNDATION	0	0	0	0	49,206	190.06
191.00	19100	RESEARCH	0	0	0	0	88,052	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	2,271	0	0	0	1,283,353	193.01
193.02	19302	WELLNESS CENTER	0	0	0	0	21,218	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	0	258,977	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	4,729,181	193.04
193.05	19306	RETAIL PHARMACY	0	0	0	0	1,658	193.05
193.06	19305	VACANT	0	0	0	0	125,913	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	0	534,103	193.07
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	Subtotal 24.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	880,258	331,441	357,646	403,028	29,630,434	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERA		5.06
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	3,826,753
31.00	03100	INTENSIVE CARE UNIT	0	1,568,127
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	0
43.00	04300	NURSERY	0	294,379
44.00	04400	SKILLED NURSING FACILITY	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	2,758,596
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	445,224
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,029,134
54.01	05401	NUCLEAR MEDICINE	0	153,074
54.02	05402	ULTRASOUND	0	152,064
57.00	05700	CT SCAN	0	325,211
58.00	05800	MRI	0	245,914
59.00	05900	CARDIAC CATHETERIZATION	0	436,651
60.00	06000	LABORATORY	0	1,703,581
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	160,010
65.00	06500	RESPIRATORY THERAPY	0	279,706
66.00	06600	PHYSICAL THERAPY	0	808,858
67.00	06700	OCCUPATIONAL THERAPY	0	158,194
68.00	06800	SPEECH PATHOLOGY	0	135,302
69.00	06900	ELECTROCARDIOLOGY	0	1,091,428
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	2,116,492
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,256,532
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,964,509
74.00	07400	RENAL DIALYSIS	0	47,777
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0
76.97	07697	CARDIAC REHABILITATION	0	44,522
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	47,606
90.01	09001	DENTAL CLINIC	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0
90.03	09003	DIABETIC TRAINING	0	13,910
90.04	09004	INFUSION CENTER	0	217,788
91.00	09100	EMERGENCY	0	1,089,459
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,370,801
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	22,553
190.03	19001	PHYSICIAN RECRUITMENT	0	22,113
190.04	19002	MARKETING / PUBLIC RELATIONS	0	123,068
190.05	19003	SPORTS MEDICINE	0	238
190.06	19004	FOUNDATION	0	49,206
191.00	19100	RESEARCH	0	88,052
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	1,283,353
193.02	19302	WELLNESS CENTER	0	21,218
193.03	19303	RENTAL PROPERTIES	0	258,977
193.04	19304	STARKE HOSPITAL	0	4,729,181
193.05	19306	RETAIL PHARMACY	0	1,658
193.06	19305	VACANT	0	125,913

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	CONTINUING CARE - MILLERS	0	534,103	193.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	29,630,434	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part II  
Date/Time Prepared:  
7/28/2016 7: 29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1. 00			2. 00
<b>GENERAL SERVICE COST CENTERS</b>						
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	0	0	4. 00	
5. 01 00540	NONPATIENT TELEPHONES	0	0	0	5. 01	
5. 03 00560	PURCHASING RECEIVING AND STORES	0	19,083	20,611	5. 03	
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,407	4,760	5. 04	
5. 06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	109,321	118,071	5. 06	
7. 00 00700	OPERATION OF PLANT	0	275,216	297,238	7. 00	
8. 00 00800	LAUNDRY & LINEN SERVICE	0	19,841	21,429	8. 00	
9. 00 00900	HOUSEKEEPING	0	9,035	9,759	9. 00	
10. 00 01000	DIETARY	0	17,725	19,144	10. 00	
11. 00 01100	CAFETERIA	0	30,322	32,749	11. 00	
13. 00 01300	NURSING ADMINISTRATION	0	13,784	14,888	13. 00	
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	12,226	13,205	14. 00	
15. 00 01500	PHARMACY	0	9,348	10,096	15. 00	
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	11,964	12,922	16. 00	
17. 00 01700	SOCIAL SERVICE	0	4,936	5,331	17. 00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	0	139,819	151,009	30. 00	
31. 00 03100	INTENSIVE CARE UNIT	0	49,143	53,076	31. 00	
40. 00 04000	SUBPROVIDER - IPF	0	0	0	40. 00	
41. 00 04100	SUBPROVIDER - IRF	0	0	0	41. 00	
43. 00 04300	NURSERY	0	19,916	21,510	43. 00	
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	44. 00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	0	110,209	119,029	50. 00	
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	31,876	34,427	52. 00	
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	53,846	58,156	54. 00	
54. 01 05401	NUCLEAR MEDICINE	0	4,041	4,364	54. 01	
54. 02 05402	ULTRASOUND	0	1,616	1,746	54. 02	
57. 00 05700	CT SCAN	0	5,245	5,664	57. 00	
58. 00 05800	MRI	0	3,912	4,225	58. 00	
59. 00 05900	CARDIAC CATHETERIZATION	0	19,758	21,339	59. 00	
60. 00 06000	LABORATORY	0	26,498	28,619	60. 00	
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,091	2,259	62. 00	
65. 00 06500	RESPIRATORY THERAPY	0	1,837	1,984	65. 00	
66. 00 06600	PHYSICAL THERAPY	0	12,772	13,794	66. 00	
67. 00 06700	OCCUPATIONAL THERAPY	0	2,587	2,794	67. 00	
68. 00 06800	SPEECH PATHOLOGY	0	2,187	2,362	68. 00	
69. 00 06900	ELECTROCARDIOLOGY	0	43,594	47,084	69. 00	
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71. 00	
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72. 00	
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73. 00	
74. 00 07400	RENAL DIALYSIS	0	0	0	74. 00	
76. 00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	76. 00	
76. 97 07697	CARDIAC REHABILITATION	0	0	0	76. 97	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90. 00 09000	CLINIC	0	0	0	90. 00	
90. 01 09001	DENTAL CLINIC	0	0	0	90. 01	
90. 02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	90. 02	
90. 03 09003	DIABETIC TRAINING	0	0	0	90. 03	
90. 04 09004	INFUSION CENTER	0	17,842	19,270	90. 04	
91. 00 09100	EMERGENCY	0	36,688	39,624	91. 00	
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	92. 00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
118. 00	SUBTOTALS (SUM OF LINES 1-117)	0	1,122,685	1,212,538	2,335,223	118. 00
<b>NONREIMBURSABLE COST CENTERS</b>						
190. 00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	3,932	4,247	8,179	190. 00
190. 03 19001	PHYSICIAN RECRUITMENT	0	0	0	0	190. 03
190. 04 19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	190. 04
190. 05 19003	SPORTS MEDICINE	0	0	0	0	190. 05
190. 06 19004	FOUNDATION	0	2,312	2,497	4,809	190. 06
191. 00 19100	RESEARCH	0	0	0	0	191. 00
193. 00 19300	NONPAID WORKERS	0	0	0	0	193. 00
193. 01 19301	FREESTANDING VNA & HOSPICE	0	61,490	66,412	127,902	193. 01
193. 02 19302	WELLNESS CENTER	0	0	0	0	193. 02
193. 03 19303	RENTAL PROPERTIES	0	12,876	13,907	26,783	193. 03
193. 04 19304	STARKE HOSPITAL	0	0	0	0	193. 04
193. 05 19306	RETAIL PHARMACY	0	0	0	0	193. 05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part II  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
193.06 19305 VACANT	0	21,953	23,711	45,664	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	0	62,873	67,906	130,779	0	193.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	1,288,121	1,391,218	2,679,339	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B  
Part II  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	0					5.01
5.03	00560		39,694				5.03
5.04	00580		85	9,252			5.04
5.06	00590		0	0	227,392		5.06
7.00	00700		848	0	15,690	588,992	7.00
8.00	00800		12	0	1,155	14,504	8.00
9.00	00900		28	0	2,391	6,605	9.00
10.00	01000		684	0	2,081	12,957	10.00
11.00	01100		1,170	0	2,846	22,166	11.00
13.00	01300		2	0	4,058	10,076	13.00
14.00	01400		4,792	0	6,412	8,938	14.00
15.00	01500		0	0	2,179	6,833	15.00
16.00	01600		15	0	2,307	8,746	16.00
17.00	01700		8	0	2,891	3,609	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	378	708	20,074	102,205	30.00
31.00	03100	0	114	247	8,223	35,924	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	5	36	1,435	14,559	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	537	2,009	16,069	80,563	50.00
52.00	05200	0	7	66	2,360	23,302	52.00
54.00	05400	0	243	263	6,032	39,362	54.00
54.01	05401	0	226	87	1,045	2,954	54.01
54.02	05402	0	1	117	1,066	1,182	54.02
57.00	05700	0	66	436	2,194	3,834	57.00
58.00	05800	0	78	204	1,700	2,859	58.00
59.00	05900	0	128	305	2,564	14,443	59.00
60.00	06000	0	2,538	1,128	11,820	19,370	60.00
62.00	06200	0	783	26	1,167	1,529	62.00
65.00	06500	0	14	151	1,966	1,343	65.00
66.00	06600	0	48	224	5,644	9,336	66.00
67.00	06700	0	10	97	1,084	1,891	67.00
68.00	06800	0	8	44	940	1,599	68.00
69.00	06900	0	324	563	6,639	31,868	69.00
71.00	07100	0	10,689	282	12,787	0	71.00
72.00	07200	0	6,179	395	7,576	0	72.00
73.00	07300	0	9,612	1,133	12,197	0	73.00
74.00	07400	0	0	15	362	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	3	19	294	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	37	354	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	5	100	0	90.03
90.04	09004	0	0	24	1,131	13,042	90.04
91.00	09100	0	18	631	6,391	26,819	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		0	39,653	9,252	175,224	522,418	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	84	2,875	190.00
190.03	19001	0	0	0	164	0	190.03
190.04	19002	0	36	0	927	0	190.04
190.05	19003	0	0	0	2	0	190.05
190.06	19004	0	0	0	316	1,690	190.06
191.00	19100	0	0	0	622	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	9,832	0	193.01
193.02	19302	0	1	0	130	0	193.02
193.03	19303	0	2	0	1,976	0	193.03
193.04	19304	0	0	0	36,291	0	193.04
193.05	19306	0	2	0	13	0	193.05
193.06	19305	0	0	0	466	16,048	193.06
193.07	19307	0	0	0	1,345	45,961	193.07
200.00							200.00
Cross Foot Adjustments							

