

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/30/2016 5:24 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/30/2016 Time: 5:24 pm	
	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.		
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 LUTHERAN HOSPITAL OF INDIANA (150017) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 SR VICE PRESIDENT-REVENUE MANAGEMENT
 Title

 11/30/2016
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-265,306	134,712	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	-265,306	134,712	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 5:23 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7950 WEST JEFFERSON BLVD		PO Box:						1.00		
2.00	City: FT WAYNE		State: IN		Zip Code: 46804		County: ALLEN		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015	06/30/2016		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	N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,395	1,597	106	154	13,366	196		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 5:23 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	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 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00	
				1.00	2.00	
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,246,338	302,248		0118.01	
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			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.	11/05/2008			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.	02/16/1990			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: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 5:23 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		449008		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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301		141.00	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00	
143.00	City: FRANKLIN	State: TN	Zip Code:	37067		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
				1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
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.		N			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00			169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/30/2016 5:23 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)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/30/2016 5:23 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
				Y/N		
				1.00		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/01/2016	Y	11/01/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/30/2016 5:23 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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		Y	12/31/2015	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	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KUZI WA		TSI GA	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-3416		KUZI WA_TSI GA@CHS. NET	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	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: 150017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	241	88,206	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)		241	88,206	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	10	3,660	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,784	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,744	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,784	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)		383	140,178	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		383				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: 150017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,672	1,269	64,585			1.00
2.00 HMO and other (see instructions)	19,588	15,886				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,672	1,269	64,585			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	141	1,171			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	444	4,339			8.02
8.03 CARDIO INTENSIVE CARE UNIT	7,221	578	21,035			8.03
9.00 CORONARY CARE UNIT	2,829	139	7,205			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		161	1,845			13.00
14.00 Total (see instructions)	32,722	2,732	100,180	6.07	2,122.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				6.07	2,122.18	27.00
28.00 Observation Bed Days		0	547			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	196	354			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: 150017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2016 5:23 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	5,905	3,292	19,801	1.00
2.00 HMO and other (see instructions)				3,385	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		5,905	3,292	19,801	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/30/2016 5:23 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	111,695,608	0	111,695,608	4,414,138.00	25.30	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	151	0	151	3.00	50.33	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,219,757	368,477	2,588,234	101,154.00	25.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		176,779	0	176,779	2,781.00	63.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		620,618	0	620,618	4,416.12	140.53	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		11,280,727	0	11,280,727	320,619.00	35.18	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		22,057,870	0	22,057,870			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		532,334	0	532,334			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		23	0	23			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	504,908	0	504,908	20,626.00	24.48	26.00
27.00	Administrative & General	5.00	10,921,441	-579,380	10,342,061	448,723.00	23.05	27.00
28.00	Administrative & General under contract (see inst.)		213	0	213	16.00	13.31	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,599,889	0	1,599,889	68,550.00	23.34	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,440,418	0	1,440,418	118,874.00	12.12	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,740,396	-1,629,229	1,111,167	74,121.11	14.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,664,832	1,664,832	128,299.89	12.98	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,659,647	-3,110,136	1,549,511	41,934.00	36.95	38.00
39.00	Central Services and Supply	14.00	1,404,754	355,538	1,760,292	109,186.00	16.12	39.00
40.00	Pharmacy	15.00	6,005,734	0	6,005,734	157,293.00	38.18	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,491,313	845,599	2,336,912	112,277.00	20.81	41.00
42.00	Social Service	17.00 0	2,084,299	2,084,299	70,266.00	29.66	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2016 5:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	111,695,670	0	111,695,670	4,414,151.00	25.30	1.00
2.00	Excluded area salaries (see instructions)	2,219,757	368,477	2,588,234	101,154.00	25.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	109,475,913	-368,477	109,107,436	4,312,997.00	25.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,078,124	0	12,078,124	327,816.12	36.84	4.00
5.00	Subtotal wage-related costs (see inst.)	22,057,870	0	22,057,870	0.00	20.22	5.00
6.00	Total (sum of lines 3 thru 5)	143,611,907	-368,477	143,243,430	4,640,813.12	30.87	6.00
7.00	Total overhead cost (see instructions)	30,768,713	-368,477	30,400,236	1,350,166.00	22.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2016 5:23 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,134,673 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,843,877 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			145,555 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			104,301 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			9,249 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			53,254 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			196,067 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,501,425 17.00
18.00	Medicare Taxes - Employers Portion Only			1,520,494 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			310,433 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,819,328 24.00
Part B - Other than Core Related Cost				
25.00	OTHER EMPLOYEE BENEFITS			-229,100 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150017

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

Worksheet S-3
Part V
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150017

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

Worksheet S-10

Date/Time Prepared:
11/30/2016 5:23 pm

				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.137951	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			48,280,626	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			362,058,499	6.00	
7.00	Medicaid cost (line 1 times line 6)			49,946,332	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			1,665,706	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			126,920	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			2,413,382	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			332,928	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)			206,008	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			1,871,714	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			7,803,792	3,039,933	10,843,725
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			1,076,541	419,362	1,495,903
22.00	Partial payment by patients approved for charity care			183,520	183,182	366,702
23.00	Cost of charity care (line 21 minus line 22)			893,021	236,180	1,129,201
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			30,341,826		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			950,030		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			29,391,796		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,054,628		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,183,829		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,055,543		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

