

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 8:12 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2017	Time: 8:12 am
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 IU HEALTH WEST HOSPITAL ( 15-0158 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER  
 Title \_\_\_\_\_  
 05/24/2017  
 Date \_\_\_\_\_

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-119,755	-87	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-119,755	-87	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:09 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1111 N. RONALD REAGAN PARKWAY			PO Box:						
2.00	City: AVON		State: IN		Zip Code: 46123-7085		County: HENDRI CKS			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016		12/31/2016		20.00
21.00	Type of Control (see instructions)					4				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.	445	324	38	0	3,457	26			
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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:09 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)				37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	271,759		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
<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: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:09 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, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH ST	PO Box:				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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		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)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:09 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)		10/01/2016	12/31/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	2,038	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2017	Y	04/03/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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.		Y		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.	INDIANA UNIVERSITY 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: 15-0158

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/22/2017 5:09 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.	DI RECTOR - GOVERNMENT PROGRAMS	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: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 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	100	36,600	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)		100	36,600	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	11	4,026	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		127	46,482	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		127				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: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	9,805	212	22,745			1.00
2.00 HMO and other (see instructions)	5,139	3,072				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,805	212	22,745			7.00
8.00 INTENSIVE CARE UNIT	1,965	58	4,386			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	240	677			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		682	1,936			13.00
14.00 Total (see instructions)	11,770	1,192	29,744	0.00	679.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	152			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	679.48	27.00
28.00 Observation Bed Days		655	3,226			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	26	301			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: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,470	92	7,487	1.00
2.00 HMO and other (see instructions)				974	767		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 NEONATAL INTENSIVE 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	2,470	92	7,487		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2017 5:09 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	43,510,678	-264,038	43,246,640	1,413,316.54	30.60
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		273,086	-1,537	271,549	13,424.77	20.23
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		516,762	0	516,762	7,670.76	67.37
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		124,981	0	124,981	722.47	172.99
14.00	Home office and/or related organization salaries and wage-related costs		13,215,969	0	13,215,969	357,716.00	36.95
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		10,505,100	0	10,505,100		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		82,669	0	82,669		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	121,291	0	121,291	2,115.03	57.35
27.00	Administrative & General	5.00	2,961,180	-1,091	2,960,089	81,661.18	36.25

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2017 5:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	76,997	0	76,997	564.29	136.45	28.00
29.00	Maintenance & Repairs	640,647	-548	640,099	26,929.69	23.77	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	923,862	-1,638	922,224	70,513.16	13.08	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	988,347	-694,615	293,732	18,948.36	15.50	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	694,615	694,615	44,809.00	15.50	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,381,811	-6,070	2,375,741	49,273.63	48.22	38.00
39.00	Central Services and Supply	237,241	-1,276	235,965	11,476.21	20.56	39.00
40.00	Pharmacy	2,058,408	-23,719	2,034,689	52,263.40	38.93	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	240,756	0	240,756	8,561.00	28.12	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part III Date/Time Prepared: 5/22/2017 5:10 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 III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	43,587,675	-264,038	43,323,637	1,413,880.83	30.64	1.00
2.00	Excluded area salaries (see instructions)	273,086	-1,537	271,549	13,424.77	20.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,314,589	-262,501	43,052,088	1,400,456.06	30.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,857,712	0	13,857,712	366,109.23	37.85	4.00
5.00	Subtotal wage-related costs (see inst.)	10,505,100	0	10,505,100	0.00	24.40	5.00
6.00	Total (sum of lines 3 thru 5)	67,677,401	-262,501	67,414,900	1,766,565.29	38.16	6.00
7.00	Total overhead cost (see instructions)	10,630,540	-34,342	10,596,198	367,114.95	28.86	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2017 5:09 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)		1,664,659	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	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)		5,054,142	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		170,812	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		25,080	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)		330,429	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		239,636	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		3,086,165	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		16,846	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		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,587,769	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/22/2017 5:09 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	516,762	10,587,769	1.00
2.00	Hospital	516,762	10,587,769	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/22/2017 5:10 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)		0.167600	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,390,140	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		111,572,699	6.00
7.00	Medicaid cost (line 1 times line 6)		18,699,584	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)		8,309,444	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,309,444	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	19,424,804	499,571	19,924,375
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,255,597	83,728	3,339,325
22.00	Partial payment by patients approved for charity care	129,176	41,179	170,355
23.00	Cost of charity care (line 21 minus line 22)	3,126,421	42,549	3,168,970
				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)		11,058,829	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		222,479	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,836,350	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,816,172	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,985,142	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,294,586	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	4,599,898	4,599,898	1.00
1.01 00101 MOB		420,374	420,374	297,267	717,641	1.01
1.02 00102 INTEREST		0	0	5,917,274	5,917,274	1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,815,609	2,815,609	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	121,291	296,050	417,341	6,991,563	7,408,904	4.00
5.01 00540 NONPATIENT TELEPHONES	0	110,738	110,738	-40,787	69,951	5.01
5.02 00550 DATA PROCESSING	0	29,589	29,589	-10,820	18,769	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	22,634	22,634	-545	22,089	5.03
5.04 00590 ADMINISTRATIVE AND GENERAL	2,961,180	41,644,305	44,605,485	-7,464,367	37,141,118	5.04
6.00 00600 MAINTENANCE & REPAIRS	640,647	5,718,659	6,359,306	-4,229,176	2,130,130	6.00
7.00 00700 OPERATION OF PLANT	0	1,101,634	1,101,634	627,195	1,728,829	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	51,767	51,767	-584	51,183	8.00
9.00 00900 HOUSEKEEPING	923,862	3,179,155	4,103,017	-316,258	3,786,759	9.00
10.00 01000 DIETARY	988,347	1,357,345	2,345,692	-1,716,414	629,278	10.00
11.00 01100 CAFETERIA	0	0	0	1,488,113	1,488,113	11.00
13.00 01300 NURSING ADMINISTRATION	2,381,811	1,025,453	3,407,264	-262,071	3,145,193	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	237,241	239,778	477,019	5,306,015	5,783,034	14.00
15.00 01500 PHARMACY	2,058,408	4,241,052	6,299,460	-3,596,398	2,703,062	15.00
17.00 01700 SOCIAL SERVICE	240,756	72,413	313,169	-51,667	261,502	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,103,242	5,992,678	18,095,920	-6,696,034	11,399,886	30.00
31.00 03100 INTENSIVE CARE UNIT	2,535,567	1,165,936	3,701,503	-618,544	3,082,959	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	856,744	205,026	1,061,770	-142,074	919,696	32.00
43.00 04300 NURSERY	0	0	0	389,709	389,709	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,354,200	12,175,972	14,530,172	-11,076,314	3,453,858	50.00
51.00 05100 RECOVERY ROOM	1,993,701	574,292	2,567,993	-416,585	2,151,408	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,255,739	2,255,739	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,550,615	2,955,815	6,506,430	-2,358,084	4,148,346	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	658,243	626,634	1,284,877	-152,349	1,132,528	55.00
59.00 05900 CARDIAC CATHETERIZATION	639,359	2,769,396	3,408,755	-2,680,758	727,997	59.00
60.00 06000 LABORATORY	0	5,105,567	5,105,567	0	5,105,567	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	388,239	388,239	-20	388,219	63.00
65.00 06500 RESPIRATORY THERAPY	1,291,983	460,130	1,752,113	-360,888	1,391,225	65.00
66.00 06600 PHYSICAL THERAPY	1,269,180	475,817	1,744,997	-340,146	1,404,851	66.00
67.00 06700 OCCUPATIONAL THERAPY	430,207	94,010	524,217	-62,187	462,030	67.00
68.00 06800 SPEECH PATHOLOGY	142,873	36,482	179,355	-26,000	153,355	68.00
69.00 06900 ELECTROCARDIOLOGY	609,365	798,217	1,407,582	-172,607	1,234,975	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,390,511	2,390,511	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,506,166	7,506,166	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,024,284	4,024,284	73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	217,021	109,639	326,660	-80,873	245,787	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 SLEEP LAB	0	638,898	638,898	-22,618	616,280	90.02
91.00 09100 EMERGENCY	4,031,749	3,244,084	7,275,833	-1,354,338	5,921,495	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	43,237,592	97,327,778	140,565,370	359,837	140,925,207	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,435	242,832	325,267	-37,839	287,428	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 RETAIL PHARMACY	0	590	590	-586	4	192.01
192.02 19202 MARKETING	117	521,350	521,467	5,569	527,036	192.02
192.03 19203 BACK AND NECK	190,534	392,114	582,648	-326,981	255,667	192.03
200.00 20000 TOTAL (SUM OF LINES 118-199)	43,510,678	98,484,664	141,995,342	0	141,995,342	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-49,867	4,550,031	1.00
1.01	00101	MOB	-349,277	368,364	1.01
1.02	00102	INTEREST	0	5,917,274	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	2,815,609	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-944,409	6,464,495	4.00
5.01	00540	NONPATIENT TELEPHONES	0	69,951	5.01
5.02	00550	DATA PROCESSING	4,560,293	4,579,062	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	528,815	550,904	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	-15,875,599	21,265,519	5.04
6.00	00600	MAINTENANCE & REPAIRS	-321,545	1,808,585	6.00
7.00	00700	OPERATION OF PLANT	0	1,728,829	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	51,183	8.00
9.00	00900	HOUSEKEEPING	0	3,786,759	9.00
10.00	01000	DIETARY	0	629,278	10.00
11.00	01100	CAFETERIA	-794,285	693,828	11.00
13.00	01300	NURSING ADMINISTRATION	-144,233	3,000,960	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,783,034	14.00
15.00	01500	PHARMACY	-21,204	2,681,858	15.00
17.00	01700	SOCIAL SERVICE	0	261,502	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-64,270	11,335,616	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,561	3,080,398	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	919,696	32.00
43.00	04300	NURSERY	0	389,709	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-103,787	3,350,071	50.00
51.00	05100	RECOVERY ROOM	0	2,151,408	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,255,739	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,000	4,128,346	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,502	1,130,026	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	727,997	59.00
60.00	06000	LABORATORY	0	5,105,567	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	388,219	63.00
65.00	06500	RESPIRATORY THERAPY	-811	1,390,414	65.00
66.00	06600	PHYSICAL THERAPY	-546	1,404,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	462,030	67.00
68.00	06800	SPEECH PATHOLOGY	0	153,355	68.00
69.00	06900	ELECTROCARDIOLOGY	-366,533	868,442	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,390,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,506,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,024,284	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	245,787	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	SLEEP LAB	0	616,280	90.02
91.00	09100	EMERGENCY	-1,150,000	4,771,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,122,321	125,802,886	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	287,428	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	4	192.01
192.02	19202	MARKETING	0	527,036	192.02
192.03	19203	BACK AND NECK	0	255,667	192.03
200.00		TOTAL (SUM OF LINES 118-199)	-15,122,321	126,873,021	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	4,189,859	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	2,725,122	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
0			0	6,914,981	
<b>B - LEASE</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	410,039	1.00
2.00	MOB	1.01	0	297,267	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	90,487	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
0			0	797,793	
<b>C - INTEREST</b>					
1.00	INTEREST	1.02	0	5,917,274	1.00
0			0	5,917,274	
<b>D - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,991,598	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
0			0	6,991,598	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6  
Date/Time Prepared:  
5/22/2017 5:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - LABOR &amp; DELIVERY</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,019,582	236,157	1.00
	O		2,019,582	236,157	
<b>H - NURSERY</b>					
1.00	NURSERY	43.00	348,910	40,799	1.00
	O		348,910	40,799	
<b>I - DIETARY</b>					
1.00	CAFETERIA	11.00	694,615	793,498	1.00
	O		694,615	793,498	
<b>J - IP CARE SERVICES</b>					
1.00	NURSING ADMINISTRATION	13.00	6,780	523	1.00
2.00	INTENSIVE CARE UNIT	31.00	134,123	10,354	2.00
	O		140,903	10,877	
<b>K - STD</b>					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,091	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	548	2.00
3.00	HOUSEKEEPING	9.00	0	1,638	3.00
4.00	NURSING ADMINISTRATION	13.00	0	12,850	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,276	5.00
6.00	PHARMACY	15.00	0	23,719	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	135,768	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	6,506	8.00
9.00	OPERATING ROOM	50.00	0	14,578	9.00
10.00	RECOVERY ROOM	51.00	0	8,086	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,735	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	897	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,221	13.00
14.00	RESPIRATORY THERAPY	65.00	0	7,937	14.00
15.00	PHYSICAL THERAPY	66.00	0	161	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,134	16.00
17.00	EMERGENCY	91.00	0	28,356	17.00
18.00	BACK AND NECK	192.03	0	1,537	18.00
	O		0	264,038	
<b>L - UTILITIES</b>					
1.00	OPERATION OF PLANT	7.00	0	1,368,012	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,165	2.00
3.00	EMERGENCY	91.00	0	2,331	3.00
	O		0	1,371,508	
<b>M - MARKETING</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	36	1.00
2.00	PHYSICAL THERAPY	66.00	0	151	2.00
3.00	MARKETING	192.02	0	7,367	3.00
4.00		0.00	0	0	4.00
	O		0	7,554	
<b>N - BILLABLE DRUGS</b>					
1.00	RECOVERY ROOM	51.00	0	370	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,024,284	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
	O		0	4,024,654	
<b>O - NON-BILLABLE DRUGS</b>					
1.00	PHARMACY	15.00	0	264,020	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	O		0	264,020	
<b>P - BILLABLE IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,506,166	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:  
5/22/2017 5:09 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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	
0		0	7,506,166			
<b>Q - BILLABLE SUPPLIES</b>						
1.00	PHARMACY	15.00	0	3,274	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,390,511	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	
0		0	2,393,785			
<b>R - NON-BILLABLE SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,525,976	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	
0		0	5,525,976			
500.00	Grand Total: Increases		3,204,010	43,060,678	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6  
Date/Time Prepared:  
5/22/2017 5:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	40,787	9	1.00	
2.00	DATA PROCESSING	5.02	0	10,820	9	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	557,785	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	2,757,521	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	740,724	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	584	0	6.00	
7.00	HOUSEKEEPING	9.00	0	2,451	0	7.00	
8.00	DIETARY	10.00	0	12,118	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	82,557	0	9.00	
10.00	PHARMACY	15.00	0	59,586	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	463,930	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	5,324	0	12.00	
13.00	OPERATING ROOM	50.00	0	857,384	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	857,457	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,909	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	200,955	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	56,120	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	18,489	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	61,463	0	19.00	
20.00	SLEEP LAB	90.02	0	1,170	0	20.00	
21.00	EMERGENCY	91.00	0	45,298	0	21.00	
22.00	BACK AND NECK	192.03	0	64,549	0	22.00	
			0	6,914,981			
<b>B - LEASE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	419,261	10	1.00	
2.00	PHARMACY	15.00	0	9,343	10	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	43,525	10	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	35,823	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	1,497	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	25,882	0	6.00	
7.00	CARDIAC REHABILITATION	76.97	0	25,882	0	7.00	
8.00	SLEEP LAB	90.02	0	299	0	8.00	
9.00	EMERGENCY	91.00	0	2,000	0	9.00	
10.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,391	0	10.00	
11.00	BACK AND NECK	192.03	0	209,890	0	11.00	
			0	797,793			
<b>C - INTEREST</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,917,274	11	1.00	
			0	5,917,274			
<b>D - BENEFITS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	95	0	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	465,012	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	107,913	0	3.00	
4.00	HOUSEKEEPING	9.00	0	290,014	0	4.00	
5.00	DIETARY	10.00	0	211,653	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	269,016	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,148	0	7.00	
8.00	PHARMACY	15.00	0	241,708	0	8.00	
9.00	SOCIAL SERVICE	17.00	0	51,667	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,119,825	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	394,611	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	108,840	0	12.00	
13.00	OPERATING ROOM	50.00	0	383,372	0	13.00	
14.00	RECOVERY ROOM	51.00	0	298,014	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	501,937	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	114,015	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	97,732	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	207,201	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	189,900	0	19.00	
20.00	OCCUPATIONAL THERAPY	67.00	0	58,828	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	25,932	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	87,324	0	22.00	
23.00	CARDIAC REHABILITATION	76.97	0	47,097	0	23.00	
24.00	SLEEP LAB	90.02	0	378	0	24.00	
25.00	EMERGENCY	91.00	0	605,586	0	25.00	
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,273	0	26.00	
27.00	RETAIL PHARMACY	192.01	0	1	0	27.00	
28.00	BACK AND NECK	192.03	0	49,506	0	28.00	
			0	6,991,598			