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERA	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	39,694	9,252	227,392	588,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,941				8.00
9.00	00900	HOUSEKEEPING	0	27,818			9.00
10.00	01000	DIETARY	0	635	53,226		10.00
11.00	01100	CAFETERIA	0	1,086	0	90,339	11.00
13.00	01300	NURSING ADMINISTRATION	0	494	0	2,571	45,873
14.00	01400	CENTRAL SERVICES & SUPPLY	1,238	438	0	799	0
15.00	01500	PHARMACY	0	335	0	3,712	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	428	0	4,210	0
17.00	01700	SOCIAL SERVICE	0	177	0	2,278	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,984	5,005	21,706	20,161	16,370
31.00	03100	INTENSIVE CARE UNIT	6,274	1,760	4,767	8,490	6,894
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
43.00	04300	NURSERY	755	713	0	688	559
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,502	3,946	134	10,949	8,890
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,680	1,141	2,575	1,101	894
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,816	1,928	0	3,542	2,876
54.01	05401	NUCLEAR MEDICINE	0	145	0	267	0
54.02	05402	ULTRASOUND	0	58	0	529	0
57.00	05700	CT SCAN	0	188	0	1,044	0
58.00	05800	MRI	0	140	0	846	0
59.00	05900	CARDIAC CATHETERIZATION	0	708	0	1,144	929
60.00	06000	LABORATORY	0	949	0	6,891	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	75	0	151	0
65.00	06500	RESPIRATORY THERAPY	0	66	0	2,015	0
66.00	06600	PHYSICAL THERAPY	264	457	0	4,960	0
67.00	06700	OCCUPATIONAL THERAPY	69	93	0	1,008	0
68.00	06800	SPEECH PATHOLOGY	57	78	0	851	0
69.00	06900	ELECTROCARDIOLOGY	1,002	1,561	0	3,729	3,028
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	355	288
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	0	0	0	146	0
90.04	09004	INFUSION CENTER	0	639	718	630	511
91.00	09100	EMERGENCY	6,417	1,314	426	5,252	4,264
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,058	24,557	30,326	88,319	45,503
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	141	0	0	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	140	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	438	0
190.05	19003	SPORTS MEDICINE	0	0	0	0	0
190.06	19004	FOUNDATION	0	83	0	228	0
191.00	19100	RESEARCH	0	0	0	456	370
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	0
193.02	19302	WELLNESS CENTER	551	0	0	454	0
193.03	19303	RENTAL PROPERTIES	0	0	0	304	0
193.04	19304	STARKE HOSPITAL	0	0	0	0	0
193.05	19306	RETAIL PHARMACY	0	0	0	0	0
193.06	19305	VACANT	0	786	0	0	0
193.07	19307	CONTINUING CARE - MILLERS	9,332	2,251	22,900	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006			Period: From 01/01/2016 To 02/29/2016		Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
202.00	TOTAL (sum lines 118-201)	56,941	27,818	53,226	90,339	45,873	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm				
Cost Center	Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal		
		14.00	15.00	16.00	17.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06		
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	48,048			14.00		
15.00	01500	PHARMACY	46	32,549		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	40,592	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	17.00		
					19,230			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,715	0	3,101	11,020	511,255	30.00
31.00	03100	INTENSIVE CARE UNIT	1,068	0	1,082	6,662	183,724	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	67	0	156	1,548	61,947	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,474	0	8,869	0	372,180	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	107	0	290	0	99,826	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	278	0	1,154	0	171,496	54.00
54.01	05401	NUCLEAR MEDICINE	9	0	383	0	13,521	54.01
54.02	05402	ULTRASOUND	60	0	513	0	6,888	54.02
57.00	05700	CT SCAN	84	0	1,911	0	20,666	57.00
58.00	05800	MRI	30	0	893	0	14,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	792	0	1,336	0	63,446	59.00
60.00	06000	LABORATORY	330	0	4,942	0	103,085	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	115	0	8,196	62.00
65.00	06500	RESPIRATORY THERAPY	109	0	661	0	10,146	65.00
66.00	06600	PHYSICAL THERAPY	34	0	981	0	48,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	7	0	423	0	10,063	67.00
68.00	06800	SPEECH PATHOLOGY	6	0	192	0	8,324	68.00
69.00	06900	ELECTROCARDIOLOGY	776	0	2,465	0	142,633	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	23,988	0	1,234	0	48,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,868	0	1,729	0	29,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,549	4,961	0	60,452	73.00
74.00	07400	RENAL DIALYSIS	0	0	65	0	442	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3	0	84	0	1,046	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	162	0	553	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	21	0	272	90.03
90.04	09004	INFUSION CENTER	131	0	105	0	54,043	90.04
91.00	09100	EMERGENCY	942	0	2,764	0	131,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,924	32,549	40,592	19,230	2,177,882	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	11,279	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	304	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	1,401	190.04
190.05	19003	SPORTS MEDICINE	0	0	0	0	2	190.05
190.06	19004	FOUNDATION	0	0	0	0	7,126	190.06
191.00	19100	RESEARCH	0	0	0	0	1,448	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	124	0	0	0	137,858	193.01
193.02	19302	WELLNESS CENTER	0	0	0	0	1,136	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	0	29,065	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	36,291	193.04
193.05	19306	RETAIL PHARMACY	0	0	0	0	15	193.05
193.06	19305	VACANT	0	0	0	0	62,964	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	0	212,568	193.07
200.00		Cross Foot Adjustments					0	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006			Period: From 01/01/2016 To 02/29/2016		Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal		
		14.00	15.00	16.00	17.00	24.00		
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	48,048	32,549	40,592	19,230	2,679,339		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERA		5.06
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	511,255
31.00	03100	INTENSIVE CARE UNIT	0	183,724
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	0
43.00	04300	NURSERY	0	61,947
44.00	04400	SKILLED NURSING FACILITY	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	372,180
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,826
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	171,496
54.01	05401	NUCLEAR MEDICINE	0	13,521
54.02	05402	ULTRASOUND	0	6,888
57.00	05700	CT SCAN	0	20,666
58.00	05800	MRI	0	14,887
59.00	05900	CARDIAC CATHETERIZATION	0	63,446
60.00	06000	LABORATORY	0	103,085
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	8,196
65.00	06500	RESPIRATORY THERAPY	0	10,146
66.00	06600	PHYSICAL THERAPY	0	48,514
67.00	06700	OCCUPATIONAL THERAPY	0	10,063
68.00	06800	SPEECH PATHOLOGY	0	8,324
69.00	06900	ELECTROCARDIOLOGY	0	142,633
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	48,980
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,747
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,452
74.00	07400	RENAL DIALYSIS	0	442
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,046
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	553
90.01	09001	DENTAL CLINIC	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0
90.03	09003	DIABETIC TRAINING	0	272
90.04	09004	INFUSION CENTER	0	54,043
91.00	09100	EMERGENCY	0	131,550
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,177,882
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	11,279
190.03	19001	PHYSICIAN RECRUITMENT	0	304
190.04	19002	MARKETING / PUBLIC RELATIONS	0	1,401
190.05	19003	SPORTS MEDICINE	0	2
190.06	19004	FOUNDATION	0	7,126
191.00	19100	RESEARCH	0	1,448
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	137,858
193.02	19302	WELLNESS CENTER	0	1,136
193.03	19303	RENTAL PROPERTIES	0	29,065
193.04	19304	STARKE HOSPITAL	0	36,291
193.05	19306	RETAIL PHARMACY	0	15
193.06	19305	VACANT	0	62,964