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

Worksheet A
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		6,764,898	6,764,898	5,064,950	11,829,848	1.00
2.00	00200		15,014,762	15,014,762	5,571,216	20,585,978	2.00
4.00	00400		1,119,300	1,624,208	14,166,130	15,790,338	4.00
5.01	00540	504,908					
5.02	00560	10,921,441	68,107,737	79,029,178	-68,274,448	10,754,730	5.01
7.00	00700				45,044,360	45,044,360	5.02
8.00	00800	1,599,889	10,641,440	12,241,329	13,713	12,255,042	7.00
8.00	00800				15	1,623,550	8.00
9.00	00900	1,440,418	1,680,189	3,120,607	0	3,120,607	9.00
10.00	01000	2,740,396	3,614,421	6,354,817	-4,030,714	2,324,103	10.00
11.00	01100				4,119,728	4,119,728	11.00
13.00	01300	4,659,647	793,111	5,452,758	-3,739,167	1,713,591	13.00
14.00	01400	1,404,754	45,622,437	47,027,191	-41,466,206	5,560,985	14.00
15.00	01500	6,005,734	32,522,554	38,528,288	-30,689,573	7,838,715	15.00
16.00	01600	1,491,313	2,308,386	3,799,699	1,445,425	5,245,124	16.00
17.00	01700				2,010,041	2,010,041	17.00
21.00	02100	151	2,807,896	2,808,047	-2,807,885	162	21.00
22.00	02200				2,807,885	2,807,885	22.00
23.00	02300	190,829	99,249	290,078	-1,519	288,559	23.00
23.01	02301	177,506	23,380	200,886	0	200,886	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,744,170	4,517,595	23,261,765	-1,796,392	21,465,373	30.00
31.00	03100	16,192,615	3,724,502	19,917,117	-19,917,117	0	31.00
31.01	02080	2,141,604	512,503	2,654,107	-1,541,531	1,112,576	31.01
31.02	02060				2,653,502	2,653,502	31.02
31.03	03101				14,070,446	14,070,446	31.03
32.00	03200				4,733,845	4,733,845	32.00
40.00	04000				0	0	40.00
43.00	04300		58,253	58,253	265,098	323,351	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,053,371	13,953,509	23,006,880	-3,464,618	19,542,262	50.00
51.00	05100	3,009,230	804,418	3,813,648	-3,813,648	0	51.00
52.00	05200		-1	-1	1,480,365	1,480,364	52.00
53.00	05300	73,472	2,952,713	3,026,185	-172,377	2,853,808	53.00
54.00	05400	4,293,452	2,794,103	7,087,555	-71,297	7,016,258	54.00
54.01	05401	663,536	116,475	780,011	-639,090	140,921	54.01
56.00	05600	490,267	1,617,874	2,108,141	-592,646	1,515,495	56.00
57.00	05700	722,439	367,288	1,089,727	-15,274	1,074,453	57.00
58.00	05800	422,115	25,338	447,453	-447,453	0	58.00
60.00	06000	4,399,295	9,968,141	14,367,436	-346,723	14,020,713	60.00
65.00	06500	3,895,431	1,443,717	5,339,148	-674,130	4,665,018	65.00
66.00	06600	2,454,439	580,149	3,034,588	703,285	3,737,873	66.00
67.00	06700	661,824	51,168	712,992	-712,992	0	67.00
68.00	06800	264,392	24,683	289,075	-289,075	0	68.00
69.00	06900	4,590,334	2,846,060	7,436,394	-4,951,461	2,484,933	69.00
70.00	07000				1,535,914	1,535,914	70.00
71.00	07100				18,693,735	18,693,735	71.00
72.00	07200				22,894,806	22,894,806	72.00
73.00	07300				30,264,600	30,264,600	73.00
74.00	07400		2,337,042	2,337,042	0	2,337,042	74.00
76.00	03140				3,374,187	3,374,187	76.00
76.01	03050	455,011	79,588	534,599	4,273,222	4,807,821	76.01
76.02	03950				485,099	485,099	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,126,405	887,095	3,013,500	1,164,135	4,177,635	90.00
91.00	09100	4,053,798	2,810,568	6,864,366	-109,015	6,755,351	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,810,407	4,582,324	6,392,731	-101,076	6,291,655	95.00
96.00	09600		1,721,684	1,721,684	-6,624	1,715,060	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500				1,143,686	1,143,686	105.00
106.00	10600				449,073	449,073	106.00
118.00		111,654,593	251,520,084	363,174,677	-2,243,590	360,931,087	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000				0	0	190.00
192.00	19200		450,559	450,559	7,250	457,809	192.00
194.00	07950				0	0	194.00
194.01	07951				2,163,164	2,163,164	194.01
194.02	07952	41,015	35,899	76,914	386	77,300	194.02
194.03	07953				72,790	72,790	194.03
200.00		111,695,608	252,006,542	363,702,150	0	363,702,150	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

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

Worksheet A
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,983,415	16,813,263	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	951,898	21,537,876	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-79,185	15,711,153	4.00
5.01	00540	ADMINISTRATIVE	-337,529	10,417,201	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	3,195,735	48,240,095	5.02
7.00	00700	OPERATION OF PLANT	-64,374	12,190,668	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,343	1,643,893	8.00
9.00	00900	HOUSEKEEPING	0	3,120,607	9.00
10.00	01000	DIETARY	0	2,324,103	10.00
11.00	01100	CAFETERIA	-2,103,043	2,016,685	11.00
13.00	01300	NURSING ADMINISTRATION	-140	1,713,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,560,985	14.00
15.00	01500	PHARMACY	0	7,838,715	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,355	5,238,769	16.00
17.00	01700	SOCIAL SERVICE	0	2,010,041	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	162	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,807,885	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	288,559	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	200,886	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-505,300	20,960,073	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,112,576	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	2,653,502	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	14,070,446	31.03
32.00	03200	CORONARY CARE UNIT	0	4,733,845	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-8,920	314,431	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-626,378	18,915,884	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,480,364	52.00
53.00	05300	ANESTHESIOLOGY	-2,770,392	83,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,784	7,011,474	54.00
54.01	05401	PET SCAN	0	140,921	54.01
56.00	05600	RADIOISOTOPE	0	1,515,495	56.00
57.00	05700	CT SCAN	0	1,074,453	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-202,000	13,818,713	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,665,018	65.00
66.00	06600	PHYSICAL THERAPY	0	3,737,873	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	2,484,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,535,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,693,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,894,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,264,600	73.00
74.00	07400	RENAL DIALYSIS	0	2,337,042	74.00
76.00	03140	CARDIO CATH LAB	-347,944	3,026,243	76.00
76.01	03050	ENDOSCOPY	-73,980	4,733,841	76.01
76.02	03950	CARDIAC REHAB	0	485,099	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-423,581	3,754,054	90.00
91.00	09100	EMERGENCY	-1,090,933	5,664,418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-3,089,097	3,202,558	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-1,715,060	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,143,686	105.00
106.00	10600	HEART ACQUISITION	0	449,073	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,297,604	356,633,483	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	457,809	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,163,164	194.01
194.02	07952	SENIOR CIRCLE	0	77,300	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	72,790	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-4,297,604	359,404,546	200.00