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:  
5/22/2017 5:09 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
<b>F - LABOR &amp; DELIVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,019,582	236,157	0	1.00
	O		2,019,582	236,157		
<b>H - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	348,910	40,799	0	1.00
	O		348,910	40,799		
<b>I - DIETARY</b>						
1.00	DIETARY	10.00	694,615	793,498	0	1.00
	O		694,615	793,498		
<b>J - IP CARE SERVICES</b>						
1.00	ADULTS & PEDIATRICS	30.00	140,903	10,877	0	1.00
2.00		0.00	0	0	0	2.00
	O		140,903	10,877		
<b>K - STD</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	1,091	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	548	0	0	2.00
3.00	HOUSEKEEPING	9.00	1,638	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	12,850	0	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	1,276	0	0	5.00
6.00	PHARMACY	15.00	23,719	0	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	135,768	0	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6,506	0	0	8.00
9.00	OPERATING ROOM	50.00	14,578	0	0	9.00
10.00	RECOVERY ROOM	51.00	8,086	0	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	15,735	0	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	897	0	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	1,221	0	0	13.00
14.00	RESPIRATORY THERAPY	65.00	7,937	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	161	0	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	2,134	0	0	16.00
17.00	EMERGENCY	91.00	28,356	0	0	17.00
18.00	BACK AND NECK	192.03	1,537	0	0	18.00
	O		264,038	0		
<b>L - UTILITIES</b>						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,362,275	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,985	0	2.00
3.00	BACK AND NECK	192.03	0	1,248	0	3.00
	O		0	1,371,508		
<b>M - MARKETING</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,281	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,040	0	2.00
3.00	CARDIAC REHABILITATION	76.97	0	58	0	3.00
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	175	0	4.00
	O		0	7,554		
<b>N - BILLABLE DRUGS</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,682	0	2.00
3.00	PHARMACY	15.00	0	3,543,132	0	3.00
4.00	OPERATING ROOM	50.00	0	30,077	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	397,681	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	23,080	0	6.00
	O		0	4,024,654		
<b>O - NON-BILLABLE DRUGS</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	22	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	49,706	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,491	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	1,701	0	4.00
5.00	OPERATING ROOM	50.00	0	32,546	0	5.00
6.00	RECOVERY ROOM	51.00	0	866	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,785	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	324	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	4,208	0	9.00
10.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	20	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	199	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	8	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	479	0	13.00
14.00	EMERGENCY	91.00	0	139,080	0	14.00
15.00	RETAIL PHARMACY	192.01	0	585	0	15.00
	O		0	264,020		

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:  
5/22/2017 5:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>P - BILLABLE IMPLANTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	78,234	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,372	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	23	0	3.00
4.00	OPERATING ROOM	50.00	0	6,126,262	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,051	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,296,006	0	6.00
7.00	EMERGENCY	91.00	0	218	0	7.00
0			0	7,506,166		
<b>Q - BILLABLE SUPPLIES</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	53	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	37	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	87,840	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	10,040	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	435	0	5.00
6.00	OPERATING ROOM	50.00	0	1,265,672	0	6.00
7.00	RECOVERY ROOM	51.00	0	395	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	162,489	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	2	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	850,536	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	16	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	3,445	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	44	0	13.00
14.00	EMERGENCY	91.00	0	12,781	0	14.00
0			0	2,393,785		
<b>R - NON-BILLABLE SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	448	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	67,997	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,467	0	4.00
5.00	OPERATION OF PLANT	7.00	0	93	0	5.00
6.00	HOUSEKEEPING	9.00	0	23,793	0	6.00
7.00	DIETARY	10.00	0	4,530	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	358	0	8.00
9.00	PHARMACY	15.00	0	9,923	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,133,773	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	301,732	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	31,075	0	12.00
13.00	OPERATING ROOM	50.00	0	2,381,001	0	13.00
14.00	RECOVERY ROOM	51.00	0	117,680	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	414,644	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,135	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	208,241	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	96,054	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	102,382	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	3,307	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	68	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	23,341	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	7,836	0	23.00
24.00	SLEEP LAB	90.02	0	20,771	0	24.00
25.00	EMERGENCY	91.00	0	551,706	0	25.00
26.00	MARKETING	192.02	0	1,798	0	26.00
27.00	BACK AND NECK	192.03	0	1,788	0	27.00
0			0	5,525,976		
500.00	Grand Total: Decreases		3,468,048	42,796,640		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/22/2017 5:09 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	6,800,703	0	0	0	2.00	
3.00	Buildings and Fixtures	74,902,101	0	0	0	3.00	
4.00	Building Improvements	27,444,594	1,554	0	1,554	4.00	
5.00	Fixed Equipment	819,524	0	0	0	5.00	
6.00	Movable Equipment	68,148,506	2,045,150	0	2,045,150	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	178,115,428	2,046,704	0	2,046,704	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	178,115,428	2,046,704	0	2,046,704	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	0	0			1.00	
2.00	Land Improvements	6,800,703	0			2.00	
3.00	Buildings and Fixtures	74,901,134	0			3.00	
4.00	Building Improvements	27,446,148	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	68,047,676	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	177,195,661	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	177,195,661	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	349,277	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	349,277	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	71,097	420,374				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	71,097	420,374				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	109,147,985	0	109,147,985	0.615974	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	68,047,676	0	68,047,676	0.384026	0	2.00
3.00	Total (sum of lines 1-2)	177,195,661	0	177,195,661	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,663,399	-113,368	1.00
1.01	MOB	0	0	0	0	297,267	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,725,122	90,487	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,388,521	274,386	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,550,031	1.00
1.01	MOB	0	0	0	71,097	368,364	1.01
1.02	INTEREST	5,917,274	0	0	0	5,917,274	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,815,609	2.00
3.00	Total (sum of lines 1-2)	5,917,274	0	0	71,097	13,651,278	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:  
5/22/2017 5:09 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - MOB (chapter 2)			0MOB	1.01	0	1.01
1.02	Investment income - INTEREST (chapter 2)			0INTEREST	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW 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)	B	-420,587	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,377,261			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	7,044,592			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-794,285	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - MOB			0MOB	1.01	0	26.01
26.02	Depreciation - INTEREST			0INTEREST	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW 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		0OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-657,273	ADMINISTRATIVE AND GENERAL	5.04	0 33.00
33.01 MISCELLANEOUS INCOME	B	-321,545	MAINTENANCE & REPAIRS	6.00	0 33.01
33.02 MISCELLANEOUS INCOME	B	-21,204	PHARMACY	15.00	0 33.02
33.03 ACCRUED PTO TO HO	A	-81,809	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-300	RADIOLOGY-THERAPEUTIC	55.00	0 33.04
33.05 MISCELLANEOUS INCOME	B	-546	PHYSICAL THERAPY	66.00	0 33.05
33.06 MOB RENT EXPENSE	A	-349,277	MOB	1.01	10 33.06
33.07 CONTRIBUTION EXPENSE	A	-30,000	ADMINISTRATIVE AND GENERAL	5.04	0 33.07
33.08 HAF FEES	A	-5,721,524	ADMINISTRATIVE AND GENERAL	5.04	0 33.08
33.09 ACCRUED PTO TO HO	A	-253,291	ADMINISTRATIVE AND GENERAL	5.04	0 33.09
33.10 BENEFITS TO HO	A	-7,035,191	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11 MISCELLANEOUS INCOME	B	-102,820	NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,122,321			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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/22/2017 5:09 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY/HO CR ALLOCATIO	883,579	410,039 1.00
2.00	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	5,917,274	5,917,274 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO CR ALLOCATIO	6,185,381	12,790 3.00
4.00	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	4,560,293	0 4.00
4.01	5.03	PURCHASING RECEIVING AND STO	INTERCOMPANY/HO CR ALLOCATIO	528,815	0 4.01
4.02	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY/HO CR ALLOCATIO	19,880,924	24,427,338 4.02
4.03	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	263,120	407,353 4.03
4.04	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	433,365	433,365 4.04
4.05	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	130,775	130,775 4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	78,207	78,207 4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	96,985	96,985 4.07
4.08	60.00	LABORATORY	INTERCOMPANY	4,519,407	4,519,407 4.08
4.09	65.00	RESPIRATORY THERAPY	INTERCOMPANY	1,800	1,800 4.09
4.10	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	529,526	529,526 4.10
4.11	90.02	SLEEP LAB	INTERCOMPANY	600,460	600,460 4.11
4.12	91.00	EMERGENCY	INTERCOMPANY	1,150,000	1,150,000 4.12
4.13	192.02	MARKETING	INTERCOMPANY	156,857	156,857 4.13
5.00	0	0	0	45,916,768	38,872,176 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:  
5/22/2017 5:09 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	473,540	9	1.00
2.00	0	11	2.00
3.00	6,172,591	0	3.00
4.00	4,560,293	0	4.00
4.01	528,815	0	4.01
4.02	-4,546,414	0	4.02
4.03	-144,233	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
5.00	7,044,592		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