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet B Part II Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
193.07	19307	CONTINUING CARE - MILLERS	0	212,568				193.07
200.00		Cross Foot Adjustments	0	0				200.00
201.00		Negative Cost Centers	0	0				201.00
202.00		TOTAL (sum lines 118-201)	0	2,679,339				202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	309,218				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		309,218			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	10,182,663		4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	30,596	1,504	5.01
5.03 00560	PURCHASING RECEIVING AND STORES	4,581	4,581	63,291	12	4,404,522 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,058	1,058	292,824	116	9,451 5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	26,243	26,243	2,204,978	430	0 5.06
7.00 00700	OPERATION OF PLANT	66,065	66,065	269,002	58	94,137 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,763	4,763	10,943	5	1,319 8.00
9.00 00900	HOUSEKEEPING	2,169	2,169	160,170	19	3,086 9.00
10.00 01000	DIETARY	4,255	4,255	91,186	15	75,876 10.00
11.00 01100	CAFETERIA	7,279	7,279	158,936	22	129,806 11.00
13.00 01300	NURSING ADMINISTRATION	3,309	3,309	306,294	16	271 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,935	2,935	34,788	11	531,724 14.00
15.00 01500	PHARMACY	2,244	2,244	317,268	42	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,872	2,872	187,554	38	1,650 16.00
17.00 01700	SOCIAL SERVICE	1,185	1,185	162,997	23	854 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	33,564	33,564	1,170,668	115	41,984 30.00
31.00 03100	INTENSIVE CARE UNIT	11,797	11,797	509,939	46	12,617 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	4,781	4,781	71,993	8	502 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	26,456	26,456	788,207	99	59,632 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,652	7,652	119,518	15	804 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,926	12,926	275,921	68	26,916 54.00
54.01 05401	NUCLEAR MEDICINE	970	970	34,320	2	25,080 54.01
54.02 05402	ULTRASOUND	388	388	65,957	3	77 54.02
57.00 05700	CT SCAN	1,259	1,259	76,602	9	7,332 57.00
58.00 05800	MRI	939	939	71,650	1	8,600 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,743	4,743	105,325	0	14,164 59.00
60.00 06000	LABORATORY	6,361	6,361	535,162	40	281,658 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	502	502	13,505	5	86,838 62.00
65.00 06500	RESPIRATORY THERAPY	441	441	133,317	9	1,528 65.00
66.00 06600	PHYSICAL THERAPY	3,066	3,066	391,650	27	5,343 66.00
67.00 06700	OCCUPATIONAL THERAPY	621	621	45,759	9	1,083 67.00
68.00 06800	SPEECH PATHOLOGY	525	525	56,142	4	915 68.00
69.00 06900	ELECTROCARDIOLOGY	10,465	10,465	330,652	115	35,975 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	1,186,039 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	685,677 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,066,605 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	21,035	7	346 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	1	0 90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	0 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	0	0	7,181	0	0 90.03
90.04 09004	INFUSION CENTER	4,283	4,283	53,492	7	0 90.04
91.00 09100	EMERGENCY	8,807	8,807	388,388	54	2,041 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	269,504	269,504	9,557,210	1,451	4,399,930 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	944	944	0	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	0	0	11,933	2	0 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	0	0	28,570	0	3,987 190.04
190.05 19003	SPORTS MEDICINE	0	0	0	7	0 190.05
190.06 19004	FOUNDATION	555	555	14,443	4	0 190.06
191.00 19100	RESEARCH	0	0	41,213	0	0 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	14,761	14,761	491,666	0	0 193.01
193.02 19302	WELLNESS CENTER	0	0	5,166	3	142 193.02
193.03 19303	RENTAL PROPERTIES	3,091	3,091	18,677	0	225 193.03
193.04 19304	STARKE HOSPITAL	0	0	13,785	0	0 193.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
193.05 19306 RETAIL PHARMACY	0	0	0	0	238	193.05
193.06 19305 VACANT	5,270	5,270	0	0	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	15,093	15,093	0	37	0	193.07
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)	1,288,121	1,391,218	3,124,749	38,466	164,510	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.165737	4.499149	0.306870	25.575798	0.037350	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	0	39,694	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.009012	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	81,960,757				5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-7,360,635	22,269,799		5.06
7.00	00700	OPERATION OF PLANT	0	0	1,536,576	193,419	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	113,160	4,763	93,699
9.00	00900	HOUSEKEEPING	0	0	234,167	2,169	0
10.00	01000	DIETARY	0	0	203,818	4,255	0
11.00	01100	CAFETERIA	0	0	278,677	7,279	0
13.00	01300	NURSING ADMINISTRATION	0	0	397,435	3,309	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	627,969	2,935	2,037
15.00	01500	PHARMACY	0	0	213,384	2,244	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	225,974	2,872	0
17.00	01700	SOCIAL SERVICE	0	0	283,167	1,185	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,265,369	0	1,965,954	33,564	29,592
31.00	03100	INTENSIVE CARE UNIT	2,185,407	0	805,339	11,797	10,324
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	315,850	0	140,509	4,781	1,243
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,869,772	0	1,573,678	26,456	12,345
52.00	05200	DELIVERY ROOM & LABOR ROOM	585,977	0	231,142	7,652	2,764
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,331,617	0	590,743	12,926	6,280
54.01	05401	NUCLEAR MEDICINE	773,193	0	102,353	970	0
54.02	05402	ULTRASOUND	1,036,880	0	104,427	388	0
57.00	05700	CT SCAN	3,861,191	0	214,900	1,259	0
58.00	05800	MRI	1,803,550	0	166,523	939	0
59.00	05900	CARDIAC CATHETERIZATION	2,698,664	0	251,097	4,743	0
60.00	06000	LABORATORY	9,983,960	0	1,157,576	6,361	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	232,827	0	114,254	502	0
65.00	06500	RESPIRATORY THERAPY	1,335,139	0	192,522	441	0
66.00	06600	PHYSICAL THERAPY	1,981,118	0	552,759	3,066	435
67.00	06700	OCCUPATIONAL THERAPY	854,981	0	106,182	621	114
68.00	06800	SPEECH PATHOLOGY	388,454	0	92,046	525	94
69.00	06900	ELECTROCARDIOLOGY	4,979,565	0	650,179	10,465	1,649
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,492,694	0	1,252,246	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,492,730	0	741,981	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,022,146	0	1,194,518	0	0
74.00	07400	RENAL DIALYSIS	132,246	0	35,475	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	170,549	0	28,746	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	328,186	0	34,704	0	0
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	42,194	0	9,756	0	0
90.04	09004	INFUSION CENTER	212,371	0	110,800	4,283	0
91.00	09100	EMERGENCY	5,584,127	0	625,878	8,807	10,559
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,960,757	-7,360,635	17,160,614	171,557	77,436
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	8,179	944	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	16,084	0	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	90,809	0	0
190.05	19003	SPORTS MEDICINE	0	0	179	0	0
190.06	19004	FOUNDATION	0	0	30,950	555	0
191.00	19100	RESEARCH	0	0	60,897	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	962,842	0	0
193.02	19302	WELLNESS CENTER	0	0	12,747	0	907
193.03	19303	RENTAL PROPERTIES	0	0	193,479	0	0
193.04	19304	STARKE HOSPITAL	0	0	3,554,384	0	0
193.05	19306	RETAIL PHARMACY	0	0	1,246	0	0
193.06	19305	VACANT	0	0	45,664	5,270	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
193.07	19307 CONTINUING CARE - MILLERS	0	0	131,725	15,093	15,356	193.07
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)	720,274		7,360,635	2,044,447	200,907	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.008788		0.330521	10.570042	2.144174	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,252		227,392	588,992	56,941	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000113		0.010211	3.045161	0.607701	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (BILLABLE S UPPLIE)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00560						5.03
5.04	00580						5.04
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	186,487					9.00
10.00	01000	4,255	18,234				10.00
11.00	01100	7,279	0	197,791			11.00
13.00	01300	3,309	0	5,629	123,696		13.00
14.00	01400	2,935	0	1,750	0	2,375,619	14.00
15.00	01500	2,244	0	8,128	0	2,295	15.00
16.00	01600	2,872	0	9,218	0	1	16.00
17.00	01700	1,185	0	4,987	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	33,564	7,436	44,140	44,140	84,803	30.00
31.00	03100	11,797	1,633	18,589	18,589	52,798	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,781	0	1,507	1,507	3,298	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	26,456	46	23,973	23,973	171,773	50.00
52.00	05200	7,652	882	2,411	2,411	5,278	52.00
54.00	05400	12,926	0	7,754	7,754	13,725	54.00
54.01	05401	970	0	584	0	440	54.01
54.02	05402	388	0	1,158	0	2,974	54.02
57.00	05700	1,259	0	2,285	0	4,163	57.00
58.00	05800	939	0	1,853	0	1,497	58.00
59.00	05900	4,743	0	2,505	2,505	39,144	59.00
60.00	06000	6,361	0	15,087	0	16,300	60.00
62.00	06200	502	0	331	0	0	62.00
65.00	06500	441	0	4,412	0	5,382	65.00
66.00	06600	3,066	0	10,860	0	1,659	66.00
67.00	06700	621	0	2,206	0	336	67.00
68.00	06800	525	0	1,863	0	284	68.00
69.00	06900	10,465	0	8,164	8,164	38,361	69.00
71.00	07100	0	0	0	0	1,186,039	71.00
72.00	07200	0	0	0	0	685,677	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	777	777	163	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	320	0	0	90.03
90.04	09004	4,283	246	1,379	1,379	6,498	90.04
91.00	09100	8,807	146	11,499	11,499	46,576	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		164,625	10,389	193,369	122,698	2,369,464	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	944	0	0	0	0	190.00
190.03	19001	0	0	306	0	0	190.03
190.04	19002	0	0	960	0	24	190.04
190.05	19003	0	0	0	0	0	190.05
190.06	19004	555	0	500	0	0	190.06
191.00	19100	0	0	998	998	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	6,130	193.01
193.02	19302	0	0	993	0	1	193.02
193.03	19303	0	0	665	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19306	0	0	0	0	0	193.05
193.06	19305	5,270	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (BILLABLE S UPPLIE)	
		9.00	10.00	11.00	13.00	14.00	
193.07	19307 CONTINUING CARE - MILLERS	15,093	7,845	0	0	0	193.07
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)	334,490	323,792	460,781	582,821	880,258	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.793637	17.757596	2.329636	4.711721	0.370538	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,818	53,226	90,339	45,873	48,048	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.149169	2.919052	0.456740	0.370853	0.020225	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		PHARMACY (100% ALLOC AT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.03	00560					5.03
5.04	00580					5.04
5.06	00590					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	100				15.00
16.00	01600	0	81,960,757			16.00
17.00	01700	0	0	3,230		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	6,265,369	1,851		30.00
31.00	03100	0	2,185,407	1,119		31.00
40.00	04000	0	0	0		40.00
41.00	04100	0	0	0		41.00
43.00	04300	0	315,850	260		43.00
44.00	04400	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	17,869,772	0		50.00
52.00	05200	0	585,977	0		52.00
54.00	05400	0	2,331,617	0		54.00
54.01	05401	0	773,193	0		54.01
54.02	05402	0	1,036,880	0		54.02
57.00	05700	0	3,861,191	0		57.00
58.00	05800	0	1,803,550	0		58.00
59.00	05900	0	2,698,664	0		59.00
60.00	06000	0	9,983,960	0		60.00
62.00	06200	0	232,827	0		62.00
65.00	06500	0	1,335,139	0		65.00
66.00	06600	0	1,981,118	0		66.00
67.00	06700	0	854,981	0		67.00
68.00	06800	0	388,454	0		68.00
69.00	06900	0	4,979,565	0		69.00
71.00	07100	0	2,492,694	0		71.00
72.00	07200	0	3,492,730	0		72.00
73.00	07300	100	10,022,146	0		73.00
74.00	07400	0	132,246	0		74.00
76.00	03020	0	0	0		76.00
76.97	07697	0	170,549	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	328,186	0		90.00
90.01	09001	0	0	0		90.01
90.02	09002	0	0	0		90.02
90.03	09003	0	42,194	0		90.03
90.04	09004	0	212,371	0		90.04
91.00	09100	0	5,584,127	0		91.00
92.00	09200	0	0	0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		100	81,960,757	3,230		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0		190.00
190.03	19001	0	0	0		190.03
190.04	19002	0	0	0		190.04
190.05	19003	0	0	0		190.05
190.06	19004	0	0	0		190.06
191.00	19100	0	0	0		191.00
193.00	19300	0	0	0		193.00
193.01	19301	0	0	0		193.01
193.02	19302	0	0	0		193.02
193.03	19303	0	0	0		193.03
193.04	19304	0	0	0		193.04
193.05	19306	0	0	0		193.05
193.06	19305	0	0	0		193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet B-1

Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		PHARMACY (100% ALLOC AT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
		15.00	16.00	17.00		
193.07	19307 CONTINUING CARE - MILLERS	0	0	0		193.07
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)	331,441	357,646	403,028		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,314.410000	0.004364	124.776471		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	32,549	40,592	19,230		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	325.490000	0.000495	5.953560		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet C  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		3,826,753	5,288	3,832,041	30.00
31.00	03100 INTENSIVE CARE UNIT		1,568,127	0	1,568,127	31.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
43.00	04300 NURSERY		294,379	0	294,379	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		2,758,596	0	2,758,596	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		445,224	0	445,224	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,029,134	0	1,029,134	54.00
54.01	05401 NUCLEAR MEDICINE		153,074	0	153,074	54.01
54.02	05402 ULTRASOUND		152,064	0	152,064	54.02
57.00	05700 CT SCAN		325,211	0	325,211	57.00
58.00	05800 MRI		245,914	0	245,914	58.00
59.00	05900 CARDIAC CATHETERIZATION		436,651	0	436,651	59.00
60.00	06000 LABORATORY		1,703,581	2,694	1,706,275	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		160,010	0	160,010	62.00
65.00	06500 RESPIRATORY THERAPY	0	279,706	245	279,951	65.00
66.00	06600 PHYSICAL THERAPY	0	808,858	0	808,858	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	158,194	0	158,194	67.00
68.00	06800 SPEECH PATHOLOGY	0	135,302	0	135,302	68.00
69.00	06900 ELECTROCARDIOLOGY		1,091,428	0	1,091,428	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		2,116,492	0	2,116,492	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,256,532	0	1,256,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,964,509	0	1,964,509	73.00
74.00	07400 RENAL DIALYSIS		47,777	0	47,777	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		44,522	0	44,522	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		47,606	0	47,606	90.00
90.01	09001 DENTAL CLINIC		0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C		0	0	0	90.02
90.03	09003 DIABETIC TRAINING		13,910	0	13,910	90.03
90.04	09004 INFUSION CENTER		217,788	0	217,788	90.04
91.00	09100 EMERGENCY		1,089,459	10,866	1,100,325	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		934,532	0	934,532	92.00
200.00	Subtotal (see instructions)	0	23,305,333	19,093	23,324,426	200.00
201.00	Less Observation Beds		934,532	0	934,532	201.00
202.00	Total (see instructions)	0	22,370,801	19,093	22,389,894	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet C  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,818,283		4,818,283		30.00
31.00	03100	INTENSIVE CARE UNIT	2,185,407		2,185,407		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	315,850		315,850		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,314,220	10,555,552	17,869,772	0.154372	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,072	59,905	585,977	0.759798	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	661,340	1,670,277	2,331,617	0.441382	54.00
54.01	05401	NUCLEAR MEDICINE	225,080	548,113	773,193	0.197976	54.01
54.02	05402	ULTRASOUND	133,300	903,580	1,036,880	0.146655	54.02
57.00	05700	CT SCAN	969,833	2,891,358	3,861,191	0.084226	57.00
58.00	05800	MRI	223,549	1,580,001	1,803,550	0.136350	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,092,854	1,605,810	2,698,664	0.161803	59.00
60.00	06000	LABORATORY	3,182,621	6,801,339	9,983,960	0.170632	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	106,481	126,346	232,827	0.687248	62.00
65.00	06500	RESPIRATORY THERAPY	1,140,181	194,958	1,335,139	0.209496	65.00
66.00	06600	PHYSICAL THERAPY	369,375	1,611,743	1,981,118	0.408284	66.00
67.00	06700	OCCUPATIONAL THERAPY	325,586	529,395	854,981	0.185026	67.00
68.00	06800	SPEECH PATHOLOGY	95,589	292,865	388,454	0.348309	68.00
69.00	06900	ELECTROCARDIOLOGY	1,049,901	3,929,664	4,979,565	0.219181	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,380,005	1,112,689	2,492,694	0.849078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,287,960	1,204,770	3,492,730	0.359756	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,662,282	4,359,864	10,022,146	0.196017	73.00
74.00	07400	RENAL DIALYSIS	132,246	0	132,246	0.361274	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	304	170,245	170,549	0.261051	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	326,622	1,564	328,186	0.145058	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	2,764	39,430	42,194	0.329668	90.03
90.04	09004	INFUSION CENTER	3,100	209,271	212,371	1.025507	90.04
91.00	09100	EMERGENCY	1,028,932	4,555,195	5,584,127	0.195099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	228,686	1,218,400	1,447,086	0.645803	92.00
200.00		Subtotal (see instructions)	35,788,423	46,172,334	81,960,757		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	35,788,423	46,172,334	81,960,757		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet C Part I Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.154372		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759798		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.441382		54.00
54.01	05401 NUCLEAR MEDICINE	0.197976		54.01
54.02	05402 ULTRASOUND	0.146655		54.02
57.00	05700 CT SCAN	0.084226		57.00
58.00	05800 MRI	0.136350		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.161803		59.00
60.00	06000 LABORATORY	0.170902		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.687248		62.00
65.00	06500 RESPIRATORY THERAPY	0.209679		65.00
66.00	06600 PHYSICAL THERAPY	0.408284		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185026		67.00
68.00	06800 SPEECH PATHOLOGY	0.348309		68.00
69.00	06900 ELECTROCARDIOLOGY	0.219181		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.849078		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.359756		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196017		73.00
74.00	07400 RENAL DIALYSIS	0.361274		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.261051		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.145058		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.329668		90.03
90.04	09004 INFUSION CENTER	1.025507		90.04
91.00	09100 EMERGENCY	0.197045		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.645803		92.00
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: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet C  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		3,826,753	5,288	3,832,041	30.00	
31.00	03100 INTENSIVE CARE UNIT		1,568,127	0	1,568,127	31.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00	
43.00	04300 NURSERY		294,379	0	294,379	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		2,758,596	0	2,758,596	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		445,224	0	445,224	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,029,134	0	1,029,134	54.00	
54.01	05401 NUCLEAR MEDICINE		153,074	0	153,074	54.01	
54.02	05402 ULTRASOUND		152,064	0	152,064	54.02	
57.00	05700 CT SCAN		325,211	0	325,211	57.00	
58.00	05800 MRI		245,914	0	245,914	58.00	
59.00	05900 CARDIAC CATHETERIZATION		436,651	0	436,651	59.00	
60.00	06000 LABORATORY		1,703,581	2,694	1,706,275	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		160,010	0	160,010	62.00	
65.00	06500 RESPIRATORY THERAPY	0	279,706	245	279,951	65.00	
66.00	06600 PHYSICAL THERAPY	0	808,858	0	808,858	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	158,194	0	158,194	67.00	
68.00	06800 SPEECH PATHOLOGY	0	135,302	0	135,302	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,091,428	0	1,091,428	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		2,116,492	0	2,116,492	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,256,532	0	1,256,532	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		1,964,509	0	1,964,509	73.00	
74.00	07400 RENAL DIALYSIS		47,777	0	47,777	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CE		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		44,522	0	44,522	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		47,606	0	47,606	90.00	
90.01	09001 DENTAL CLINIC		0	0	0	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST C		0	0	0	90.02	
90.03	09003 DIABETIC TRAINING		13,910	0	13,910	90.03	
90.04	09004 INFUSION CENTER		217,788	0	217,788	90.04	
91.00	09100 EMERGENCY		1,089,459	10,866	1,100,325	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		934,532	0	934,532	92.00	
200.00	Subtotal (see instructions)	0	23,305,333	19,093	23,324,426	200.00	
201.00	Less Observation Beds		934,532	0	934,532	201.00	
202.00	Total (see instructions)	0	22,370,801	19,093	22,389,894	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet C  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,818,283		4,818,283		30.00
31.00	03100	INTENSIVE CARE UNIT	2,185,407		2,185,407		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	315,850		315,850		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,314,220	10,555,552	17,869,772	0.154372	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,072	59,905	585,977	0.759798	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	661,340	1,670,277	2,331,617	0.441382	54.00
54.01	05401	NUCLEAR MEDICINE	225,080	548,113	773,193	0.197976	54.01
54.02	05402	ULTRASOUND	133,300	903,580	1,036,880	0.146655	54.02
57.00	05700	CT SCAN	969,833	2,891,358	3,861,191	0.084226	57.00
58.00	05800	MRI	223,549	1,580,001	1,803,550	0.136350	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,092,854	1,605,810	2,698,664	0.161803	59.00
60.00	06000	LABORATORY	3,182,621	6,801,339	9,983,960	0.170632	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	106,481	126,346	232,827	0.687248	62.00
65.00	06500	RESPIRATORY THERAPY	1,140,181	194,958	1,335,139	0.209496	65.00
66.00	06600	PHYSICAL THERAPY	369,375	1,611,743	1,981,118	0.408284	66.00
67.00	06700	OCCUPATIONAL THERAPY	325,586	529,395	854,981	0.185026	67.00
68.00	06800	SPEECH PATHOLOGY	95,589	292,865	388,454	0.348309	68.00
69.00	06900	ELECTROCARDIOLOGY	1,049,901	3,929,664	4,979,565	0.219181	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,380,005	1,112,689	2,492,694	0.849078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,287,960	1,204,770	3,492,730	0.359756	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,662,282	4,359,864	10,022,146	0.196017	73.00
74.00	07400	RENAL DIALYSIS	132,246	0	132,246	0.361274	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	304	170,245	170,549	0.261051	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	326,622	1,564	328,186	0.145058	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	2,764	39,430	42,194	0.329668	90.03
90.04	09004	INFUSION CENTER	3,100	209,271	212,371	1.025507	90.04
91.00	09100	EMERGENCY	1,028,932	4,555,195	5,584,127	0.195099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	228,686	1,218,400	1,447,086	0.645803	92.00
200.00		Subtotal (see instructions)	35,788,423	46,172,334	81,960,757		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	35,788,423	46,172,334	81,960,757		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet C Part I Date/Time Prepared: 7/28/2016 7:29 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.154372		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759798		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.441382		54.00
54.01	05401 NUCLEAR MEDICINE	0.197976		54.01
54.02	05402 ULTRASOUND	0.146655		54.02
57.00	05700 CT SCAN	0.084226		57.00
58.00	05800 MRI	0.136350		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.161803		59.00
60.00	06000 LABORATORY	0.170902		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.687248		62.00
65.00	06500 RESPIRATORY THERAPY	0.209679		65.00
66.00	06600 PHYSICAL THERAPY	0.408284		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185026		67.00
68.00	06800 SPEECH PATHOLOGY	0.348309		68.00
69.00	06900 ELECTROCARDIOLOGY	0.219181		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.849078		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.359756		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196017		73.00
74.00	07400 RENAL DIALYSIS	0.361274		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.261051		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.145058		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.329668		90.03
90.04	09004 INFUSION CENTER	1.025507		90.04
91.00	09100 EMERGENCY	0.197045		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.645803		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150006