RECLASSIFICATIONS

Provider CCN: 150017

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

Worksheet A-6

Date/Time Prepared:
11/30/2016 5:23 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,170,748	1.00
2.00	OPERATION OF PLANT	7.00	0	563	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,250	3.00
4.00	SENIOR CIRCLE	194.02	0	386	4.00
	TOTALS		0	14,178,947	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	940,231	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	940,231	
C - RENTAL AND LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,498,746	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	53,755	2.00
3.00	OPERATION OF PLANT	7.00	0	13,150	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	15	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
	TOTALS		0	5,565,666	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	313,953	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,833,569	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	72,470	3.00
	TOTALS		0	5,219,992	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	301,022	1,862,142	1.00
	TOTALS		301,022	1,862,142	
F - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	299,523	0	1.00
	TOTALS		299,523	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,753,504	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,894,806	2.00
3.00	OPERATING ROOM	50.00	0	995,461	3.00
	TOTALS		0	41,643,771	
H - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	30,264,600	1.00
	TOTALS		0	30,264,600	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	6,356,317	57,808,201	1.00
2.00	DIETARY	10.00	35,603	90,553	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	355,538	1,386,925	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	67,455	5,335	4.00
	TOTALS		6,814,913	59,291,014	
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,071,443	14,600	1.00
2.00	PET SCAN	54.01	0	10,738	2.00
	TOTALS		1,071,443	25,338	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - DIETARY						
1.00	CAFETERIA	11.00	1,664,832	2,454,896	1.00	
	TOTALS		1,664,832	2,454,896		
L - MISC DEPARTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	479,761	43,655	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	845,599	652,610	2.00	
3.00	SOCIAL SERVICE	17.00	2,084,299	0	3.00	
4.00	ENDOSCOPY	76.01	2,465,538	1,815,338	4.00	
5.00	CARDIAC REHAB	76.02	420,031	65,068	5.00	
6.00	PHYSICAL THERAPY	66.00	926,216	75,851	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	990,516	545,398	7.00	
8.00	CARDIO CATH LAB	76.00	1,389,102	1,985,085	8.00	
9.00	OPERATING ROOM	50.00	88,680	0	9.00	
	TOTALS		9,689,742	5,183,005		
M - ORGAN ACQUISITION						
1.00	KIDNEY ACQUISITION	105.00	0	1,143,686	1.00	
2.00	HEART ACQUISITION	106.00	0	449,073	2.00	
3.00	CLINIC	90.00	678,561	509,936	3.00	
	TOTALS		678,561	2,102,695		
N - ICU COSTS						
1.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,141,604	511,898	1.00	
2.00	CARDIO INTENSIVE CARE UNIT	31.03	11,413,656	2,656,790	2.00	
3.00	CORONARY CARE UNIT	32.00	3,845,813	888,032	3.00	
	TOTALS		17,401,073	4,056,720		
O - LABOR AND DELIVERY						
1.00	NURSERY	43.00	258,555	6,543	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,217,296	263,069	2.00	
	TOTALS		1,475,851	269,612		
P - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,807,885	1.00	
	TOTALS		0	2,807,885		
500.00	Grand Total: Increases		39,396,960	175,866,514	500.00	

RECLASSIFICATIONS

Provider CCN: 150017

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

Worksheet A-6

Date/Time Prepared:
11/30/2016 5:23 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	14,177,814	0		1.00
2.00	PHARMACY	15.00	0	146	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	987	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	14,178,947			
B - OXYGEN							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,984	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	172,377	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	661,870	0		3.00
	TOTALS		0	940,231			
C - RENTAL AND LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	82,572	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,618	0		2.00
3.00	ADMINISTRATIVE	5.01	0	5,357	0		3.00
4.00	DIETARY	10.00	0	37,142	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	7,023	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,490,669	0		6.00
7.00	PHARMACY	15.00	0	424,827	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	51,797	0		8.00
9.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	1,519	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	50,929	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	250	0		11.00
12.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	605	0		12.00
13.00	OPERATING ROOM	50.00	0	684,649	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,142,090	0		14.00
15.00	PET SCAN	54.01	0	500	0		15.00
16.00	RADIOISOTOPE	56.00	0	592,646	0		16.00
17.00	CT SCAN	57.00	0	15,274	0		17.00
18.00	LABORATORY	60.00	0	346,723	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	12,260	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	298,782	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	66,703	0		21.00
22.00	ENDOSCOPY	76.01	0	7,654	0		22.00
23.00	CLINIC	90.00	0	24,362	0		23.00
24.00	EMERGENCY	91.00	0	109,015	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	101,076	0		25.00
26.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	6,624	0		26.00
	TOTALS		0	5,565,666			
D - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	5,219,992	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	5,219,992			
E - MARKETING DEPARTMENT							
1.00	ADMINISTRATIVE	5.01	301,022	1,862,142	0		1.00
	TOTALS		301,022	1,862,142			
F - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	299,523	0	0		1.00
	TOTALS		299,523	0			
G - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,612,016	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,250	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	16,505	0		3.00
	TOTALS		0	41,643,771			
H - DRUGS / IVS							
1.00	PHARMACY	15.00	0	30,264,600	0		1.00
	TOTALS		0	30,264,600			
I - A&G COSTS							
1.00	ADMINISTRATIVE	5.01	6,814,913	59,291,014	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		6,814,913	59,291,014			
J - RADIOLOGY COSTS							
1.00	PET SCAN	54.01	649,328	0	0		1.00
2.00	MRI	58.00	422,115	25,338	0		2.00
	TOTALS		1,071,443	25,338			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - DIETARY							
1.00	DIETARY	10.00	1,664,832	2,454,896	0		1.00
	TOTALS		1,664,832	2,454,896			
L - MISC DEPARTMENT							
1.00	RECOVERY ROOM	51.00	3,009,230	804,418	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	2,344,637	2,523,616	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	661,824	51,168	0		3.00
4.00	SPEECH PATHOLOGY	68.00	264,392	24,683	0		4.00
5.00	NURSING ADMINISTRATION	13.00	3,409,659	622,008	0		5.00
6.00	OPERATING ROOM	50.00	0	1,082,854	0		6.00
7.00	SOCIAL SERVICE	17.00	0	74,258	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		9,689,742	5,183,005			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	678,561	2,102,695	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		678,561	2,102,695			
N - ICU COSTS							
1.00	INTENSIVE CARE UNIT	31.00	16,192,615	3,724,252	0		1.00
2.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	1,208,458	332,468	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		17,401,073	4,056,720			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,475,851	269,612	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,475,851	269,612			
P - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,807,885	0		1.00
	TOTALS		0	2,807,885			
500.00	Grand Total: Decreases		39,396,960	175,866,514			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

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

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,573,476	0	0	0	526,561	1.00
2.00	Land Improvements	11,069,630	43,344	0	43,344	0	2.00
3.00	Buildings and Fixtures	147,398,003	144,053	0	144,053	25,942	3.00
4.00	Building Improvements	21,577,784	4,662,824	0	4,662,824	17,604	4.00
5.00	Fixed Equipment	47,657,981	3,046,294	0	3,046,294	63,259	5.00
6.00	Movable Equipment	141,678,156	10,349,843	0	10,349,843	6,697,767	6.00
7.00	HIT designated Assets	2,905,310	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	381,860,340	18,246,358	0	18,246,358	7,331,133	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	381,860,340	18,246,358	0	18,246,358	7,331,133	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,046,915	0				1.00
2.00	Land Improvements	11,112,974	0				2.00
3.00	Buildings and Fixtures	147,516,114	0				3.00
4.00	Building Improvements	26,223,004	0				4.00
5.00	Fixed Equipment	50,641,016	0				5.00
6.00	Movable Equipment	145,330,232	0				6.00
7.00	HIT designated Assets	2,905,310	0				7.00
8.00	Subtotal (sum of lines 1-7)	392,775,565	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	392,775,565	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