6.00	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: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:  
5/22/2017 5:10 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	5.04	ADMINISTRATIVE AND GENERAL	4,717,446	4,609,186	108,260	171,400	611	1.00
2.00	31.00	INTENSIVE CARE UNIT	5,775	0	5,775	171,400	39	2.00
3.00	65.00	RESPIRATORY THERAPY	1,800	0	1,800	171,400	12	3.00
4.00	69.00	ELECTROCARDIOLOGY	366,533	366,533	0	171,400	0	4.00
5.00	91.00	EMERGENCY	1,150,000	1,150,000	0	171,400	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	64,550	64,050	500	194,500	3	6.00
7.00	50.00	OPERATING ROOM	103,787	103,787	0	200,300	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	20,000	20,000	0	231,100	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	8,646	0	8,646	231,100	58	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,438,537	6,313,556	124,981		723	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	5.04	ADMINISTRATIVE AND GENERAL	50,349	2,517	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	3,214	161	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	989	49	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	280	14	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	6,444	322	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			61,276	3,063	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	5.04	ADMINISTRATIVE AND GENERAL	0	50,349	57,911	4,667,097	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	3,214	2,561	2,561	2.00
3.00	65.00	RESPIRATORY THERAPY	0	989	811	811	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	366,533	4.00
5.00	91.00	EMERGENCY	0	0	0	1,150,000	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	280	220	64,270	6.00
7.00	50.00	OPERATING ROOM	0	0	0	103,787	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	20,000	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	6,444	2,202	2,202	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	61,276	63,705	6,377,261	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,550,031	4,550,031			1.00
1.01 00101	MOB	368,364	258,969	627,333		1.01
1.02 00102	INTEREST	5,917,274	0	0	5,917,274	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,815,609				2,815,609
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,464,495	0	56,126	0	0
5.01 00540	NONPATIENT TELEPHONES	69,951	8,324	0	11,479	38,079
5.02 00550	DATA PROCESSING	4,579,062	55,834	0	76,994	10,018
5.03 00560	PURCHASING RECEIVING AND STORES	550,904	60,877	0	83,949	0
5.04 00590	ADMINISTRATIVE AND GENERAL	21,265,519	210,886	72,892	290,807	79,904
6.00 00600	MAINTENANCE & REPAIRS	1,808,585	873,861	0	1,205,034	324,141
7.00 00700	OPERATION OF PLANT	1,728,829	44,917	0	61,939	63,579
8.00 00800	LAUNDRY & LINEN SERVICE	51,183	14,327	0	19,757	545
9.00 00900	HOUSEKEEPING	3,786,759	60,032	7,460	82,783	0
10.00 01000	DIETARY	629,278	54,387	7,713	74,998	3,436
11.00 01100	CAFETERIA	693,828	128,618	0	177,361	8,125
13.00 01300	NURSING ADMINISTRATION	3,000,960	22,193	0	30,604	517
14.00 01400	CENTRAL SERVICES & SUPPLY	5,783,034	102,327	0	141,106	77,076
15.00 01500	PHARMACY	2,681,858	35,231	0	48,583	13,593
17.00 01700	SOCIAL SERVICE	261,502	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,335,616	877,802	0	1,210,466	275,737
31.00 03100	INTENSIVE CARE UNIT	3,080,398	147,043	0	202,769	18,191
32.00 02060	NEONATAL INTENSIVE CARE UNIT	919,696	43,355	0	59,785	0
43.00 04300	NURSERY	389,709	80,807	0	111,431	75,478
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,350,071	414,780	0	571,972	677,361
51.00 05100	RECOVERY ROOM	2,151,408	36,134	0	49,828	2,102
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,255,739	201,673	0	278,103	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,128,346	258,152	0	355,986	814,373
55.00 05500	RADIOLOGY-THERAPEUTIC	1,130,026	140,381	0	193,581	23,996
59.00 05900	CARDIAC CATHETERIZATION	727,997	35,776	0	49,334	99,803
60.00 06000	LABORATORY	5,105,567	52,926	0	72,983	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	388,219	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,390,414	33,627	0	46,370	33,865
66.00 06600	PHYSICAL THERAPY	1,404,305	1,719	49,812	2,371	8,692
67.00 06700	OCCUPATIONAL THERAPY	462,030	1,719	49,812	2,371	0
68.00 06800	SPEECH PATHOLOGY	153,355	1,719	49,812	2,371	0
69.00 06900	ELECTROCARDIOLOGY	868,442	5,043	0	6,955	65,113
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,390,511	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	7,506,166	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	4,024,284	0	0	0	0
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	245,787	0	30,365	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	616,280	2,278	57,097	3,141	622
91.00 09100	EMERGENCY	4,771,495	284,314	0	392,063	56,389
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	125,802,886	4,550,031	381,089	5,917,274	2,770,735
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	287,428	0	28,092	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	RETAIL PHARMACY	4	0	18,709	0	0
192.02 19202	MARKETING	527,036	0	12,142	0	0
192.03 19203	BACK AND NECK	255,667	0	187,301	0	44,874
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	126,873,021	4,550,031	627,333	5,917,274	2,815,609

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,520,621				4.00
5.01	00540	NONPATIENT TELEPHONES	0	127,833			5.01
5.02	00550	DATA PROCESSING	0	0	4,721,908		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	695,730	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	447,571	7,397	273,227	2,905	22,651,108
6.00	00600	MAINTENANCE & REPAIRS	96,784	2,440	90,125	62	4,401,032
7.00	00700	OPERATION OF PLANT	0	0	0	4	1,899,268
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	85,812
9.00	00900	HOUSEKEEPING	139,442	6,387	235,925	1,136	4,319,924
10.00	01000	DIETARY	44,413	1,716	63,400	57	879,398
11.00	01100	CAFETERIA	105,027	4,058	149,906	135	1,267,058
13.00	01300	NURSING ADMINISTRATION	359,217	4,463	164,869	15	3,582,838
14.00	01400	CENTRAL SERVICES & SUPPLY	35,678	1,040	38,416	863	6,179,540
15.00	01500	PHARMACY	307,649	4,735	174,891	4,677	3,271,217
17.00	01700	SOCIAL SERVICE	36,403	776	28,673	0	327,354
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,430,062	29,826	1,101,611	37,945	16,299,065
31.00	03100	INTENSIVE CARE UNIT	402,679	6,670	246,364	13,453	4,117,567
32.00	02060	NEONATAL INTENSIVE CARE UNIT	129,541	1,916	70,777	1,409	1,226,479
43.00	04300	NURSERY	52,756	978	36,119	3,914	751,192
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	353,756	6,526	241,075	103,279	5,718,820
51.00	05100	RECOVERY ROOM	300,229	5,196	191,941	5,028	2,741,866
52.00	05200	DELIVERY ROOM & LABOR ROOM	305,365	5,656	208,922	8,320	3,263,778
54.00	05400	RADIOLOGY-DIAGNOSTIC	534,481	10,607	391,816	25,244	6,519,005
55.00	05500	RADIOLOGY-THERAPEUTIC	99,392	1,618	59,782	868	1,649,644
59.00	05900	CARDIAC CATHETERIZATION	96,488	1,750	64,653	9,989	1,085,790
60.00	06000	LABORATORY	0	0	0	0	5,231,476
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	16,465	404,684
65.00	06500	RESPIRATORY THERAPY	194,150	3,646	134,665	4,074	1,840,811
66.00	06600	PHYSICAL THERAPY	191,878	3,455	127,636	4,350	1,794,218
67.00	06700	OCCUPATIONAL THERAPY	65,048	1,038	38,346	141	620,505
68.00	06800	SPEECH PATHOLOGY	21,603	341	12,597	3	241,801
69.00	06900	ELECTROCARDIOLOGY	91,815	1,539	56,859	1,010	1,096,776
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	101,382	2,491,893
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	318,341	7,824,507
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,024,284
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	32,814	735	27,142	332	337,175
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	881	680,299
91.00	09100	EMERGENCY	605,321	12,109	447,283	29,296	6,598,270
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,479,562	126,618	4,677,020	695,578	125,424,454
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,464	463	17,120	0	345,567
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	18,713
192.02	19202	MARKETING	18	0	0	76	539,272
192.03	19203	BACK AND NECK	28,577	752	27,768	76	545,015
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,520,621	127,833	4,721,908	695,730	126,873,021

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B Part I Date/Time Prepared: 5/22/2017 5:10 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	22,651,108				5.04
6.00	00600	MAINTENANCE & REPAIRS	956,498	5,357,530			6.00
7.00	00700	OPERATION OF PLANT	412,777	78,098	2,390,143		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,650	24,912	11,278	140,652	8.00
9.00	00900	HOUSEKEEPING	938,871	104,380	47,256	0	5,410,431
10.00	01000	DIETARY	191,124	94,565	42,812	0	99,344
11.00	01100	CAFETERIA	275,376	223,632	101,244	0	234,935
13.00	01300	NURSING ADMINISTRATION	778,676	38,588	17,470	0	40,538
14.00	01400	CENTRAL SERVICES & SUPPLY	1,343,030	177,919	80,549	0	186,911
15.00	01500	PHARMACY	710,950	61,258	27,733	0	64,354
17.00	01700	SOCIAL SERVICE	71,145	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,542,397	1,526,263	690,980	73,781	1,603,403
31.00	03100	INTENSIVE CARE UNIT	894,891	255,669	115,748	0	268,590
32.00	02060	NEONATAL INTENSIVE CARE UNIT	266,557	75,383	34,128	178	79,193
43.00	04300	NURSERY	163,260	140,502	63,609	0	147,603
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,242,900	721,193	326,504	9,475	757,642
51.00	05100	RECOVERY ROOM	595,903	62,827	28,444	0	66,003
52.00	05200	DELIVERY ROOM & LABOR ROOM	709,333	350,657	158,752	0	368,379
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,416,808	448,859	203,211	19,457	471,544
55.00	05500	RADIOLOGY-THERAPEUTIC	358,525	244,085	110,504	1,562	256,421
59.00	05900	CARDIAC CATHETERIZATION	235,980	62,204	28,162	0	65,348
60.00	06000	LABORATORY	1,136,983	92,024	41,662	0	96,675
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	87,952	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	400,073	58,468	26,470	0	61,423
66.00	06600	PHYSICAL THERAPY	389,946	2,989	1,353	0	3,140
67.00	06700	OCCUPATIONAL THERAPY	134,857	2,989	1,353	0	3,140
68.00	06800	SPEECH PATHOLOGY	52,552	2,989	1,353	0	3,140
69.00	06900	ELECTROCARDIOLOGY	238,368	8,769	3,970	0	9,212
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	541,576	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,700,539	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	874,618	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	73,280	0	0	70	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	147,853	3,961	1,793	1,119	4,161
91.00	09100	EMERGENCY	1,434,035	494,347	223,805	35,010	519,332
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,336,283	5,357,530	2,390,143	140,652	5,410,431
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,104	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	4,067	0	0	0	0
192.02	19202	MARKETING	117,203	0	0	0	0
192.03	19203	BACK AND NECK	118,451	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	22,651,108	5,357,530	2,390,143	140,652	5,410,431