Period: From 01/01/2016 To 02/29/2016

Worksheet C Part II Date/Time Prepared: 7/28/2016 7:29 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,758,596	372,180	2,386,416	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	445,224	99,826	345,398	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,029,134	171,496	857,638	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	153,074	13,521	139,553	0	0	54.01
54.02	05402	ULTRASOUND	152,064	6,888	145,176	0	0	54.02
57.00	05700	CT SCAN	325,211	20,666	304,545	0	0	57.00
58.00	05800	MRI	245,914	14,887	231,027	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	436,651	63,446	373,205	0	0	59.00
60.00	06000	LABORATORY	1,703,581	103,085	1,600,496	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	160,010	8,196	151,814	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	279,706	10,146	269,560	0	0	65.00
66.00	06600	PHYSICAL THERAPY	808,858	48,514	760,344	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,194	10,063	148,131	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	135,302	8,324	126,978	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,091,428	142,633	948,795	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,116,492	48,980	2,067,512	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,256,532	29,747	1,226,785	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,964,509	60,452	1,904,057	0	0	73.00
74.00	07400	RENAL DIALYSIS	47,777	442	47,335	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	44,522	1,046	43,476	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	47,606	553	47,053	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	13,910	272	13,638	0	0	90.03
90.04	09004	INFUSION CENTER	217,788	54,043	163,745	0	0	90.04
91.00	09100	EMERGENCY	1,089,459	131,550	957,909	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	934,532	124,682	809,850	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	17,616,074	1,545,638	16,070,436	0	0	200.00
201.00		Less Observation Beds	934,532	124,682	809,850	0	0	201.00
202.00		Total (line 200 minus line 201)	16,681,542	1,420,956	15,260,586	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet C Part II Date/Time Prepared: 7/28/2016 7:29 pm
		Title XIX	Hospital	PPS