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

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,764,898	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,014,762	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,779,660	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,764,898				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,014,762				2.00
3.00	Total (sum of lines 1-2)	0	21,779,660				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

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

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	193,899,007	0	193,899,007	0.493664	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	198,876,559	0	198,876,559	0.506336	0	2.00
3.00	Total (sum of lines 1-2)	392,775,566	0	392,775,566	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,949,699	-82,572	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,071,464	5,498,746	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,021,163	5,416,174	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,798,614	313,953	4,833,569	0	16,813,263	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	895,196	72,470	0	0	21,537,876	2.00
3.00	Total (sum of lines 1-2)	7,693,810	386,423	4,833,569	0	38,351,139	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150017

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

Worksheet A-8

Date/Time Prepared:
11/30/2016 5:23 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 #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-896,640		CAP REL COSTS-BLDG & FIXT	1.00	9	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	-11,396,278				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-4,784		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	12,283,233				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,103,043		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	B	-40,532		OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,013,316		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	284,836		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Provider CCN: 150017

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

Worksheet A-8

Date/Time Prepared:
 11/30/2016 5:23 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00	MI NORI TY INTEREST	A	961,528	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.00
33.01	SPECIAL EVENTS	A	-53,317	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	OTHER MI SC REVENUES	B	-1,401,615	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.02
33.03	PATI ENT PHONES WAGE COST	A	-127,902	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.03
33.04	PATI ENT PHONES BENEFITS COST	A	-25,868	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05	PATI ENT PHONES EXPENSE	A	-38,535	ADMI TTI NG	5.01	0 33.05
33.06	SPECIAL EVENTS	A	-20	AMBULANCE SERVI CES	95.00	0 33.06
33.07	PATI ENT TV - CABLE EXPENSE	A	-64,374	OPERATI ON OF PLANT	7.00	0 33.07
33.08	PATI ENT TV DEPRECIATI ON	A	-3,137	CAP REL COSTS-MVBLE EQUI P	2.00	9 33.08
33.09	MARKETI NG	A	5,425	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.09
33.10	LEGAL FEES	A	-1,806,725	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.10
33.11	PHYSICI AN RECRUI TI NG	A	-439,932	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.11
33.12	LOBBYI NG I N ASSOCIATI ON DUES	A	-51,473	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.12
33.13	CHARI TABLE CONTRI BUTI ONS	A	-317,686	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.13
33.14	PENALTI ES	A	-942	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.14
33.15	SPECIAL EVENTS	A	-4,000	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.15
33.16	TRAI NI NG REVENUES	B	-140	NURSI NG ADMI NI STRATI ON	13.00	0 33.16
33.17	VALET SERVI CE	A	-426,343	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.17
33.18	INTERCOMPANY LEASE RECEIPTS	A	2,383,976	OTHER ADMI NI STRATI VE AND GENERAL	5.02	0 33.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,297,604			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: 150017

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

Worksheet A-8-1

Date/Time Prepared: 11/30/2016 5:23 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	6,733,812	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	94,757	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	14,870	0
3.01	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAXES	860	844
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	2,461,023
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	1,208,378	0
4.00	5.01	ADMITTING	PASI OPERATING	1,409,226	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	64,802	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	895,196	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	10,775,436	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,548,586	1,483,189
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	737,600	977,467
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	156,919	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,434,153	1,570,729
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	2,907,838
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	8,947
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	101,187
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	33,810
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,420,763
4.20	0.00			0	0
4.21	5.01	ADMITTING	EBOS FEES	0	22,949
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	264,508
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,538,108
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,074,595	12,791,362

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

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

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

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

6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150017

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2016 5:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,733,812	11		1.00
2.00	94,757	9		2.00
3.00	14,870	9		3.00
3.01	16	0		3.01
3.02	-2,461,023	0		3.02
3.03	1,208,378	0		3.03
4.00	1,409,226	0		4.00
4.01	64,802	11		4.01
4.02	895,196	11		4.02
4.03	10,775,436	0		4.03
4.04	65,397	0		4.04
4.05	-239,867	9		4.05
4.06	156,919	9		4.06
4.07	-136,576	0		4.07
4.08	-2,907,838	0		4.08
4.09	-8,947	0		4.09
4.10	-101,187	0		4.10
4.16	-33,810	0		4.16
4.19	-1,420,763	0		4.19
4.20	0	9		4.20
4.21	-22,949	0		4.21
4.22	-264,508	0		4.22
4.23	-1,538,108	0		4.23
5.00	12,283,233			5.00