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	1,307,243				10.00
11.00	01100	CAFETERIA	0	2,102,245			11.00
13.00	01300	NURSING ADMINISTRATION	0	88,659	4,546,769		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,658	0	7,988,607	14.00
15.00	01500	PHARMACY	0	94,048	22,153	54,101	15.00
17.00	01700	SOCIAL SERVICE	0	15,419	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	999,638	592,392	1,801,637	438,962	0
31.00	03100	INTENSIVE CARE UNIT	192,764	132,483	521,377	155,636	0
32.00	02060	NEONATAL INTENSIVE CARE UNIT	29,754	38,061	171,045	16,305	0
43.00	04300	NURSERY	85,087	19,423	58,561	45,274	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	129,638	297,955	1,194,784	0
51.00	05100	RECOVERY ROOM	0	103,217	419,369	58,161	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	112,348	338,998	96,252	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	210,700	78,138	292,040	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32,148	30,053	10,038	0
59.00	05900	CARDIAC CATHETERIZATION	0	34,767	76,421	115,562	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	190,478	0
65.00	06500	RESPIRATORY THERAPY	0	72,416	0	47,126	0
66.00	06600	PHYSICAL THERAPY	0	68,636	0	50,328	0
67.00	06700	OCCUPATIONAL THERAPY	0	20,621	0	1,626	0
68.00	06800	SPEECH PATHOLOGY	0	6,774	0	33	0
69.00	06900	ELECTROCARDIOLOGY	0	30,576	42,074	11,687	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,172,833	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,682,673	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,305,814
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	14,596	687	3,844	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	10,191	0
91.00	09100	EMERGENCY	0	240,527	688,301	338,914	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,307,243	2,078,107	4,546,769	7,986,848	4,305,814
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,206	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	882	0
192.03	19203	BACK AND NECK	0	14,932	0	877	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,307,243	2,102,245	4,546,769	7,988,607	4,305,814

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2017 5:10 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	MOB				1.01
1.02	00102	INTEREST				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00590	ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
17.00	01700	SOCIAL SERVICE	413,918			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	316,520	27,885,038	0	27,885,038
31.00	03100	INTENSIVE CARE UNIT	61,036	6,715,761	0	6,715,761
32.00	02060	NEONATAL INTENSIVE CARE UNIT	9,421	1,946,504	0	1,946,504
43.00	04300	NURSERY	26,941	1,501,452	0	1,501,452
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	10,398,911	0	10,398,911
51.00	05100	RECOVERY ROOM	0	4,075,790	0	4,075,790
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,398,497	0	5,398,497
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,659,762	0	9,659,762
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,692,980	0	2,692,980
59.00	05900	CARDIAC CATHETERIZATION	0	1,704,234	0	1,704,234
60.00	06000	LABORATORY	0	6,598,820	0	6,598,820
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	683,114	0	683,114
65.00	06500	RESPIRATORY THERAPY	0	2,506,787	0	2,506,787
66.00	06600	PHYSICAL THERAPY	0	2,310,610	0	2,310,610
67.00	06700	OCCUPATIONAL THERAPY	0	785,091	0	785,091
68.00	06800	SPEECH PATHOLOGY	0	308,642	0	308,642
69.00	06900	ELECTROCARDIOLOGY	0	1,441,432	0	1,441,432
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,206,302	0	4,206,302
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,207,719	0	13,207,719
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,204,716	0	9,204,716
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	429,652	0	429,652
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	0
90.02	09002	SLEEP LAB	0	849,377	0	849,377
91.00	09100	EMERGENCY	0	10,572,541	0	10,572,541
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	413,918	125,083,732	0	125,083,732
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	429,877	0	429,877
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	22,780	0	22,780
192.02	19202	MARKETING	0	657,357	0	657,357
192.03	19203	BACK AND NECK	0	679,275	0	679,275
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	413,918	126,873,021	0	126,873,021

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	56,126	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	8,324	0	11,479	38,079	5.01
5.02	00550	DATA PROCESSING	55,834	0	76,994	10,018	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	60,877	0	83,949	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	210,886	72,892	290,807	79,904	5.04
6.00	00600	MAINTENANCE & REPAIRS	873,861	0	1,205,034	324,141	6.00
7.00	00700	OPERATION OF PLANT	44,917	0	61,939	63,579	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,327	0	19,757	545	8.00
9.00	00900	HOUSEKEEPING	60,032	7,460	82,783	0	9.00
10.00	01000	DIETARY	54,387	7,713	74,998	3,436	10.00
11.00	01100	CAFETERIA	128,618	0	177,361	8,125	11.00
13.00	01300	NURSING ADMINISTRATION	22,193	0	30,604	517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	102,327	0	141,106	77,076	14.00
15.00	01500	PHARMACY	35,231	0	48,583	13,593	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	877,802	0	1,210,466	275,737	30.00
31.00	03100	INTENSIVE CARE UNIT	147,043	0	202,769	18,191	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	43,355	0	59,785	0	32.00
43.00	04300	NURSERY	80,807	0	111,431	75,478	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	414,780	0	571,972	677,361	50.00
51.00	05100	RECOVERY ROOM	36,134	0	49,828	2,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	201,673	0	278,103	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	258,152	0	355,986	814,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	140,381	0	193,581	23,996	55.00
59.00	05900	CARDIAC CATHETERIZATION	35,776	0	49,334	99,803	59.00
60.00	06000	LABORATORY	52,926	0	72,983	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	33,627	0	46,370	33,865	65.00
66.00	06600	PHYSICAL THERAPY	1,719	49,812	2,371	8,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,719	49,812	2,371	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,719	49,812	2,371	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,043	0	6,955	65,113	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	30,365	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	2,278	57,097	3,141	622	90.02
91.00	09100	EMERGENCY	284,314	0	392,063	56,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,291,062	381,089	5,917,274	2,770,735	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,092	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	18,709	0	0	192.01
192.02	19202	MARKETING	0	12,142	0	0	192.02
192.03	19203	BACK AND NECK	0	187,301	0	44,874	192.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,291,062	627,333	5,917,274	2,815,609	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	56,126	56,126			4.00
5.01	00540	NONPATIENT TELEPHONES	57,882	0	57,882		5.01
5.02	00550	DATA PROCESSING	142,846	0	0	142,846	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	144,826	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	654,489	3,851	3,349	8,266	605
6.00	00600	MAINTENANCE & REPAIRS	2,403,036	833	1,105	2,726	13
7.00	00700	OPERATION OF PLANT	170,435	0	0	0	1
8.00	00800	LAUNDRY & LINEN SERVICE	34,629	0	0	0	0
9.00	00900	HOUSEKEEPING	150,275	1,200	2,892	7,137	237
10.00	01000	DIETARY	140,534	382	777	1,918	12
11.00	01100	CAFETERIA	314,104	904	1,838	4,535	28
13.00	01300	NURSING ADMINISTRATION	53,314	3,091	2,021	4,988	3
14.00	01400	CENTRAL SERVICES & SUPPLY	320,509	307	471	1,162	180
15.00	01500	PHARMACY	97,407	2,647	2,144	5,291	973
17.00	01700	SOCIAL SERVICE	0	313	351	867	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,364,005	12,325	13,502	33,326	7,898
31.00	03100	INTENSIVE CARE UNIT	368,003	3,465	3,020	7,453	2,800
32.00	02060	NEONATAL INTENSIVE CARE UNIT	103,140	1,115	868	2,141	293
43.00	04300	NURSERY	267,716	454	443	1,093	815
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,664,113	3,044	2,955	7,293	21,498
51.00	05100	RECOVERY ROOM	88,064	2,583	2,353	5,807	1,047
52.00	05200	DELIVERY ROOM & LABOR ROOM	479,776	2,627	2,561	6,320	1,732
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,428,511	4,599	4,803	11,853	5,255
55.00	05500	RADIOLOGY-THERAPEUTIC	357,958	855	733	1,808	181
59.00	05900	CARDIAC CATHETERIZATION	184,913	830	793	1,956	2,079
60.00	06000	LABORATORY	125,909	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,427
65.00	06500	RESPIRATORY THERAPY	113,862	1,671	1,651	4,074	848
66.00	06600	PHYSICAL THERAPY	62,594	1,651	1,565	3,861	906
67.00	06700	OCCUPATIONAL THERAPY	53,902	560	470	1,160	29
68.00	06800	SPEECH PATHOLOGY	53,902	186	154	381	1
69.00	06900	ELECTROCARDIOLOGY	77,111	790	697	1,720	210
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	21,103
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	66,270
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	30,365	282	333	821	69
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	63,138	0	0	0	183
91.00	09100	EMERGENCY	732,766	5,208	5,483	13,531	6,098
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,360,160	55,773	57,332	141,488	144,794
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,092	107	210	518	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	18,709	0	0	0	0
192.02	19202	MARKETING	12,142	0	0	0	16
192.03	19203	BACK AND NECK	232,175	246	340	840	16
200.00		Cross Foot Adjustments	0				
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	13,651,278	56,126	57,882	142,846	144,826

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	670,560				5.04
6.00	00600	MAINTENANCE & REPAIRS	28,316	2,436,029			6.00
7.00	00700	OPERATION OF PLANT	12,220	35,511	218,167		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	552	11,327	1,029	47,537	8.00
9.00	00900	HOUSEKEEPING	27,794	47,461	4,313	0	241,309
10.00	01000	DIETARY	5,658	42,998	3,908	0	4,431
11.00	01100	CAFETERIA	8,152	101,684	9,241	0	10,478
13.00	01300	NURSING ADMINISTRATION	23,052	17,546	1,595	0	1,808
14.00	01400	CENTRAL SERVICES & SUPPLY	39,759	80,899	7,352	0	8,336
15.00	01500	PHARMACY	21,047	27,853	2,531	0	2,870
17.00	01700	SOCIAL SERVICE	2,106	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	104,867	693,980	63,070	24,938	71,513
31.00	03100	INTENSIVE CARE UNIT	26,492	116,251	10,565	0	11,979
32.00	02060	NEONATAL INTENSIVE CARE UNIT	7,891	34,276	3,115	60	3,532
43.00	04300	NURSERY	4,833	63,885	5,806	0	6,583
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,795	327,921	29,803	3,202	33,791
51.00	05100	RECOVERY ROOM	17,641	28,567	2,596	0	2,944
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,999	159,441	14,491	0	16,430
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,943	204,093	18,549	6,576	21,031
55.00	05500	RADIOLOGY-THERAPEUTIC	10,614	110,983	10,087	528	11,437
59.00	05900	CARDIAC CATHETERIZATION	6,986	28,284	2,571	0	2,915
60.00	06000	LABORATORY	33,659	41,843	3,803	0	4,312
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,604	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	11,844	26,585	2,416	0	2,739
66.00	06600	PHYSICAL THERAPY	11,544	1,359	124	0	140
67.00	06700	OCCUPATIONAL THERAPY	3,992	1,359	124	0	140
68.00	06800	SPEECH PATHOLOGY	1,556	1,359	124	0	140
69.00	06900	ELECTROCARDIOLOGY	7,057	3,987	362	0	411
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,033	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,343	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,892	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,169	0	0	23	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	4,377	1,801	164	378	186
91.00	09100	EMERGENCY	42,453	224,776	20,428	11,832	23,163
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	661,240	2,436,029	218,167	47,537	241,309
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,223	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	120	0	0	0	0
192.02	19202	MARKETING	3,470	0	0	0	0
192.03	19203	BACK AND NECK	3,507	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	670,560	2,436,029	218,167	47,537	241,309