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	2,758,596	17,869,772	0.154372	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	445,224	585,977	0.759798	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,029,134	2,331,617	0.441382	54.00
54.01	05401 NUCLEAR MEDICINE	153,074	773,193	0.197976	54.01
54.02	05402 ULTRASOUND	152,064	1,036,880	0.146655	54.02
57.00	05700 CT SCAN	325,211	3,861,191	0.084226	57.00
58.00	05800 MRI	245,914	1,803,550	0.136350	58.00
59.00	05900 CARDIAC CATHETERIZATION	436,651	2,698,664	0.161803	59.00
60.00	06000 LABORATORY	1,703,581	9,983,960	0.170632	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	160,010	232,827	0.687248	62.00
65.00	06500 RESPIRATORY THERAPY	279,706	1,335,139	0.209496	65.00
66.00	06600 PHYSICAL THERAPY	808,858	1,981,118	0.408284	66.00
67.00	06700 OCCUPATIONAL THERAPY	158,194	854,981	0.185026	67.00
68.00	06800 SPEECH PATHOLOGY	135,302	388,454	0.348309	68.00
69.00	06900 ELECTROCARDIOLOGY	1,091,428	4,979,565	0.219181	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,116,492	2,492,694	0.849078	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,256,532	3,492,730	0.359756	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,964,509	10,022,146	0.196017	73.00
74.00	07400 RENAL DIALYSIS	47,777	132,246	0.361274	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	44,522	170,549	0.261051	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	47,606	328,186	0.145058	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	90.02
90.03	09003 DIABETIC TRAINING	13,910	42,194	0.329668	90.03
90.04	09004 INFUSION CENTER	217,788	212,371	1.025507	90.04
91.00	09100 EMERGENCY	1,089,459	5,584,127	0.195099	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	934,532	1,447,086	0.645803	92.00
200.00	Subtotal (sum of lines 50 thru 199)	17,616,074	74,641,217		200.00
201.00	Less Observation Beds	934,532	0		201.00
202.00	Total (line 200 minus line 201)	16,681,542	74,641,217		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part I Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---	---

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	511,255	0	511,255	2,448	30.00
31.00	INTENSIVE CARE UNIT	183,724		183,724	1,119	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	NURSERY	61,947		61,947	260	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	44.00
200.00	Total (Lines 30-199)	756,926		756,926	3,827	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	1,335	278,815	30.00
31.00	INTENSIVE CARE UNIT	226	37,107	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	1,561	315,922	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part II Date/Time Prepared: 7/28/2016 7:29 pm
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	372,180	17,869,772	0.020827	3,065,465	63,844	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	99,826	585,977	0.170358	7,338	1,250	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	171,496	2,331,617	0.073552	378,008	27,803	54.00
54.01	05401 NUCLEAR MEDICINE	13,521	773,193	0.017487	117,527	2,055	54.01
54.02	05402 ULTRASOUND	6,888	1,036,880	0.006643	74,858	497	54.02
57.00	05700 CT SCAN	20,666	3,861,191	0.005352	537,688	2,878	57.00
58.00	05800 MRI	14,887	1,803,550	0.008254	115,135	950	58.00
59.00	05900 CARDIAC CATHETERIZATION	63,446	2,698,664	0.023510	456,415	10,730	59.00
60.00	06000 LABORATORY	103,085	9,983,960	0.010325	1,557,876	16,085	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	8,196	232,827	0.035202	69,427	2,444	62.00
65.00	06500 RESPIRATORY THERAPY	10,146	1,335,139	0.007599	557,134	4,234	65.00
66.00	06600 PHYSICAL THERAPY	48,514	1,981,118	0.024488	145,388	3,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,063	854,981	0.011770	185,068	2,178	67.00
68.00	06800 SPEECH PATHOLOGY	8,324	388,454	0.021429	63,008	1,350	68.00
69.00	06900 ELECTROCARDIOLOGY	142,633	4,979,565	0.028644	563,328	16,136	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	48,980	2,492,694	0.019649	672,471	13,213	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	29,747	3,492,730	0.008517	1,091,221	9,294	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,452	10,022,146	0.006032	2,517,382	15,185	73.00
74.00	07400 RENAL DIALYSIS	442	132,246	0.003342	98,230	328	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,046	170,549	0.006133	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	553	328,186	0.001685	213,287	359	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	272	42,194	0.006446	741	5	90.03
90.04	09004 INFUSION CENTER	54,043	212,371	0.254474	2,242	571	90.04
91.00	09100 EMERGENCY	131,550	5,584,127	0.023558	561,718	13,233	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	124,682	1,447,086	0.086161	109,274	9,415	92.00
200.00	Total (lines 50-199)	1,545,638	74,641,217		13,160,229	217,597	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part III Date/Time Prepared: 7/28/2016 7:29 pm
---	--	----------------------	---	---

Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,448	0.00	1,335	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,119	0.00	226	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	260	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	3,827		1,561	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	17,869,772	0.000000	0.000000	3,065,465	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	585,977	0.000000	0.000000	7,338	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,331,617	0.000000	0.000000	378,008	54.00
54.01	05401 NUCLEAR MEDICINE	0	773,193	0.000000	0.000000	117,527	54.01
54.02	05402 ULTRASOUND	0	1,036,880	0.000000	0.000000	74,858	54.02
57.00	05700 CT SCAN	0	3,861,191	0.000000	0.000000	537,688	57.00
58.00	05800 MRI	0	1,803,550	0.000000	0.000000	115,135	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,698,664	0.000000	0.000000	456,415	59.00
60.00	06000 LABORATORY	0	9,983,960	0.000000	0.000000	1,557,876	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	232,827	0.000000	0.000000	69,427	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,335,139	0.000000	0.000000	557,134	65.00
66.00	06600 PHYSICAL THERAPY	0	1,981,118	0.000000	0.000000	145,388	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	854,981	0.000000	0.000000	185,068	67.00
68.00	06800 SPEECH PATHOLOGY	0	388,454	0.000000	0.000000	63,008	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,979,565	0.000000	0.000000	563,328	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,492,694	0.000000	0.000000	672,471	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,492,730	0.000000	0.000000	1,091,221	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,022,146	0.000000	0.000000	2,517,382	73.00
74.00	07400 RENAL DIALYSIS	0	132,246	0.000000	0.000000	98,230	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	170,549	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	328,186	0.000000	0.000000	213,287	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	42,194	0.000000	0.000000	741	90.03
90.04	09004 INFUSION CENTER	0	212,371	0.000000	0.000000	2,242	90.04
91.00	09100 EMERGENCY	0	5,584,127	0.000000	0.000000	561,718	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,447,086	0.000000	0.000000	109,274	92.00
200.00	Total (lines 50-199)	0	74,641,217			13,160,229	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	2,512,333	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	799	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	457,256	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	249,800	0	54.01
54.02	05402 ULTRASOUND	0	120,352	0	54.02
57.00	05700 CT SCAN	0	880,911	0	57.00
58.00	05800 MRI	0	464,006	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	657,114	0	59.00
60.00	06000 LABORATORY	0	818,606	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	65,336	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	46,982	0	65.00
66.00	06600 PHYSICAL THERAPY	0	8,719	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,700	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,973	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,374,562	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	400,084	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	445,380	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,253,210	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	82,352	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	1,564	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	80,645	0	90.04
91.00	09100 EMERGENCY	0	854,420	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	369,909	0	92.00
200.00	Total (lines 50-199)	0	11,158,013	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part V Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.154372	2,512,333	0	0	387,834	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759798	799	0	0	607	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.441382	457,256	0	0	201,825	54.00
54.01	05401 NUCLEAR MEDICINE	0.197976	249,800	0	0	49,454	54.01
54.02	05402 ULTRASOUND	0.146655	120,352	0	0	17,650	54.02
57.00	05700 CT SCAN	0.084226	880,911	0	0	74,196	57.00
58.00	05800 MRI	0.136350	464,006	0	0	63,267	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.161803	657,114	0	0	106,323	59.00
60.00	06000 LABORATORY	0.170632	818,606	0	0	139,680	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.687248	65,336	0	0	44,902	62.00
65.00	06500 RESPIRATORY THERAPY	0.209496	46,982	0	0	9,843	65.00
66.00	06600 PHYSICAL THERAPY	0.408284	8,719	0	0	3,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185026	9,700	0	0	1,795	67.00
68.00	06800 SPEECH PATHOLOGY	0.348309	3,973	0	0	1,384	68.00
69.00	06900 ELECTROCARDIOLOGY	0.219181	1,374,562	0	0	301,278	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.849078	400,084	0	0	339,703	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.359756	445,380	0	0	160,228	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196017	1,253,210	0	14,647	245,650	73.00
74.00	07400 RENAL DIALYSIS	0.361274	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.261051	82,352	0	0	21,498	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.145058	1,564	0	0	227	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0.000000	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0.329668	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	1.025507	80,645	0	0	82,702	90.04
91.00	09100 EMERGENCY	0.195099	854,420	0	0	166,696	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.645803	369,909	0	0	238,888	92.00
200.00	Subtotal (see instructions)		11,158,013	0	14,647	2,659,190	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		11,158,013	0	14,647	2,659,190	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part V Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,871	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00	Subtotal (see instructions)	0	2,871	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	2,871	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part I Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---	---

Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	511,255	0	511,255	2,448	208.85	30.00	
31.00	INTENSIVE CARE UNIT	183,724		183,724	1,119	164.19	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	61,947		61,947	260	238.26	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30-199)	756,926		756,926	3,827		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	65	13,575					
31.00	INTENSIVE CARE UNIT	39	6,403					
40.00	SUBPROVIDER - IPF	0	0					
41.00	SUBPROVIDER - IRF	0	0					
43.00	NURSERY	9	2,144					
44.00	SKILLED NURSING FACILITY	0	0					
200.00	Total (lines 30-199)	113	22,122					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part II Date/Time Prepared: 7/28/2016 7:29 pm
--	--	----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	372,180	17,869,772	0.020827	1,516,235	31,579	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	99,826	585,977	0.170358	292,085	49,759	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,496	2,331,617	0.073552	64,033	4,710	54.00
54.01	05401	NUCLEAR MEDICINE	13,521	773,193	0.017487	15,085	264	54.01
54.02	05402	ULTRASOUND	6,888	1,036,880	0.006643	18,033	120	54.02
57.00	05700	CT SCAN	20,666	3,861,191	0.005352	125,710	673	57.00
58.00	05800	MRI	14,887	1,803,550	0.008254	29,873	247	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,446	2,698,664	0.023510	100,515	2,363	59.00
60.00	06000	LABORATORY	103,085	9,983,960	0.010325	512,452	5,291	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	8,196	232,827	0.035202	8,694	306	62.00
65.00	06500	RESPIRATORY THERAPY	10,146	1,335,139	0.007599	134,077	1,019	65.00
66.00	06600	PHYSICAL THERAPY	48,514	1,981,118	0.024488	28,410	696	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,063	854,981	0.011770	36,818	433	67.00
68.00	06800	SPEECH PATHOLOGY	8,324	388,454	0.021429	9,170	197	68.00
69.00	06900	ELECTROCARDIOLOGY	142,633	4,979,565	0.028644	118,958	3,407	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	48,980	2,492,694	0.019649	221,543	4,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,747	3,492,730	0.008517	411,885	3,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,452	10,022,146	0.006032	889,588	5,366	73.00
74.00	07400	RENAL DIALYSIS	442	132,246	0.003342	3,611	12	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,046	170,549	0.006133	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	553	328,186	0.001685	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0	0	90.02
90.03	09003	DIABETIC TRAINING	272	42,194	0.006446	337	2	90.03
90.04	09004	INFUSION CENTER	54,043	212,371	0.254474	0	0	90.04
91.00	09100	EMERGENCY	131,550	5,584,127	0.023558	127,222	2,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	124,682	1,447,086	0.086161	38,459	3,314	92.00
200.00		Total (lines 50-199)	1,545,638	74,641,217		4,702,793	120,616	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part III Date/Time Prepared: 7/28/2016 7:29 pm
---	--	----------------------	---	---

Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,448	0.00	65	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,119	0.00	39	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	260	0.00	9	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	3,827		113	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---	--

Cost Center Description	Title XIX				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	0	0	90.02
90.03 09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04 09004 INFUSION CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	17,869,772	0.000000	0.000000	1,516,235	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	585,977	0.000000	0.000000	292,085	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,331,617	0.000000	0.000000	64,033	54.00
54.01	05401 NUCLEAR MEDICINE	0	773,193	0.000000	0.000000	15,085	54.01
54.02	05402 ULTRASOUND	0	1,036,880	0.000000	0.000000	18,033	54.02
57.00	05700 CT SCAN	0	3,861,191	0.000000	0.000000	125,710	57.00
58.00	05800 MRI	0	1,803,550	0.000000	0.000000	29,873	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,698,664	0.000000	0.000000	100,515	59.00
60.00	06000 LABORATORY	0	9,983,960	0.000000	0.000000	512,452	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	232,827	0.000000	0.000000	8,694	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,335,139	0.000000	0.000000	134,077	65.00
66.00	06600 PHYSICAL THERAPY	0	1,981,118	0.000000	0.000000	28,410	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	854,981	0.000000	0.000000	36,818	67.00
68.00	06800 SPEECH PATHOLOGY	0	388,454	0.000000	0.000000	9,170	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,979,565	0.000000	0.000000	118,958	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,492,694	0.000000	0.000000	221,543	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,492,730	0.000000	0.000000	411,885	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,022,146	0.000000	0.000000	889,588	73.00
74.00	07400 RENAL DIALYSIS	0	132,246	0.000000	0.000000	3,611	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	170,549	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	328,186	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	42,194	0.000000	0.000000	337	90.03
90.04	09004 INFUSION CENTER	0	212,371	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	5,584,127	0.000000	0.000000	127,222	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,447,086	0.000000	0.000000	38,459	92.00
200.00	Total (lines 50-199)	0	74,641,217			4,702,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part IV Date/Time Prepared: 7/28/2016 7:29 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part V Date/Time Prepared: 7/28/2016 7:29 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.154372	0	2,533,949	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.759798	0	40,399	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.441382	0	290,155	0	0
54.01 05401 NUCLEAR MEDICINE	0.197976	0	57,892	0	0
54.02 05402 ULTRASOUND	0.146655	0	330,922	0	0
57.00 05700 CT SCAN	0.084226	0	602,908	0	0
58.00 05800 MRI	0.136350	0	343,165	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.161803	0	127,810	0	0
60.00 06000 LABORATORY	0.170632	0	1,765,401	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.687248	0	4,657	0	0
65.00 06500 RESPIRATORY THERAPY	0.209496	0	55,366	0	0
66.00 06600 PHYSICAL THERAPY	0.408284	0	265,970	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.185026	0	163,232	0	0
68.00 06800 SPEECH PATHOLOGY	0.348309	0	137,354	0	0
69.00 06900 ELECTROCARDIOLOGY	0.219181	0	437,622	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.849078	0	77,434	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.359756	0	192,285	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.196017	0	812,088	0	0
74.00 07400 RENAL DIALYSIS	0.361274	0	14,444	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.261051	0	32,827	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.145058	0	0	0	0
90.01 09001 DENTAL CLINIC	0.000000	0	0	0	0
90.02 09002 OTHER OUTPATIENT SERVICE COST C	0.000000	0	0	0	0
90.03 09003 DIABETIC TRAINING	0.329668	0	7,456	0	0
90.04 09004 INFUSION CENTER	1.025507	0	31,924	0	0
91.00 09100 EMERGENCY	0.195099	0	1,565,951	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.645803	0	321,714	0	0
200.00 Subtotal (see instructions)		0	10,212,925	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	10,212,925	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D Part V Date/Time Prepared: 7/28/2016 7:29 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	391,171	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	30,695	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	128,069	0	54.00
54.01	05401 NUCLEAR MEDICINE	11,461	0	54.01
54.02	05402 ULTRASOUND	48,531	0	54.02
57.00	05700 CT SCAN	50,781	0	57.00
58.00	05800 MRI	46,791	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	20,680	0	59.00
60.00	06000 LABORATORY	301,234	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	3,201	0	62.00
65.00	06500 RESPIRATORY THERAPY	11,599	0	65.00
66.00	06600 PHYSICAL THERAPY	108,591	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	30,202	0	67.00
68.00	06800 SPEECH PATHOLOGY	47,842	0	68.00
69.00	06900 ELECTROCARDIOLOGY	95,918	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	65,748	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	69,176	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	159,183	0	73.00
74.00	07400 RENAL DIALYSIS	5,218	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	8,570	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST C	0	0	90.02
90.03	09003 DIABETIC TRAINING	2,458	0	90.03
90.04	09004 INFUSION CENTER	32,738	0	90.04
91.00	09100 EMERGENCY	305,515	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	207,764	0	92.00
200.00	Subtotal (see instructions)	2,183,136	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)	2,183,136	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/28/2016 7:29 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,448	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)		1,851	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,335	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,832,041	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,832,041	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,832,041	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,565.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,089,782	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)		2,089,782	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,568,127	1,119	1,401.36	226	316,707	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)					3,191,746	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,598,235	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)					315,922	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					217,597	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					533,519	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,064,716	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					597	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,565.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					934,532	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet D-1 Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	511,255	3,832,041	0.133416	934,532	124,682	90.00
91.00	Nursing School cost	0	3,832,041	0.000000	934,532	0	91.00
92.00	Allied health cost	0	3,832,041	0.000000	934,532	0	92.00
93.00	All other Medical Education	0	3,832,041	0.000000	934,532	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 7/28/2016 7:29 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,448	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)		1,851	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		65	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		260	15.00
16.00	Nursery days (title V or XIX only)		9	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,832,041	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,832,041	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,832,041	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,565.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		101,750	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)		101,750	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D-1 Date/Time Prepared: 7/28/2016 7:29 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	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)	294,379	260	1,132.23	9	10,190	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,568,127	1,119	1,401.36	39	54,653	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)					1,252,134	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,418,727	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)					22,122	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					120,616	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					142,738	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,275,989	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					597	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,565.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					934,532	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2016 To 02/29/2016		Worksheet D-1 Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	511,255	3,832,041	0.133416	934,532	124,682	90.00
91.00	Nursing School cost	0	3,832,041	0.000000	934,532	0	91.00
92.00	Allied health cost	0	3,832,041	0.000000	934,532	0	92.00
93.00	All other Medical Education	0	3,832,041	0.000000	934,532	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D-3 Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,352,249	30.00
31.00	03100	INTENSIVE CARE UNIT		1,075,360	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.154372	3,065,465	473,222 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.759798	7,338	5,575 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.441382	378,008	166,846 54.00
54.01	05401	NUCLEAR MEDICINE	0.197976	117,527	23,268 54.01
54.02	05402	ULTRASOUND	0.146655	74,858	10,978 54.02
57.00	05700	CT SCAN	0.084226	537,688	45,287 57.00
58.00	05800	MRI	0.136350	115,135	15,699 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161803	456,415	73,849 59.00
60.00	06000	LABORATORY	0.170902	1,557,876	266,244 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.687248	69,427	47,714 62.00
65.00	06500	RESPIRATORY THERAPY	0.209679	557,134	116,819 65.00
66.00	06600	PHYSICAL THERAPY	0.408284	145,388	59,360 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.185026	185,068	34,242 67.00
68.00	06800	SPEECH PATHOLOGY	0.348309	63,008	21,946 68.00
69.00	06900	ELECTROCARDIOLOGY	0.219181	563,328	123,471 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.849078	672,471	570,980 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359756	1,091,221	392,573 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196017	2,517,382	493,450 73.00
74.00	07400	RENAL DIALYSIS	0.361274	98,230	35,488 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.261051	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.145058	213,287	30,939 90.00
90.01	09001	DENTAL CLINIC	0.000000	0	0 90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0.000000	0	0 90.02
90.03	09003	DIABETIC TRAINING	0.329668	741	244 90.03
90.04	09004	INFUSION CENTER	1.025507	2,242	2,299 90.04
91.00	09100	EMERGENCY	0.197045	561,718	110,684 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.645803	109,274	70,569 92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,160,229	3,191,746 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		13,160,229	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet D-3 Date/Time Prepared: 7/28/2016 7:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		787,816	30.00
31.00	03100	INTENSIVE CARE UNIT		279,782	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		223,825	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.154372	1,516,235	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.759798	292,085	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.441382	64,033	54.00
54.01	05401	NUCLEAR MEDICINE	0.197976	15,085	54.01
54.02	05402	ULTRASOUND	0.146655	18,033	54.02
57.00	05700	CT SCAN	0.084226	125,710	57.00
58.00	05800	MRI	0.136350	29,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.161803	100,515	59.00
60.00	06000	LABORATORY	0.170902	512,452	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.687248	8,694	62.00
65.00	06500	RESPIRATORY THERAPY	0.209679	134,077	65.00
66.00	06600	PHYSICAL THERAPY	0.408284	28,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.185026	36,818	67.00
68.00	06800	SPEECH PATHOLOGY	0.348309	9,170	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219181	118,958	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.849078	221,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359756	411,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196017	889,588	73.00
74.00	07400	RENAL DIALYSIS	0.361274	3,611	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.261051	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.145058	0	90.00
90.01	09001	DENTAL CLINIC	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST C	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0.329668	337	90.03
90.04	09004	INFUSION CENTER	1.025507	0	90.04
91.00	09100	EMERGENCY	0.197045	127,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.645803	38,459	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,702,793	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,702,793	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet E Part A Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,022,769	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		140,979	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		119.05	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.17	31.00
32.00	Sum of lines 30 and 31		27.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.79	33.00
34.00	Disproportionate share adjustment (see instructions)		89,096	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet E Part A Date/Time Prepared: 7/28/2016 7:29 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	0	35.00
35.01	Factor 3 (see instructions)		0.000131489	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		842,340	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		138,088	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		138,088		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		3,390,932		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			3,390,932	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			283,934	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			3,674,866	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			3,674,866	61.00
62.00	Deductibles billed to program beneficiaries			323,932	62.00
63.00	Coinurance billed to program beneficiaries			6,118	63.00
64.00	Allowable bad debts (see instructions)			18,977	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			12,335	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			294	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			3,357,151	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-5,642	70.93
70.94	HRR adjustment amount (see instructions)			-31,739	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet E Part A Date/Time Prepared: 7/28/2016 7:29 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		3,319,770		71.00
71.01	Sequestration adjustment (see instructions)		66,395		71.01
72.00	Interim payments		3,176,321		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		77,054		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)		0		100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet E Part B Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,871	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,659,190	2.00
3.00	PPS payments		1,851,790	3.00
4.00	Outlier payment (see instructions)		14,747	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)		2,871	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		14,647	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)		14,647	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		14,647	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,776	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)		2,871	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)		1,866,537	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		407,107	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)		1,462,301	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)		1,462,301	30.00
31.00	Primary payer payments		90	31.00
32.00	Subtotal (line 30 minus line 31)		1,462,211	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		21,792	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		14,165	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		376	36.00
37.00	Subtotal (see instructions)		1,476,376	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)		1,476,376	40.00
40.01	Sequestration adjustment (see instructions)		29,528	40.01
41.00	Interim payments		1,452,556	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5,708	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
7/28/2016 7:29 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,176,321		1,452,556	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,176,321		1,452,556	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		77,054		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		5,708	6.02	
7.00	Total Medicare program liability (see instructions)		3,253,375		1,446,848	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: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet E-1 Part II Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			0 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			0 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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