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

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

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 150017

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2016 5:23 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	5.02	OTHER ADMINISTRATIVE AND GENERAL	538,171	534,888	3,283	171,400	22	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	25,473	0	25,473	171,400	232	2.00
3.00	30.00	ADULTS & PEDIATRICS	505,300	505,300	0	0	0	3.00
4.00	76.00	CARDIO CATH LAB	347,944	347,944	0	0	0	4.00
5.00	43.00	NURSERY	8,920	8,920	0	0	0	5.00
6.00	50.00	OPERATING ROOM	626,378	626,378	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,770,392	2,770,392	0	0	0	7.00
8.00	60.00	LABORATORY	202,000	202,000	0	0	0	8.00
9.00	90.00	CLINIC	423,581	423,581	0	0	0	9.00
10.00	91.00	EMERGENCY	1,090,933	1,090,933	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	3,089,077	3,089,077	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	1,715,060	1,715,060	0	0	0	12.00
13.00	76.01	ENDOSCOPY	73,980	73,980	0	0	0	13.00
200.00			11,417,209	11,388,453	28,756		254	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	1,813	91	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	19,118	956	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	76.00	CARDIO CATH LAB	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	12.00
13.00	76.01	ENDOSCOPY	0	0	0	0	0	13.00
200.00			20,931	1,047	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	1,813	1,470	536,358		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	19,118	6,355	6,355		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	505,300		3.00
4.00	76.00	CARDIO CATH LAB	0	0	0	347,944		4.00
5.00	43.00	NURSERY	0	0	0	8,920		5.00
6.00	50.00	OPERATING ROOM	0	0	0	626,378		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,770,392		7.00
8.00	60.00	LABORATORY	0	0	0	202,000		8.00
9.00	90.00	CLINIC	0	0	0	423,581		9.00
10.00	91.00	EMERGENCY	0	0	0	1,090,933		10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	3,089,077		11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	1,715,060		12.00
13.00	76.01	ENDOSCOPY	0	0	0	73,980		13.00
200.00			0	20,931	7,825	11,396,278		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,813,263	16,813,263			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,537,876		21,537,876		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,711,153	439,081	40,919	16,191,153	4.00
5.01 00540	ADMITTING	10,417,201	365,159	20,041	554,143	11,356,544
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	48,240,095	709,803	9,992,361	951,827	0
7.00 00700	OPERATION OF PLANT	12,190,668	3,628,559	469,712	232,969	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,643,893	21,054	398	0	0
9.00 00900	HOUSEKEEPING	3,120,607	70,687	18,623	209,748	0
10.00 01000	DIETARY	2,324,103	680,285	102,959	161,804	0
11.00 01100	CAFETERIA	2,016,685	0	0	242,426	0
13.00 01300	NURSING ADMINISTRATION	1,713,451	160,857	23,714	225,634	0
14.00 01400	CENTRAL SERVICES & SUPPLY	5,560,985	293,768	267,894	256,327	0
15.00 01500	PHARMACY	7,838,715	168,172	139,607	874,531	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,238,769	179,614	33,102	340,292	0
17.00 01700	SOCIAL SERVICE	2,010,041	121,001	0	303,507	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	162	0	0	22	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,807,885	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	288,559	67,803	477	27,788	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	200,886	0	0	25,848	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,960,073	2,414,947	666,792	2,514,548	522,882
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,112,576	128,667	28,698	135,881	18,696
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,653,502	259,491	289,989	311,852	63,824
31.03 03101	CARDIO INTENSIVE CARE UNIT	14,070,446	927,210	202,553	1,662,011	322,308
32.00 03200	CORONARY CARE UNIT	4,733,845	361,056	32,265	560,012	125,101
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	314,431	12,801	1,079	37,650	7,504
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,915,884	2,479,023	3,170,233	1,232,420	1,973,624
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,480,364	0	0	177,258	35,327
53.00 05300	ANESTHESIOLOGY	83,416	1,876	402	10,699	235,861
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,011,474	371,536	1,466,171	781,215	549,134
54.01 05401	PET SCAN	140,921	40,443	311,237	2,069	30,367
56.00 05600	RADIOISOTOPE	1,515,495	94,203	38,331	71,391	156,579
57.00 05700	CT SCAN	1,074,453	46,586	108,154	105,199	461,658
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	13,818,713	396,294	438,353	640,608	913,954
65.00 06500	RESPIRATORY THERAPY	4,665,018	134,693	196,292	567,237	350,628
66.00 06600	PHYSICAL THERAPY	3,737,873	285,093	96,485	492,277	98,994
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,484,933	337,423	358,569	327,009	348,018
70.00 07000	ELECTROENCEPHALOGRAPHY	1,535,914	35,262	295,594	144,235	45,593
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,693,735	0	0	0	570,975
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,894,806	0	0	0	1,132,657
73.00 07300	DRUGS CHARGED TO PATIENTS	30,264,600	0	0	0	2,040,049
74.00 07400	RENAL DIALYSIS	2,337,042	186,155	184,105	0	43,155
76.00 03140	CARDIO CATH LAB	3,026,243	151,737	859,726	202,275	434,937
76.01 03050	ENDOSCOPY	4,733,841	163,085	699,945	425,279	261,099
76.02 03950	CARDIAC REHAB	485,099	0	25,709	61,163	17,557
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,754,054	479,032	37,941	408,448	18,110
91.00 09100	EMERGENCY	5,664,418	472,960	431,352	590,298	516,002
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,202,558	10,832	310,694	263,624	32,594
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,143,686	60,653	0	0	15,733
106.00 10600	HEART ACQUISITION	449,073	0	0	0	13,624
118.00	SUBTOTALS (SUM OF LINES 1-117)	356,633,483	16,756,901	21,360,476	16,131,524	11,356,544
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,362	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	457,809	0	172,830	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,163,164	0	4,570	43,834	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	77,300	0	0	5,972	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	72,790	0	0	9,823	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	359,404,546	16,813,263	21,537,876	16,191,153	11,356,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/30/2016 5:23 pm		
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5A.01	5.02	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	59,894,086	59,894,086		5.02
7.00	00700	OPERATION OF PLANT	16,521,908	3,303,936	19,825,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,665,345	333,024	35,766	2,034,135
9.00	00900	HOUSEKEEPING	3,419,665	683,841	120,082	0
10.00	01000	DIETARY	3,269,151	653,742	1,155,653	4,223,588
11.00	01100	CAFETERIA	2,259,111	451,761	0	0
13.00	01300	NURSING ADMINISTRATION	2,123,656	424,674	273,261	58,675
14.00	01400	CENTRAL SERVICES & SUPPLY	6,378,974	1,275,623	499,046	2,961
15.00	01500	PHARMACY	9,021,025	1,803,961	285,687	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,791,777	1,158,199	305,123	0
17.00	01700	SOCIAL SERVICE	2,434,549	486,844	205,553	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	184	37	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,807,885	561,501	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	384,627	76,915	115,183	2,244
23.01	02301	PHARMACY RESIDENCY PROGRAM	226,734	45,341	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,079,242	5,415,117	4,102,456	690,777
31.00	03100	INTENSIVE CARE UNIT	0	0	0	880,889
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,424,518	284,865	218,577	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,578,658	715,635	440,818	17,100
31.03	03101	CARDIO INTENSIVE CARE UNIT	17,184,528	3,436,442	1,575,123	225,183
32.00	03200	CORONARY CARE UNIT	5,812,279	1,162,299	613,353	86,418
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
43.00	04300	NURSERY	373,465	74,683	21,746	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,771,184	5,553,487	4,211,307	369,063
51.00	05100	RECOVERY ROOM	0	0	0	904,265