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	200,618				10.00
11.00	01100	CAFETERIA	0	450,964			11.00
13.00	01300	NURSING ADMINISTRATION	0	19,019	126,437		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,432	0	463,407	14.00
15.00	01500	PHARMACY	0	20,175	616	3,138	15.00
17.00	01700	SOCIAL SERVICE	0	3,308	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	153,411	127,076	50,100	25,463	0
31.00	03100	INTENSIVE CARE UNIT	29,583	28,420	14,499	9,028	0
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,566	8,165	4,756	946	0
43.00	04300	NURSERY	13,058	4,167	1,628	2,626	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	27,809	8,286	69,307	0
51.00	05100	RECOVERY ROOM	0	22,142	11,662	3,374	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,100	9,427	5,583	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,198	2,173	16,941	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,896	836	582	0
59.00	05900	CARDIAC CATHETERIZATION	0	7,458	2,125	6,704	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	11,049	0
65.00	06500	RESPIRATORY THERAPY	0	15,534	0	2,734	0
66.00	06600	PHYSICAL THERAPY	0	14,724	0	2,919	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,423	0	94	0
68.00	06800	SPEECH PATHOLOGY	0	1,453	0	2	0
69.00	06900	ELECTROCARDIOLOGY	0	6,559	1,170	678	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	68,034	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	213,629	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	186,692
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	3,131	19	223	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	591	0
91.00	09100	EMERGENCY	0	51,597	19,140	19,660	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	200,618	445,786	126,437	463,305	186,692
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,975	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	51	0
192.03	19203	BACK AND NECK	0	3,203	0	51	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	200,618	450,964	126,437	463,407	186,692

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 5:09 pm
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	GENERAL SERVICE COST CENTERS	17.00	24.00	25.00	26.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101 MOB					1.01
1.02	00102 INTEREST					1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540 NONPATIENT TELEPHONES					5.01
5.02	00550 DATA PROCESSING					5.02
5.03	00560 PURCHASING RECEIVING AND STORES					5.03
5.04	00590 ADMINISTRATIVE AND GENERAL					5.04
6.00	00600 MAINTENANCE & REPAIRS					6.00
7.00	00700 OPERATION OF PLANT					7.00
8.00	00800 LAUNDRY & LINEN SERVICE					8.00
9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DIETARY					10.00
11.00	01100 CAFETERIA					11.00
13.00	01300 NURSING ADMINISTRATION					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY					14.00
15.00	01500 PHARMACY					15.00
17.00	01700 SOCIAL SERVICE	6,945				17.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	5,311	3,750,785	0	3,750,785	30.00
31.00	03100 INTENSIVE CARE UNIT	1,024	632,582	0	632,582	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	158	175,022	0	175,022	32.00
43.00	04300 NURSERY	452	373,559	0	373,559	43.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,235,817	0	2,235,817	50.00
51.00	05100 RECOVERY ROOM	0	188,780	0	188,780	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	743,487	0	743,487	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,811,525	0	1,811,525	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	513,498	0	513,498	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	247,614	0	247,614	59.00
60.00	06000 LABORATORY	0	209,526	0	209,526	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	17,080	0	17,080	63.00
65.00	06500 RESPIRATORY THERAPY	0	183,958	0	183,958	65.00
66.00	06600 PHYSICAL THERAPY	0	101,387	0	101,387	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	66,253	0	66,253	67.00
68.00	06800 SPEECH PATHOLOGY	0	59,258	0	59,258	68.00
69.00	06900 ELECTROCARDIOLOGY	0	100,752	0	100,752	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,170	0	105,170	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	330,242	0	330,242	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	212,584	0	212,584	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	37,435	0	37,435	76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	70,818	0	70,818	90.02
91.00	09100 EMERGENCY	0	1,176,135	0	1,176,135	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,945	13,343,267	0	13,343,267	118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,125	0	33,125	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	18,829	0	18,829	192.01
192.02	19202 MARKETING	0	15,679	0	15,679	192.02
192.03	19203 BACK AND NECK	0	240,378	0	240,378	192.03
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,945	13,651,278	0	13,651,278	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	317,574				1.00
1.01 00101	MOB	18,075	32,291			1.01
1.02 00102	INTEREST	0	0	299,499		1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				3,015,845	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,889	0	0	43,125,349
5.01 00540	NONPATIENT TELEPHONES	581	0	581	40,787	0
5.02 00550	DATA PROCESSING	3,897	0	3,897	10,730	0
5.03 00560	PURCHASING RECEIVING AND STORES	4,249	0	4,249	0	0
5.04 00590	ADMINISTRATIVE AND GENERAL	14,719	3,752	14,719	85,586	2,960,089
6.00 00600	MAINTENANCE & REPAIRS	60,992	0	60,992	347,193	640,099
7.00 00700	OPERATION OF PLANT	3,135	0	3,135	68,101	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	584	0
9.00 00900	HOUSEKEEPING	4,190	384	4,190	0	922,224
10.00 01000	DIETARY	3,796	397	3,796	3,680	293,732
11.00 01100	CAFETERIA	8,977	0	8,977	8,703	694,615
13.00 01300	NURSING ADMINISTRATION	1,549	0	1,549	554	2,375,741
14.00 01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	82,557	235,965
15.00 01500	PHARMACY	2,459	0	2,459	14,560	2,034,689
17.00 01700	SOCIAL SERVICE	0	0	0	0	240,756
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	61,267	0	61,267	295,346	9,458,079
31.00 03100	INTENSIVE CARE UNIT	10,263	0	10,263	19,485	2,663,184
32.00 02060	NEONATAL INTENSIVE CARE UNIT	3,026	0	3,026	0	856,744
43.00 04300	NURSERY	5,640	0	5,640	80,846	348,910
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	28,950	0	28,950	725,533	2,339,622
51.00 05100	RECOVERY ROOM	2,522	0	2,522	2,251	1,985,615
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,076	0	14,076	0	2,019,582
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,018	0	18,018	872,289	3,534,880
55.00 05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	25,702	657,346
59.00 05900	CARDIAC CATHETERIZATION	2,497	0	2,497	106,901	638,138
60.00 06000	LABORATORY	3,694	0	3,694	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,347	0	2,347	36,273	1,284,046
66.00 06600	PHYSICAL THERAPY	120	2,564	120	9,310	1,269,019
67.00 06700	OCCUPATIONAL THERAPY	120	2,564	120	0	430,207
68.00 06800	SPEECH PATHOLOGY	120	2,564	120	0	142,873
69.00 06900	ELECTROCARDIOLOGY	352	0	352	69,744	607,231
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	1,563	0	0	217,021
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	159	2,939	159	666	0
91.00 09100	EMERGENCY	19,844	0	19,844	60,399	4,003,393
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	317,574	19,616	299,499	2,967,780	42,853,800
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,446	0	0	82,435
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	RETAIL PHARMACY	0	963	0	0	0
192.02 19202	MARKETING	0	625	0	0	117
192.03 19203	BACK AND NECK	0	9,641	0	48,065	188,997
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	4,550,031	627,333	5,917,274	2,815,609	6,520,621
203.00	Unit cost multiplier (Wkst. B, Part I)	14.327467	19.427488	19.757241	0.933605	0.151202
204.00	Cost to be allocated (per Wkst. B, Part II)					56,126
205.00	Unit cost multiplier (Wkst. B, Part II)					0.001301