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

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet G

Date/Time Prepared:  
7/28/2016 7:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-3,414,407	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	88,633,039	0	0	0	4.00
5.00	Other receivable	1,513,775	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,672,856	0	0	0	6.00
7.00	Inventory	2,495,193	0	0	0	7.00
8.00	Prepaid expenses	1,809,187	0	0	0	8.00
9.00	Other current assets	0	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)	32,363,931	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,720,665	0	0	0	12.00
13.00	Land improvements	2,053,717	0	0	0	13.00
14.00	Accumulated depreciation	-1,664,963	0	0	0	14.00
15.00	Buildings	44,167,861	0	0	0	15.00
16.00	Accumulated depreciation	-33,834,435	0	0	0	16.00
17.00	Leasehold improvements	72,795,586	0	0	0	17.00
18.00	Accumulated depreciation	-47,542,679	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	99,202,299	0	0	0	23.00
24.00	Accumulated depreciation	-78,925,192	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	61,972,859	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	101,501,139	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	765,026	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	102,266,165	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	196,602,955	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-4,782,110	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-4,747,827	0	0	0	38.00
39.00	Payroll taxes payable	-1,670,673	0	0	0	39.00
40.00	Notes and loans payable (short term)	-472,874	0	0	0	40.00
41.00	Deferred income	-93,523	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-9,384,780	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-21,151,787	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-21,151,787	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	217,754,742	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	217,754,742	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	196,602,955	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet G-1

Date/Time Prepared:  
7/28/2016 7:29 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		178,719,776		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,524,132			2.00
3.00	Total (sum of line 1 and line 2)		177,195,644		0	3.00
4.00	ROUNDING	1		0		4.00
5.00	NET DECREASE IN LIABILITIES	41,594,840		0		5.00
6.00	INTERCOMPANY CONTRIBUTIONS	1,524,130		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		43,118,971		0	10.00
11.00	Subtotal (line 3 plus line 10)		220,314,615		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET DECREASE IN ASSETS	2,559,873		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,559,873		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		217,754,742		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00	NET DECREASE IN LIABILITIES		0			5.00
6.00	INTERCOMPANY CONTRIBUTIONS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	NET DECREASE IN ASSETS		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
7/28/2016 7:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	4,818,283		4,818,283	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	4,818,283		4,818,283	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,185,407		2,185,407	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)	2,185,407		2,185,407	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,003,690		7,003,690	17.00
18.00	Ancillary services	27,194,630	40,148,472	67,343,102	18.00
19.00	Outpatient services	1,590,103	6,023,860	7,613,963	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	PROFESSIONAL	202,799	1,519,665	1,722,464	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	35,991,222	47,691,997	83,683,219	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		28,748,639		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)		28,748,639		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150006

Period:  
From 01/01/2016  
To 02/29/2016

Worksheet G-3

Date/Time Prepared:  
7/28/2016 7:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	83,683,219	1.00
2.00	Less contractual allowances and discounts on patients' accounts	57,917,885	2.00
3.00	Net patient revenues (line 1 minus line 2)	25,765,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	28,748,639	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,983,305	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	1,459,173	24.00
25.00	Total other income (sum of lines 6-24)	1,459,173	25.00
26.00	Total (line 5 plus line 25)	-1,524,132	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,524,132	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150006	Period: From 01/01/2016 To 02/29/2016	Worksheet L Parts I-III Date/Time Prepared: 7/28/2016 7:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		241,516	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,652	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		54.22	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.17	8.00
9.00	Sum of lines 7 and 8		27.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.70	10.00
11.00	Disproportionate share adjustment (see instructions)		13,766	11.00
12.00	Total prospective capital payments (see instructions)		283,934	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00