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,692,949	338,544	0	0
53.00	05300	ANESTHESIOLOGY	332,254	66,442	3,186	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,179,530	2,035,631	631,156	110,433
54.01	05401	PET SCAN	525,037	104,993	68,704	0
56.00	05600	RADIO SOTOPE	1,875,999	375,149	160,029	0
57.00	05700	CT SCAN	1,796,050	359,162	79,138	22,595
58.00	05800	MRI	0	0	0	0
60.00	06000	LABORATORY	16,207,922	3,241,147	673,215	5,436
65.00	06500	RESPIRATORY THERAPY	5,913,868	1,182,614	228,813	22,810
66.00	06600	PHYSICAL THERAPY	4,710,722	942,017	484,310	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,855,952	771,086	573,206	23,253
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056,598	411,264	59,902	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,264,710	3,852,422	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,027,463	4,804,844	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	32,304,649	6,460,138	0	0
74.00	07400	RENAL DIALYSIS	2,750,457	550,017	316,235	0
76.00	03140	CARDIO CATH LAB	4,674,918	934,857	257,768	16,753
76.01	03050	ENDOSCOPY	6,283,249	1,256,480	277,044	37,152
76.02	03950	CARDIAC REHAB	589,528	117,890	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,697,585	939,390	813,768	62,550
91.00	09100	EMERGENCY	7,675,030	1,534,799	803,453	317,757
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,820,302	763,957	18,401	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	3,951
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,220,072	243,981	103,035	0
106.00	10600	HEART ACQUISITION	462,697	92,527	0	22,124
118.00		SUBTOTALS (SUM OF LINES 1-117)	356,340,092	59,281,278	19,730,097	2,034,135
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,362	11,271	95,747	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	630,639	126,111	0	20,559
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0
194.01	07951	MARKETING	2,211,568	442,254	0	0
194.02	07952	SENIOR CIRCLE	83,272	16,652	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	82,613	16,520	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	359,404,546	59,894,086	19,825,844	2,034,135	4,223,588	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,326,691					10.00
11.00	01100		2,710,872				11.00
13.00	01300		31,977	2,912,243			13.00
14.00	01400		83,256		8,347,016		14.00
15.00	01500		119,944		173,702	11,465,662	15.00
16.00	01600		85,620		1,910		16.00
17.00	01700		53,580		4,056		17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300		4,536		218		23.00
23.01	02301		4,378				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,054,612	532,781	794,457	275,718		30.00
31.00	03100						31.00
31.01	02080	37,249	22,571	42,929	13,221		31.01
31.02	02060		54,865	98,524	27,666		31.02
31.03	03101	669,177	293,959	525,085	180,080		31.03
32.00	03200	229,213	95,184	176,927	74,711		32.00
40.00	04000						40.00
43.00	04300		6,789	11,895	6,317		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		251,498	389,363	1,031,777		50.00
51.00	05100						51.00
52.00	05200		31,977	56,002			52.00
53.00	05300		4,283		393		53.00
54.00	05400		159,074	246,812	94,173		54.00
54.01	05401		412	654			54.01
56.00	05600		11,563	22,555	4,552		56.00
57.00	05700		23,285	33,236	20,714		57.00
58.00	05800						58.00
60.00	06000		136,916		483,175		60.00
65.00	06500		117,803		57,902		65.00
66.00	06600		73,359		10,261		66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900		91,044		3,617		69.00
70.00	07000		27,853		52,172		70.00
71.00	07100				2,281,219		71.00
72.00	07200				2,941,866		72.00
73.00	07300					11,465,662	73.00
74.00	07400				6,167		74.00
76.00	03140		32,294	63,906	188,283		76.00
76.01	03050		88,967	134,360	179,144		76.01
76.02	03950		15,433				76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		74,311	129,043	58,208		90.00
91.00	09100		113,124	186,495	157,600		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		57,831		17,637		95.00
96.00	09600						96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500						105.00
106.00	10600						106.00
118.00		2,990,251	2,700,467	2,912,243	8,346,459	11,465,662	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200	2,336,440					192.00
194.00	07950						194.00
194.01	07951		7,867		423		194.01
194.02	07952		1,602		48		194.02
194.03	07953		936		86		194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00 TOTAL (sum lines 118-201)	5,326,691	2,710,872	2,912,243	8,347,016	11,465,662	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Line	Code	Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Total
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,408,146					16.00
17.00	01700	SOCIAL SERVICE	0	3,228,719				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	221			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		3,369,386		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			608,455	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	341,152	148,677	25	386,397	389,553	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,198	5,316	1	15,456	5,531	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	41,641	18,148	19	293,662	30,598	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	210,288	91,646	0	0	126,894	31.03
32.00	03200	CORONARY CARE UNIT	81,622	35,572	0	0	43,638	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	4,896	2,134	0	0	12,241	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,287,683	561,185	60	911,898	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,049	10,045	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	153,887	67,065	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358,280	156,142	0	0	0	54.00
54.01	05401	PET SCAN	19,813	8,635	0	0	0	54.01
56.00	05600	RADIOISOTOPE	102,160	44,522	0	0	0	56.00
57.00	05700	CT SCAN	301,207	131,269	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	596,306	259,876	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	228,765	99,698	2	30,912	0	65.00
66.00	06600	PHYSICAL THERAPY	64,588	28,148	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	227,063	98,956	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,747	12,964	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	372,530	162,352	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	738,997	322,062	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,329,638	579,646	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	28,156	12,271	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	283,773	123,671	8	123,647	0	76.00
76.01	03050	ENDOSCOPY	170,353	74,241	0	0	0	76.01
76.02	03950	CARDIAC REHAB	11,455	4,992	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,816	5,149	96	1,452,855	0	90.00
91.00	09100	EMERGENCY	336,663	146,721	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,266	9,268	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,265	4,474	0	0	0	105.00
106.00	10600	HEART ACQUISITION	8,889	3,874	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,408,146	3,228,719	211	3,214,827	608,455	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	10	154,559	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,408,146	3,228,719	221	3,369,386	608,455	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	276,453				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	43,091,853	-386,422	42,705,431	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,151,015	-15,457	2,135,558	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	5,411,987	-293,681	5,118,306	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	24,856,619	0	24,856,619	31.03
32.00	03200	CORONARY CARE UNIT	0	8,542,917	0	8,542,917	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	518,835	0	518,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	43,242,770	-911,958	42,330,812	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,152,566	0	2,152,566	52.00
53.00	05300	ANESTHESIOLOGY	0	628,194	0	628,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,106,754	0	14,106,754	54.00
54.01	05401	PET SCAN	0	743,000	0	743,000	54.01
56.00	05600	RADIOISOTOPE	0	2,630,891	0	2,630,891	56.00
57.00	05700	CT SCAN	0	2,783,649	0	2,783,649	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	21,748,547	0	21,748,547	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,932,318	-30,914	7,901,404	65.00