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	67,849					5.01
5.02	00550	0	67,849				5.02
5.03	00560	0	0	16,404,765			5.03
5.04	00590	3,926	3,926	68,494	-22,651,108	104,221,913	5.04
6.00	00600	1,295	1,295	1,467	0	4,401,032	6.00
7.00	00700	0	0	93	0	1,899,268	7.00
8.00	00800	0	0	0	0	85,812	8.00
9.00	00900	3,390	3,390	26,793	0	4,319,924	9.00
10.00	01000	911	911	1,346	0	879,398	10.00
11.00	01100	2,154	2,154	3,184	0	1,267,058	11.00
13.00	01300	2,369	2,369	358	0	3,582,838	13.00
14.00	01400	552	552	20,350	0	6,179,540	14.00
15.00	01500	2,513	2,513	110,271	0	3,271,217	15.00
17.00	01700	412	412	0	0	327,354	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,829	15,829	894,708	0	16,299,065	30.00
31.00	03100	3,540	3,540	317,224	0	4,117,567	31.00
32.00	02060	1,017	1,017	33,234	0	1,226,479	32.00
43.00	04300	519	519	92,279	0	751,192	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,464	3,464	2,435,254	0	5,718,820	50.00
51.00	05100	2,758	2,758	118,546	0	2,741,866	51.00
52.00	05200	3,002	3,002	196,185	0	3,263,778	52.00
54.00	05400	5,630	5,630	595,246	0	6,519,005	54.00
55.00	05500	859	859	20,459	0	1,649,644	55.00
59.00	05900	929	929	235,542	0	1,085,790	59.00
60.00	06000	0	0	0	0	5,231,476	60.00
63.00	06300	0	0	388,239	0	404,684	63.00
65.00	06500	1,935	1,935	96,054	0	1,840,811	65.00
66.00	06600	1,834	1,834	102,580	0	1,794,218	66.00
67.00	06700	551	551	3,314	0	620,505	67.00
68.00	06800	181	181	68	0	241,801	68.00
69.00	06900	817	817	23,820	0	1,096,776	69.00
71.00	07100	0	0	2,390,511	0	2,491,893	71.00
72.00	07200	0	0	7,506,166	0	7,824,507	72.00
73.00	07300	0	0	0	0	4,024,284	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	390	390	7,836	0	337,175	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	20,771	0	680,299	90.02
91.00	09100	6,427	6,427	690,787	0	6,598,270	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		67,204	67,204	16,401,179	-22,651,108	102,773,346	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	246	246	0	0	345,567	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	18,713	192.01
192.02	19202	0	0	1,798	0	539,272	192.02
192.03	19203	399	399	1,788	0	545,015	192.03
200.00							200.00
201.00							201.00
202.00		127,833	4,721,908	695,730		22,651,108	202.00
203.00		1.884081	69.594364	0.042410		0.217335	203.00
204.00		57,882	142,846	144,826		670,560	204.00
205.00		0.853100	2.105352	0.008828		0.006434	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600	215,061					6.00
7.00	00700	3,135	211,926				7.00
8.00	00800	1,000	1,000	866,146			8.00
9.00	00900	4,190	4,190	0	206,736		9.00
10.00	01000	3,796	3,796	0	3,796	29,744	10.00
11.00	01100	8,977	8,977	0	8,977	0	11.00
13.00	01300	1,549	1,549	0	1,549	0	13.00
14.00	01400	7,142	7,142	0	7,142	0	14.00
15.00	01500	2,459	2,459	0	2,459	0	15.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	61,267	61,267	454,349	61,267	22,745	30.00
31.00	03100	10,263	10,263	0	10,263	4,386	31.00
32.00	02060	3,026	3,026	1,096	3,026	677	32.00
43.00	04300	5,640	5,640	0	5,640	1,936	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	28,950	28,950	58,346	28,950	0	50.00
51.00	05100	2,522	2,522	0	2,522	0	51.00
52.00	05200	14,076	14,076	0	14,076	0	52.00
54.00	05400	18,018	18,018	119,820	18,018	0	54.00
55.00	05500	9,798	9,798	9,621	9,798	0	55.00
59.00	05900	2,497	2,497	0	2,497	0	59.00
60.00	06000	3,694	3,694	0	3,694	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,347	2,347	0	2,347	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	352	352	0	352	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	428	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	159	159	6,893	159	0	90.02
91.00	09100	19,844	19,844	215,593	19,844	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		215,061	211,926	866,146	206,736	29,744	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		5,357,530	2,390,143	140,652	5,410,431	1,307,243	202.00
203.00		24.911676	11.278196	0.162388	26.170725	43.949805	203.00
204.00		2,436,029	218,167	47,537	241,309	200,618	204.00
205.00		11.327154	1.029449	0.054883	1.167233	6.744822	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	56,173					11.00
13.00	01300	2,369	26,476				13.00
14.00	01400	552	0	16,282,680			14.00
15.00	01500	2,513	129	110,271	100		15.00
17.00	01700	412	0	0	0	29,744	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,829	10,491	894,708	0	22,745	30.00
31.00	03100	3,540	3,036	317,224	0	4,386	31.00
32.00	02060	1,017	996	33,234	0	677	32.00
43.00	04300	519	341	92,279	0	1,936	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,464	1,735	2,435,254	0	0	50.00
51.00	05100	2,758	2,442	118,546	0	0	51.00
52.00	05200	3,002	1,974	196,185	0	0	52.00
54.00	05400	5,630	455	595,246	0	0	54.00
55.00	05500	859	175	20,459	0	0	55.00
59.00	05900	929	445	235,542	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	388,239	0	0	63.00
65.00	06500	1,935	0	96,054	0	0	65.00
66.00	06600	1,834	0	102,580	0	0	66.00
67.00	06700	551	0	3,314	0	0	67.00
68.00	06800	181	0	68	0	0	68.00
69.00	06900	817	245	23,820	0	0	69.00
71.00	07100	0	0	2,390,511	0	0	71.00
72.00	07200	0	0	7,506,166	0	0	72.00
73.00	07300	0	0	0	100	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	390	4	7,836	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	20,771	0	0	90.02
91.00	09100	6,427	4,008	690,787	0	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		55,528	26,476	16,279,094	100	29,744	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	246	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	1,798	0	0	192.02
192.03	19203	399	0	1,788	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,102,245	4,546,769	7,988,607	4,305,814	413,918	202.00
203.00		37.424474	171.731719	0.490620	43,058.140000	13.916017	203.00
204.00		450,964	126,437	463,407	186,692	6,945	204.00
205.00		8.028127	4.775533	0.028460	1,866.920000	0.233492	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:09 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		27,885,038	220	27,885,258	30.00
31.00 03100	INTENSIVE CARE UNIT		6,715,761	2,561	6,718,322	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT		1,946,504	0	1,946,504	32.00
43.00 04300	NURSERY		1,501,452	0	1,501,452	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM		10,398,911	0	10,398,911	50.00
51.00 05100	RECOVERY ROOM		4,075,790	0	4,075,790	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		5,398,497	0	5,398,497	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		9,659,762	0	9,659,762	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		2,692,980	2,202	2,695,182	55.00
59.00 05900	CARDIAC CATHETERIZATION		1,704,234	0	1,704,234	59.00
60.00 06000	LABORATORY		6,598,820	0	6,598,820	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.		683,114	0	683,114	63.00
65.00 06500	RESPIRATORY THERAPY	0	2,506,787	811	2,507,598	65.00
66.00 06600	PHYSICAL THERAPY	0	2,310,610	0	2,310,610	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	785,091	0	785,091	67.00
68.00 06800	SPEECH PATHOLOGY	0	308,642	0	308,642	68.00
69.00 06900	ELECTROCARDIOLOGY		1,441,432	0	1,441,432	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,206,302	0	4,206,302	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		13,207,719	0	13,207,719	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		9,204,716	0	9,204,716	73.00
76.00 03950	OTHER ANCILLARY SERVICES		0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION		429,652	0	429,652	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC		0	0	0	90.00
90.02 09002	SLEEP LAB		849,377	0	849,377	90.02
91.00 09100	EMERGENCY		10,572,541	0	10,572,541	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,463,788	0	3,463,788	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	128,547,520	5,794	128,553,314	200.00
201.00	Less Observation Beds		3,463,788		3,463,788	201.00
202.00	Total (see instructions)	0	125,083,732	5,794	125,089,526	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:09 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	42,630,240		42,630,240		30.00
31.00 03100	INTENSIVE CARE UNIT	14,873,646		14,873,646		31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	2,289,871		2,289,871		32.00
43.00 04300	NURSERY	2,718,516		2,718,516		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,887,150	65,984,132	102,871,282	0.101087	50.00
51.00 05100	RECOVERY ROOM	4,979,443	18,517,933	23,497,376	0.173457	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,232,641	3,499,823	15,732,464	0.343144	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,330,132	70,936,345	88,266,477	0.109439	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	463,613	28,559,952	29,023,565	0.092786	55.00
59.00 05900	CARDIAC CATHETERIZATION	13,898,051	23,145,289	37,043,340	0.046006	59.00
60.00 06000	LABORATORY	26,166,108	31,775,500	57,941,608	0.113887	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,404,889	1,220,317	2,625,206	0.260213	63.00
65.00 06500	RESPIRATORY THERAPY	4,303,091	4,213,072	8,516,163	0.294356	65.00
66.00 06600	PHYSICAL THERAPY	3,999,163	4,048,427	8,047,590	0.287118	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,640,319	651,539	2,291,858	0.342557	67.00
68.00 06800	SPEECH PATHOLOGY	747,066	217,512	964,578	0.319976	68.00
69.00 06900	ELECTROCARDIOLOGY	10,239,235	14,911,791	25,151,026	0.057311	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,434,170	6,380,295	11,814,465	0.356030	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	32,466,565	18,835,574	51,302,139	0.257450	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	34,346,759	17,183,471	51,530,230	0.178627	73.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97 07697	CARDIAC REHABILITATION	19,770	3,436,144	3,455,914	0.124324	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0.000000	90.00
90.02 09002	SLEEP LAB	0	9,102,705	9,102,705	0.093310	90.02
91.00 09100	EMERGENCY	25,367,145	121,942,273	147,309,418	0.071771	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	393,306	6,928,479	7,321,785	0.473080	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	294,830,889	451,490,573	746,321,462		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	294,830,889	451,490,573	746,321,462		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.101087		50.00
51.00	05100 RECOVERY ROOM	0.173457		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.343144		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109439		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.092862		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046006		59.00
60.00	06000 LABORATORY	0.113887		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.260213		63.00
65.00	06500 RESPIRATORY THERAPY	0.294452		65.00
66.00	06600 PHYSICAL THERAPY	0.287118		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342557		67.00
68.00	06800 SPEECH PATHOLOGY	0.319976		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057311		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356030		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.257450		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.178627		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.124324		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.093310		90.02
91.00	09100 EMERGENCY	0.071771		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.473080		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2017 5:09 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	27,885,038	27,885,038	220	27,885,258	30.00
31.00	03100 INTENSIVE CARE UNIT	6,715,761	6,715,761	2,561	6,718,322	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	1,946,504	1,946,504	0	1,946,504	32.00
43.00	04300 NURSERY	1,501,452	1,501,452	0	1,501,452	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	10,398,911	10,398,911	0	10,398,911	50.00
51.00	05100 RECOVERY ROOM	4,075,790	4,075,790	0	4,075,790	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,398,497	5,398,497	0	5,398,497	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,659,762	9,659,762	0	9,659,762	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,692,980	2,692,980	2,202	2,695,182	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,704,234	1,704,234	0	1,704,234	59.00
60.00	06000 LABORATORY	6,598,820	6,598,820	0	6,598,820	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	683,114	683,114	0	683,114	63.00
65.00	06500 RESPIRATORY THERAPY	2,506,787	2,506,787	811	2,507,598	65.00
66.00	06600 PHYSICAL THERAPY	2,310,610	2,310,610	0	2,310,610	66.00
67.00	06700 OCCUPATIONAL THERAPY	785,091	785,091	0	785,091	67.00
68.00	06800 SPEECH PATHOLOGY	308,642	308,642	0	308,642	68.00
69.00	06900 ELECTROCARDIOLOGY	1,441,432	1,441,432	0	1,441,432	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,206,302	4,206,302	0	4,206,302	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,207,719	13,207,719	0	13,207,719	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,204,716	9,204,716	0	9,204,716	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	429,652	429,652	0	429,652	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0	0	90.00
90.02	09002 SLEEP LAB	849,377	849,377	0	849,377	90.02
91.00	09100 EMERGENCY	10,572,541	10,572,541	0	10,572,541	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,463,788	3,463,788	0	3,463,788	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	128,547,520	128,547,520	5,794	128,553,314	200.00
201.00	Less Observation Beds	3,463,788	3,463,788		3,463,788	201.00
202.00	Total (see instructions)	125,083,732	125,083,732	5,794	125,089,526	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:09 pm
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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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,630,240		42,630,240			30.00
31.00	03100	INTENSIVE CARE UNIT	14,873,646		14,873,646			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,289,871		2,289,871			32.00
43.00	04300	NURSERY	2,718,516		2,718,516			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,887,150	65,984,132	102,871,282	0.101087	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,979,443	18,517,933	23,497,376	0.173457	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,232,641	3,499,823	15,732,464	0.343144	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,330,132	70,936,345	88,266,477	0.109439	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,613	28,559,952	29,023,565	0.092786	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	13,898,051	23,145,289	37,043,340	0.046006	0.000000	59.00
60.00	06000	LABORATORY	26,166,108	31,775,500	57,941,608	0.113887	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,404,889	1,220,317	2,625,206	0.260213	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	4,303,091	4,213,072	8,516,163	0.294356	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,999,163	4,048,427	8,047,590	0.287118	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,640,319	651,539	2,291,858	0.342557	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	747,066	217,512	964,578	0.319976	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,239,235	14,911,791	25,151,026	0.057311	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,434,170	6,380,295	11,814,465	0.356030	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,466,565	18,835,574	51,302,139	0.257450	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,346,759	17,183,471	51,530,230	0.178627	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	19,770	3,436,144	3,455,914	0.124324	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.02	09002	SLEEP LAB	0	9,102,705	9,102,705	0.093310	0.000000	90.02
91.00	09100	EMERGENCY	25,367,145	121,942,273	147,309,418	0.071771	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	393,306	6,928,479	7,321,785	0.473080	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	294,830,889	451,490,573	746,321,462			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	294,830,889	451,490,573	746,321,462			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:09 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
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.101087		50.00
51.00	05100 RECOVERY ROOM	0.173457		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.343144		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109439		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.092862		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046006		59.00
60.00	06000 LABORATORY	0.113887		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.260213		63.00
65.00	06500 RESPIRATORY THERAPY	0.294452		65.00
66.00	06600 PHYSICAL THERAPY	0.287118		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342557		67.00
68.00	06800 SPEECH PATHOLOGY	0.319976		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057311		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356030		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.257450		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.178627		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.124324		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.093310		90.02
91.00	09100 EMERGENCY	0.071771		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.473080		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/22/2017 5:10 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	10,398,911	2,235,817	8,163,094	0	0	50.00
51.00	05100 RECOVERY ROOM	4,075,790	188,780	3,887,010	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,398,497	743,487	4,655,010	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,659,762	1,811,525	7,848,237	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,692,980	513,498	2,179,482	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,704,234	247,614	1,456,620	0	0	59.00
60.00	06000 LABORATORY	6,598,820	209,526	6,389,294	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	683,114	17,080	666,034	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,506,787	183,958	2,322,829	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,310,610	101,387	2,209,223	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	785,091	66,253	718,838	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	308,642	59,258	249,384	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,441,432	100,752	1,340,680	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,206,302	105,170	4,101,132	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,207,719	330,242	12,877,477	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,204,716	212,584	8,992,132	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	429,652	37,435	392,217	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	849,377	70,818	778,559	0	0	90.02
91.00	09100 EMERGENCY	10,572,541	1,176,135	9,396,406	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,463,788	465,907	2,997,881	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	90,498,765	8,877,226	81,621,539	0	0	200.00
201.00	Less Observation Beds	3,463,788	465,907	2,997,881	0	0	201.00
202.00	Total (line 200 minus line 201)	87,034,977	8,411,319	78,623,658	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/22/2017 5:10 pm