66.00	06600	PHYSICAL THERAPY	0	6,417,397	0	6,417,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,767,257	0	5,767,257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,663,362	0	2,663,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,933,233	0	25,933,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,835,232	0	32,835,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	276,453	52,416,186	0	52,416,186	73.00
74.00	07400	RENAL DIALYSIS	0	3,731,206	0	3,731,206	74.00
76.00	03140	CARDIO CATH LAB	0	6,755,226	-123,655	6,631,571	76.00
76.01	03050	ENDOSCOPY	0	8,560,478	0	8,560,478	76.01
76.02	03950	CARDIAC REHAB	0	739,298	0	739,298	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,419,505	-1,452,951	6,966,554	90.00
91.00	09100	EMERGENCY	0	11,444,161	0	11,444,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,712,613	0	4,712,613	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	1,603,951	0	1,603,951	105.00
106.00	10600	HEART ACQUISITION	0	567,987	0	567,987	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	276,453	353,109,007	-3,215,038	349,893,969	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183,939	0	183,939	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,247,759	-154,569	3,093,190	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	2,662,112	0	2,662,112	194.01
194.02	07952	SENIOR CIRCLE	0	101,574	0	101,574	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	100,155	0	100,155	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
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)	276,453	359,404,546	-3,369,607	356,034,939		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	439,081	40,919	480,000	480,000 4.00
5.01 00540	ADMITTING	0	365,159	20,041	385,200	16,428 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	709,803	9,992,361	10,702,164	28,218 5.02
7.00 00700	OPERATION OF PLANT	0	3,628,559	469,712	4,098,271	6,907 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,054	398	21,452	0 8.00
9.00 00900	HOUSEKEEPING	0	70,687	18,623	89,310	6,218 9.00
10.00 01000	DIETARY	0	680,285	102,959	783,244	4,797 10.00
11.00 01100	CAFETERIA	0	0	0	0	7,187 11.00
13.00 01300	NURSING ADMINISTRATION	0	160,857	23,714	184,571	6,689 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	293,768	267,894	561,662	7,599 14.00
15.00 01500	PHARMACY	0	168,172	139,607	307,779	25,927 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	179,614	33,102	212,716	10,088 16.00
17.00 01700	SOCIAL SERVICE	0	121,001	0	121,001	8,998 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	67,803	477	68,280	824 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	766 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,414,947	666,792	3,081,739	74,539 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	128,667	28,698	157,365	4,028 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	259,491	289,989	549,480	9,245 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	927,210	202,553	1,129,763	49,273 31.03
32.00 03200	CORONARY CARE UNIT	0	361,056	32,265	393,321	16,602 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	12,801	1,079	13,880	1,116 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,479,023	3,170,233	5,649,256	36,537 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	5,255 52.00
53.00 05300	ANESTHESIOLOGY	0	1,876	402	2,278	317 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	371,536	1,466,171	1,837,707	23,160 54.00
54.01 05401	PET SCAN	0	40,443	311,237	351,680	61 54.01
56.00 05600	RADIO SOTOPE	0	94,203	38,331	132,534	2,116 56.00
57.00 05700	CT SCAN	0	46,586	108,154	154,740	3,119 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	396,294	438,353	834,647	18,992 60.00
65.00 06500	RESPIRATORY THERAPY	0	134,693	196,292	330,985	16,817 65.00
66.00 06600	PHYSICAL THERAPY	0	285,093	96,485	381,578	14,594 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	337,423	358,569	695,992	9,695 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,262	295,594	330,856	4,276 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	186,155	184,105	370,260	0 74.00
76.00 03140	CARDIO CATH LAB	0	151,737	859,726	1,011,463	5,997 76.00
76.01 03050	ENDOSCOPY	0	163,085	699,945	863,030	12,608 76.01
76.02 03950	CARDIAC REHAB	0	0	25,709	25,709	1,813 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	479,032	37,941	516,973	12,109 90.00
91.00 09100	EMERGENCY	0	472,960	431,352	904,312	17,500 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	10,832	310,694	321,526	7,816 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	60,653	0	60,653	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	16,756,901	21,360,476	38,117,377	478,232 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,362	0	56,362	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	172,830	172,830	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	4,570	4,570	1,300 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	177 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	291	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	16,813,263	21,537,876	38,351,139	480,000	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/30/2016 5:23 pm		
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.01	5.02	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMINISTRATIVE	401,628				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	10,730,382			5.02
7.00	00700	OPERATION OF PLANT	0	591,914	4,697,092		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,663	8,474	89,589	8.00
9.00	00900	HOUSEKEEPING	0	122,513	28,449	0	246,490
10.00	01000	DIETARY	0	117,121	273,795	0	14,482
11.00	01100	CAFETERIA	0	80,935	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	76,082	64,740	0	3,424
14.00	01400	CENTRAL SERVICES & SUPPLY	0	228,533	118,233	130	6,254
15.00	01500	PHARMACY	0	323,187	67,684	0	3,580
16.00	01600	MEDICAL RECORDS & LIBRARY	0	207,496	72,289	0	3,824
17.00	01700	SOCIAL SERVICE	0	87,220	48,699	0	2,576
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	100,595	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	13,780	27,289	99	1,443
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	8,123	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,453	970,141	971,944	30,423	51,409
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	660	51,035	51,785	954	2,739
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,252	128,209	104,437	753	5,524
31.03	03101	CARDIO INTENSIVE CARE UNIT	11,375	615,653	373,174	9,918	19,738
32.00	03200	CORONARY CARE UNIT	4,415	208,231	145,314	3,806	7,686
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	265	13,380	5,152	0	273
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	69,652	994,930	997,733	16,255	52,772
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,247	60,652	0	0	0
53.00	05300	ANESTHESIOLOGY	8,324	11,903	755	0	40
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,380	364,692	149,532	4,864	7,909
54.01	05401	PET SCAN	1,072	18,810	16,277	0	861
56.00	05600	RADIOLOGY-SOFT	5,526	67,210	37,914	0	2,005
57.00	05700	CT SCAN	16,293	64,345	18,749	995	992
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	32,255	580,665	159,496	239	8,436
65.00	06500	RESPIRATORY THERAPY	12,374	211,870	54,210	1,005	2,867
66.00	06600	PHYSICAL THERAPY	3,494	168,766	114,742	0	6,069
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	12,282	138,143	135,803	1,024	7,183
70.00	07000	ELECTROENCEPHALOGRAPHY	1,609	73,680	14,192	0	751
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,151	690,178	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,973	860,808	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	72,833	1,157,464	0	0	0
74.00	07400	RENAL DIALYSIS	1,523	98,538	74,922	0	3,963
76.00	03140	CARDIO CATH LAB	15,350	167,484	61,070	738	3,230
76.01	03050	ENDOSCOPY	9,215	225,104	65,637	1,636	3,472
76.02	03950	CARDIAC REHAB	620	21,120	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	639	168,296	192,796	2,755	10,198
91.00	09100	EMERGENCY	18,210	274,966	190,352	13,995	10,068
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,150	136,866	4,359	0	231
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	555	43,710	24,411	0	1,291