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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	10,398,911	102,871,282	0.101087		50.00
51.00	05100 RECOVERY ROOM	4,075,790	23,497,376	0.173457		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,398,497	15,732,464	0.343144		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,659,762	88,266,477	0.109439		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,692,980	29,023,565	0.092786		55.00
59.00	05900 CARDIAC CATHETERIZATION	1,704,234	37,043,340	0.046006		59.00
60.00	06000 LABORATORY	6,598,820	57,941,608	0.113887		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	683,114	2,625,206	0.260213		63.00
65.00	06500 RESPIRATORY THERAPY	2,506,787	8,516,163	0.294356		65.00
66.00	06600 PHYSICAL THERAPY	2,310,610	8,047,590	0.287118		66.00
67.00	06700 OCCUPATIONAL THERAPY	785,091	2,291,858	0.342557		67.00
68.00	06800 SPEECH PATHOLOGY	308,642	964,578	0.319976		68.00
69.00	06900 ELECTROCARDIOLOGY	1,441,432	25,151,026	0.057311		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,206,302	11,814,465	0.356030		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,207,719	51,302,139	0.257450		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,204,716	51,530,230	0.178627		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	429,652	3,455,914	0.124324		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09002 SLEEP LAB	849,377	9,102,705	0.093310		90.02
91.00	09100 EMERGENCY	10,572,541	147,309,418	0.071771		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,463,788	7,321,785	0.473080		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	90,498,765	683,809,189			200.00
201.00	Less Observation Beds	3,463,788	0			201.00
202.00	Total (line 200 minus line 201)	87,034,977	683,809,189			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/22/2017 5:10 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	3,750,785	0	3,750,785	25,971	144.42	30.00	
31.00	INTENSIVE CARE UNIT	632,582		632,582	4,386	144.23	31.00	
32.00	NEONATAL INTENSIVE CARE UNIT	175,022		175,022	677	258.53	32.00	
43.00	NURSERY	373,559		373,559	1,936	192.95	43.00	
200.00	Total (lines 30-199)	4,931,948		4,931,948	32,970		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	9,805	1,416,038					30.00
31.00	INTENSIVE CARE UNIT	1,965	283,412					31.00
32.00	NEONATAL INTENSIVE CARE UNIT	0	0					32.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	11,770	1,699,450					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/22/2017 5:10 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,235,817	102,871,282	0.021734	13,729,482	298,397	50.00
51.00	05100	RECOVERY ROOM	188,780	23,497,376	0.008034	1,870,567	15,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	743,487	15,732,464	0.047258	20,338	961	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,811,525	88,266,477	0.020523	8,238,940	169,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	513,498	29,023,565	0.017692	167,185	2,958	55.00
59.00	05900	CARDIAC CATHETERIZATION	247,614	37,043,340	0.006684	5,150,944	34,429	59.00
60.00	06000	LABORATORY	209,526	57,941,608	0.003616	10,613,004	38,377	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,080	2,625,206	0.006506	609,372	3,965	63.00
65.00	06500	RESPIRATORY THERAPY	183,958	8,516,163	0.021601	1,935,426	41,807	65.00
66.00	06600	PHYSICAL THERAPY	101,387	8,047,590	0.012598	2,088,996	26,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,253	2,291,858	0.028908	914,657	26,441	67.00
68.00	06800	SPEECH PATHOLOGY	59,258	964,578	0.061434	428,313	26,313	68.00
69.00	06900	ELECTROCARDIOLOGY	100,752	25,151,026	0.004006	5,117,098	20,499	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,170	11,814,465	0.008902	1,857,860	16,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	330,242	51,302,139	0.006437	13,527,880	87,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,584	51,530,230	0.004125	14,150,692	58,372	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	37,435	3,455,914	0.010832	10,118	110	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	SLEEP LAB	70,818	9,102,705	0.007780	0	0	90.02
91.00	09100	EMERGENCY	1,176,135	147,309,418	0.007984	11,649,158	93,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	465,907	7,321,785	0.063633	163,232	10,387	92.00
200.00		Total (lines 50-199)	8,877,226	683,809,189		92,243,262	970,074	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
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
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,971	0.00	9,805	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,386	0.00	1,965	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	677	0.00	0	0	0	32.00
43.00	04300	NURSERY	1,936	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	32,970		11,770	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:09 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	102,871,282	0.000000	0.000000	13,729,482	50.00
51.00	05100	RECOVERY ROOM	0	23,497,376	0.000000	0.000000	1,870,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,732,464	0.000000	0.000000	20,338	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,266,477	0.000000	0.000000	8,238,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,023,565	0.000000	0.000000	167,185	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,043,340	0.000000	0.000000	5,150,944	59.00
60.00	06000	LABORATORY	0	57,941,608	0.000000	0.000000	10,613,004	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,625,206	0.000000	0.000000	609,372	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,516,163	0.000000	0.000000	1,935,426	65.00
66.00	06600	PHYSICAL THERAPY	0	8,047,590	0.000000	0.000000	2,088,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,291,858	0.000000	0.000000	914,657	67.00
68.00	06800	SPEECH PATHOLOGY	0	964,578	0.000000	0.000000	428,313	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,151,026	0.000000	0.000000	5,117,098	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,814,465	0.000000	0.000000	1,857,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	51,302,139	0.000000	0.000000	13,527,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,530,230	0.000000	0.000000	14,150,692	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,455,914	0.000000	0.000000	10,118	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	SLEEP LAB	0	9,102,705	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	147,309,418	0.000000	0.000000	11,649,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,321,785	0.000000	0.000000	163,232	92.00
200.00		Total (lines 50-199)	0	683,809,189			92,243,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:09 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)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	10,562,497	0	50.00
51.00	05100 RECOVERY ROOM	0	3,425,395	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,752	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,493,136	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,553,158	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,447,253	0	59.00
60.00	06000 LABORATORY	0	3,216,267	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	163,187	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,366,322	0	65.00
66.00	06600 PHYSICAL THERAPY	0	194,561	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	40,499	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,591	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,537,790	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,500,445	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,127,631	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,287,103	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,357,727	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 SLEEP LAB	0	1,752,899	0	90.02
91.00	09100 EMERGENCY	0	18,125,639	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,578,030	0	92.00
200.00	Total (lines 50-199)	0	90,738,882	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:10 pm
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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	0.101087	10,562,497	0	0	1,067,731	50.00
51.00	05100 RECOVERY ROOM	0.173457	3,425,395	0	0	594,159	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.343144	3,752	0	0	1,287	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.109439	16,493,136	0	0	1,804,992	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.092786	10,553,158	0	0	979,185	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.046006	4,447,253	0	0	204,600	59.00
60.00	06000 LABORATORY	0.113887	3,216,267	25,922	0	366,291	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.260213	163,187	0	0	42,463	63.00
65.00	06500 RESPIRATORY THERAPY	0.294356	1,366,322	0	0	402,185	65.00
66.00	06600 PHYSICAL THERAPY	0.287118	194,561	0	0	55,862	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342557	40,499	0	0	13,873	67.00
68.00	06800 SPEECH PATHOLOGY	0.319976	5,591	0	0	1,789	68.00
69.00	06900 ELECTROCARDIOLOGY	0.057311	7,537,790	0	0	431,998	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356030	1,500,445	0	0	534,203	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.257450	5,127,631	0	0	1,320,109	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.178627	3,287,103	0	54,103	587,165	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.124324	1,357,727	0	0	168,798	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.093310	1,752,899	0	0	163,563	90.02
91.00	09100 EMERGENCY	0.071771	18,125,639	0	0	1,300,895	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.473080	1,578,030	0	0	746,534	92.00
200.00	Subtotal (see instructions)		90,738,882	25,922	54,103	10,787,682	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		90,738,882	25,922	54,103	10,787,682	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:10 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,952	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,664		73.00
76.00 03950 OTHER ANCILLARY SERVICES	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
90.02 09002 SLEEP LAB	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	2,952	9,664		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,952	9,664		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/22/2017 5:10 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,750,785	0	3,750,785	25,971	144.42	30.00
31.00	INTENSIVE CARE UNIT	632,582		632,582	4,386	144.23	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	175,022		175,022	677	258.53	32.00
43.00	NURSERY	373,559		373,559	1,936	192.95	43.00
200.00	Total (Lines 30-199)	4,931,948		4,931,948	32,970		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	212	30,617				
31.00	INTENSIVE CARE UNIT	58	8,365				
32.00	NEONATAL INTENSIVE CARE UNIT	240	62,047				
43.00	NURSERY	682	131,592				
200.00	Total (Lines 30-199)	1,192	232,621				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/22/2017 5:10 pm
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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	2,235,817	102,871,282	0.021734	155,477	3,379	50.00
51.00	05100	RECOVERY ROOM	188,780	23,497,376	0.008034	23,357	188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	743,487	15,732,464	0.047258	160,413	7,581	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,811,525	88,266,477	0.020523	154,047	3,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	513,498	29,023,565	0.017692	6,161	109	55.00
59.00	05900	CARDIAC CATHETERIZATION	247,614	37,043,340	0.006684	32,583	218	59.00
60.00	06000	LABORATORY	209,526	57,941,608	0.003616	353,004	1,276	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	17,080	2,625,206	0.006506	9,687	63	63.00
65.00	06500	RESPIRATORY THERAPY	183,958	8,516,163	0.021601	81,866	1,768	65.00
66.00	06600	PHYSICAL THERAPY	101,387	8,047,590	0.012598	13,101	165	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,253	2,291,858	0.028908	5,349	155	67.00
68.00	06800	SPEECH PATHOLOGY	59,258	964,578	0.061434	9,998	614	68.00
69.00	06900	ELECTROCARDIOLOGY	100,752	25,151,026	0.004006	60,273	241	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,170	11,814,465	0.008902	25,335	226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	330,242	51,302,139	0.006437	1,215	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,584	51,530,230	0.004125	331,569	1,368	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	37,435	3,455,914	0.010832	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	SLEEP LAB	70,818	9,102,705	0.007780	0	0	90.02
91.00	09100	EMERGENCY	1,176,135	147,309,418	0.007984	269,337	2,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	465,907	7,321,785	0.063633	3,555	226	92.00
200.00		Total (lines 50-199)	8,877,226	683,809,189		1,696,327	22,897	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	25,971	0.00	212	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,386	0.00	58	0		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	677	0.00	240	0		32.00
43.00	04300	NURSERY	1,936	0.00	682	0		43.00
200.00		Total (lines 30-199)	32,970		1,192	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2017 5:09 pm

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	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
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:09 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	102,871,282	0.000000	0.000000	155,477	50.00
51.00	05100	RECOVERY ROOM	0	23,497,376	0.000000	0.000000	23,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,732,464	0.000000	0.000000	160,413	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,266,477	0.000000	0.000000	154,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,023,565	0.000000	0.000000	6,161	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,043,340	0.000000	0.000000	32,583	59.00
60.00	06000	LABORATORY	0	57,941,608	0.000000	0.000000	353,004	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,625,206	0.000000	0.000000	9,687	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,516,163	0.000000	0.000000	81,866	65.00
66.00	06600	PHYSICAL THERAPY	0	8,047,590	0.000000	0.000000	13,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,291,858	0.000000	0.000000	5,349	67.00
68.00	06800	SPEECH PATHOLOGY	0	964,578	0.000000	0.000000	9,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,151,026	0.000000	0.000000	60,273	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,814,465	0.000000	0.000000	25,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	51,302,139	0.000000	0.000000	1,215	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,530,230	0.000000	0.000000	331,569	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,455,914	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	SLEEP LAB	0	9,102,705	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	147,309,418	0.000000	0.000000	269,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,321,785	0.000000	0.000000	3,555	92.00
200.00		Total (lines 50-199)	0	683,809,189			1,696,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:09 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XIX Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
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 PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950 OTHER ANCILLARY SERVICES	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
90.02	09002 SLEEP LAB	0	0	0		90.02
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2017 5:09 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)		25,971	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,971	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)		22,745	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)		9,805	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)		27,885,258	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)		27,885,258	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)		27,885,258	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)		1,073.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,527,727	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)		10,527,727	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/22/2017 5:09 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,718,322	4,386	1,531.77	1,965	3,009,928		43.00
44.00 NEONATAL INTENSIVE CARE UNIT	1,946,504	677	2,875.19	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,740,495		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,278,150		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)					1,699,450		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					970,074		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,669,524		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,608,626		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)					3,226		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.71		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,463,788		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:09 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	3,750,785	27,885,258	0.134508	3,463,788	465,907	90.00
91.00	Nursing School cost	0	27,885,258	0.000000	3,463,788	0	91.00
92.00	Allied health cost	0	27,885,258	0.000000	3,463,788	0	92.00
93.00	All other Medical Education	0	27,885,258	0.000000	3,463,788	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2017 5:09 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)		25,971	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,971	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)		22,745	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)		212	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)		1,936	15.00
16.00	Nursery days (title V or XIX only)		682	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)		27,885,258	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)		27,885,258	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)		27,885,258	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)		1,073.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		227,627	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)		227,627	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:09 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)			
42.00	NURSERY (title V & XIX only)	1,501,452	1,936	775.54	682	528,918		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	6,718,322	4,386	1,531.77	58	88,843		43.00
44.00	NEONATAL INTENSIVE CARE UNIT	1,946,504	677	2,875.19	240	690,046		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)					262,393		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,797,827		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)					232,621		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,897		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					255,518		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,542,309		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)					3,226		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.71		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,463,788		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:09 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	3,750,785	27,885,258	0.134508	3,463,788	465,907	90.00
91.00	Nursing School cost	0	27,885,258	0.000000	3,463,788	0	91.00
92.00	Allied health cost	0	27,885,258	0.000000	3,463,788	0	92.00
93.00	All other Medical Education	0	27,885,258	0.000000	3,463,788	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:10 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		17,654,836	30.00
31.00	03100	INTENSIVE CARE UNIT		6,687,083	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.101087	13,729,482	50.00
51.00	05100	RECOVERY ROOM	0.173457	1,870,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343144	20,338	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109439	8,238,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092862	167,185	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.046006	5,150,944	59.00
60.00	06000	LABORATORY	0.113887	10,613,004	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.260213	609,372	63.00
65.00	06500	RESPIRATORY THERAPY	0.294452	1,935,426	65.00
66.00	06600	PHYSICAL THERAPY	0.287118	2,088,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342557	914,657	67.00
68.00	06800	SPEECH PATHOLOGY	0.319976	428,313	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057311	5,117,098	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356030	1,857,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.257450	13,527,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178627	14,150,692	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.124324	10,118	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.093310	0	90.02
91.00	09100	EMERGENCY	0.071771	11,649,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.473080	163,232	92.00
200.00		Total (sum of lines 50-94 and 96-98)		92,243,262	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)		92,243,262	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:10 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		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		381,518	30.00
31.00	03100	INTENSIVE CARE UNIT		165,985	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		252,143	32.00
43.00	04300	NURSERY		138,215	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.101087	155,477	50.00
51.00	05100	RECOVERY ROOM	0.173457	23,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343144	160,413	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109439	154,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.092862	6,161	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.046006	32,583	59.00
60.00	06000	LABORATORY	0.113887	353,004	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.260213	9,687	63.00
65.00	06500	RESPIRATORY THERAPY	0.294452	81,866	65.00
66.00	06600	PHYSICAL THERAPY	0.287118	13,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342557	5,349	67.00
68.00	06800	SPEECH PATHOLOGY	0.319976	9,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057311	60,273	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356030	25,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.257450	1,215	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178627	331,569	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.124324	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.093310	0	90.02
91.00	09100	EMERGENCY	0.071771	269,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.473080	3,555	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,696,327	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,696,327	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:09 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)		14,769,219	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,677,937	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)		388,058	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)		117.77	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.28	31.00
32.00	Sum of lines 30 and 31		16.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.62	33.00
34.00	Disproportionate share adjustment (see instructions)		175,997	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000134945	0.000145005	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	864,475	866,768	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	647,175	218,473	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	865,648		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)	20,876,859		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>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		20,876,859	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,749,159	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		3,203	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		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)		22,629,221	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,629,221	61.00
62.00	Deductibles billed to program beneficiaries		2,298,296	62.00
63.00	Coinurance billed to program beneficiaries		44,114	63.00
64.00	Allowable bad debts (see instructions)		60,895	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		39,582	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		44,965	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,326,393	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)		119,547	70.93
70.94	HRR adjustment amount (see instructions)		-50,153	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:09 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,395,787	71.00
71.01	Sequestration adjustment (see instructions)			407,916	71.01
72.00	Interim payments			20,107,626	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)			-119,755	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			153,061	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/22/2017 5:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,769,219	0	14,769,219		14,769,219	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,677,937	0		4,677,937	4,677,937	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	388,058	0	367,426	20,633	388,059	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0362	0.0362	0.0362	0.0362		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	175,997	0	133,662	42,335	175,997	11.00
11.01	Uncompensated care payments	36.00	865,648	0	647,175	218,473	865,648	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,876,859	0	15,917,481	4,959,378	20,876,859	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,876,859	0	15,917,481	4,959,378	20,876,859	15.00
16.00	Payment for inpatient program capital	50.00	1,749,159	0	1,337,297	411,862	1,749,159	16.00
17.00	Special add-on payments for new technologies	54.00	3,203	0	3,203	0	3,203	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/22/2017 5:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	17,257,981	5,371,240	22,629,221	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,563,177	0	1,184,332	378,845	1,563,177	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	132,052	0	112,105	19,947	132,052	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0345	0.0345	0.0345	0.0345		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	53,930	0	40,860	13,070	53,930	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,749,159	0	1,337,297	411,862	1,749,159	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/22/2017 5:10 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,769,219	14,769,219		14,769,219	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,677,937		4,677,937	4,677,937	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	388,058	367,426	20,633	388,059	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0362	0.0362	0.0362		
11.00	Disproportionate share adjustment (see instructions)	34.00	175,997	133,662	42,335	175,997	
11.01	Uncompensated care payments	36.00	865,648	647,175	218,473	865,648	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	20,876,859	15,917,481	4,959,378	20,876,859	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,876,859	15,917,481	4,959,378	20,876,859	
16.00	Payment for inpatient program capital	50.00	1,749,159	1,337,297	411,862	1,749,159	
17.00	Special add-on payments for new technologies	54.00	3,203	3,203	0	3,203	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	<b>SUBTOTAL</b>			17,257,981	5,371,240	22,629,221	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/22/2017 5:10 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,563,177	1,184,332	378,845	1,563,177	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	132,052	112,105	19,947	132,052	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0345	0.0345	0.0345		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	53,930	40,860	13,070	53,930	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,749,159	1,337,297	411,862	1,749,159	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	119,547	80,678	38,869	119,547	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-50,153	-20,682	-29,471	-50,153	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 5:09 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		12,616	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,787,682	2.00
3.00	PPS payments		11,725,888	3.00
4.00	Outlier payment (see instructions)		33,229	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)		12,616	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		80,025	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)		80,025	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)		80,025	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		67,409	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)		12,616	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)		11,759,117	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)		2,455,576	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)		9,316,157	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)		9,316,157	30.00
31.00	Primary payer payments		4,440	31.00
32.00	Subtotal (line 30 minus line 31)		9,311,717	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)		281,380	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		182,897	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		322,980	36.00
37.00	Subtotal (see instructions)		9,494,614	37.00
38.00	MSP-LCC reconciliation amount from PS&R		859	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)		9,493,755	40.00
40.01	Sequestration adjustment (see instructions)		189,875	40.01
41.00	Interim payments		9,303,967	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-87	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: 15-0158

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/22/2017 5:09 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		20,053,826		9,246,967	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	07/29/2016	53,800	07/29/2016	57,000	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)		53,800		57,000	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)		20,107,626		9,303,967	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		119,755		87	6.02	
7.00	Total Medicare program liability (see instructions)		19,987,871		9,303,880	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: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/22/2017 5:09 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		7,487	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,770	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		5,139	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		27,808	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		746,321,462	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		19,924,375	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: 15-0158

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

Worksheet G

Date/Time Prepared:  
5/22/2017 5:09 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	291,213,436	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	157,120	0	0	0	3.00
4.00	Accounts receivable	25,634,353	0	0	0	4.00
5.00	Other receivable	-1,966,390	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,521,882	0	0	0	7.00
8.00	Prepaid expenses	750,014	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)	317,310,415	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-4,291,979	0	0	0	14.00
15.00	Buildings	104,368,103	0	0	0	15.00
16.00	Accumulated depreciation	-31,744,115	0	0	0	16.00
17.00	Leasehold improvements	102,960	0	0	0	17.00
18.00	Accumulated depreciation	-71,500	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	21,662	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	68,013,017	0	0	0	23.00
24.00	Accumulated depreciation	-55,120,605	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)	88,078,246	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	405,388,661	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,117,012	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,668,781	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	97,496,570	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,739,598	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	110,021,961	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	3,929,447	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,929,447	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	113,951,408	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	291,437,253				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	291,437,253	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	405,388,661	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:  
5/22/2017 5:09 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		229,373,643		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		62,063,610			2.00
3.00	Total (sum of line 1 and line 2)		291,437,253		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		291,437,253		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		291,437,253		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0158

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/22/2017 5:09 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	45,348,756		45,348,756	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	45,348,756		45,348,756	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,873,646		14,873,646	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	2,289,871		2,289,871	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)	17,163,517		17,163,517	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	62,512,273		62,512,273	17.00
18.00	Ancillary services	206,558,165	313,517,118	520,075,283	18.00
19.00	Outpatient services	25,760,451	137,973,456	163,733,907	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	NONALLOWABLE REVENUE	0	57,804	57,804	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	294,830,889	451,548,378	746,379,267	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		141,995,342		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)		141,995,342		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:  
5/22/2017 5:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	746,379,267	1.00
2.00	Less contractual allowances and discounts on patients' accounts	545,770,752	2.00
3.00	Net patient revenues (line 1 minus line 2)	200,608,515	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	141,995,342	4.00
5.00	Net income from service to patients (line 3 minus line 4)	58,613,173	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	3,450,437	24.00
25.00	Total other income (sum of lines 6-24)	3,450,437	25.00
26.00	Total (line 5 plus line 25)	62,063,610	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)	62,063,610	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/22/2017 5:10 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,563,177	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		132,052	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)		76.80	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.28	8.00
9.00	Sum of lines 7 and 8		16.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.45	10.00
11.00	Disproportionate share adjustment (see instructions)		53,930	11.00
12.00	Total prospective capital payments (see instructions)		1,749,159	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