106.00	10600	HEART ACQUISITION	481	16,577	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	401,628	10,620,595	4,674,408	89,589	245,290
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,019	22,684	0	1,200
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	22,593	0	0	0
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	0	79,232	0	0	0
194.02	07952	SENIOR CIRCLE	0	2,983	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,960	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/30/2016 5:23 pm	
Cost Center Description		ADM ITTING	OTHER ADM INI STRATI VE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVI CE	HOUSEKEEPING		
		5.01	5.02	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118-201)	401,628	10,730,382	4,697,092	89,589	246,490	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,193,439					10.00
11.00	01100		88,122				11.00
13.00	01300		1,039	336,545			13.00
14.00	01400		2,706		925,117		14.00
15.00	01500		3,899		19,251	751,307	15.00
16.00	01600		2,783		212		16.00
17.00	01700		1,742		450		17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300		147		24		23.00
23.01	02301		142				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	460,333	17,321	91,830	30,558		30.00
31.00	03100						31.00
31.01	02080	8,346	734	4,961	1,465		31.01
31.02	02060		1,783	11,385	3,066		31.02
31.03	03101	149,928	9,556	60,675	19,958		31.03
32.00	03200	51,355	3,094	20,444	8,280		32.00
40.00	04000						40.00
43.00	04300		221	1,374	700		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		8,175	44,992	114,352		50.00
51.00	05100						51.00
52.00	05200		1,039	6,471			52.00
53.00	05300		139		44		53.00
54.00	05400		5,171	28,520	10,437		54.00
54.01	05401		13	76			54.01
56.00	05600		376	2,606	504		56.00
57.00	05700		757	3,840	2,296		57.00
58.00	05800						58.00
60.00	06000		4,451		53,550		60.00
65.00	06500		3,829		6,417		65.00
66.00	06600		2,385		1,137		66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900		2,960		401		69.00
70.00	07000		905		5,782		70.00
71.00	07100				252,828		71.00
72.00	07200				326,066		72.00
73.00	07300					751,307	73.00
74.00	07400				684		74.00
76.00	03140		1,050	7,384	20,867		76.00
76.01	03050		2,892	15,526	19,854		76.01
76.02	03950		502				76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		2,416	14,911	6,451		90.00
91.00	09100		3,677	21,550	17,467		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		1,880		1,955		95.00
96.00	09600						96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500						105.00
106.00	10600						106.00
118.00		669,962	87,784	336,545	925,056	751,307	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200	523,477					192.00
194.00	07950						194.00
194.01	07951		256		47		194.01
194.02	07952		52		5		194.02
194.03	07953		30		9		194.03
200.00							200.00
201.00							201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/30/2016 5:23 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,193,439	88,122	336,545	925,117	751,307	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	509,408				16.00
17.00 01700	SOCIAL SERVICE	0	270,686			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		100,595	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,475	12,497			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	839	447			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,865	1,525			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	14,470	7,703			31.03
32.00 03200	CORONARY CARE UNIT	5,617	2,990			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	337	179			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	88,608	47,169			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,586	844			52.00
53.00 05300	ANESTHESIOLOGY	10,589	5,637			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,654	13,124			54.00
54.01 05401	PET SCAN	1,363	726			54.01
56.00 05600	RADIOISOTOPE	7,030	3,742			56.00
57.00 05700	CT SCAN	20,727	11,034			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	41,033	21,843			60.00
65.00 06500	RESPIRATORY THERAPY	15,742	8,380			65.00
66.00 06600	PHYSICAL THERAPY	4,444	2,366			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	15,625	8,318			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,047	1,090			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,635	13,646			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	50,852	27,070			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	91,136	48,024			73.00
74.00 07400	RENAL DIALYSIS	1,937	1,031			74.00
76.00 03140	CARDIO CATH LAB	19,527	10,395			76.00
76.01 03050	ENDOSCOPY	11,722	6,240			76.01
76.02 03950	CARDIAC REHAB	788	420			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	813	433			90.00
91.00 09100	EMERGENCY	23,166	12,332			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,463	779			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	706	376			105.00
106.00 10600	HEART ACQUISITION	612	326			106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	509,408	270,686	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			8	100,595	111,886	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	509,408	270,686	8	100,595	111,886	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	9,031				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		5,834,662	0	5,834,662	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		285,358	0	285,358	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		820,524	0	820,524	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		2,471,184	0	2,471,184	31.03
32.00	03200	CORONARY CARE UNIT		871,155	0	871,155	32.00
40.00	04000	SUBPROVIDER - I/PF		0	0	0	40.00
43.00	04300	NURSERY		36,877	0	36,877	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		8,120,431	0	8,120,431	50.00
51.00	05100	RECOVERY ROOM		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		77,094	0	77,094	52.00
53.00	05300	ANESTHESIOLOGY		40,026	0	40,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,489,150	0	2,489,150	54.00
54.01	05401	PET SCAN		390,939	0	390,939	54.01
56.00	05600	RADIOISOTOPE		261,563	0	261,563	56.00
57.00	05700	CT SCAN		297,887	0	297,887	57.00
58.00	05800	MRI		0	0	0	58.00
60.00	06000	LABORATORY		1,755,607	0	1,755,607	60.00
65.00	06500	RESPIRATORY THERAPY		664,496	0	664,496	65.00
66.00	06600	PHYSICAL THERAPY		699,575	0	699,575	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		1,027,426	0	1,027,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		435,188	0	435,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,002,438	0	1,002,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,304,769	0	1,304,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,120,764	0	2,120,764	73.00
74.00	07400	RENAL DIALYSIS		552,858	0	552,858	74.00
76.00	03140	CARDIO CATH LAB		1,324,555	0	1,324,555	76.00
76.01	03050	ENDOSCOPY		1,236,936	0	1,236,936	76.01
76.02	03950	CARDIAC REHAB		50,972	0	50,972	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		928,790	0	928,790	90.00
91.00	09100	EMERGENCY		1,507,595	0	1,507,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		478,025	0	478,025	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		131,702	0	131,702	105.00
106.00	10600	HEART ACQUISITION		17,996	0	17,996	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,236,542	0	37,236,542	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		82,265	0	82,265	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		718,900	0	718,900	192.00
194.00	07950	CLOSED PSYCH UNIT		0	0	0	194.00
194.01	07951	MARKETING		85,405	0	85,405	194.01
194.02	07952	SENIOR CIRCLE		3,217	0	3,217	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS		3,290	0	3,290	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	9,031	221,520	0	221,520		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	9,031	38,351,139	0	38,351,139		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	717,131				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,237,742			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	27,050	111,190,700		4.00
5.01 00540	ADMITTING	15,575	13,248	3,805,506	2,536,362,933	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	30,275	6,605,510	6,536,555	0	-59,894,086
7.00 00700	OPERATION OF PLANT	154,768	310,506	1,599,889	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	898	263	0	0	0
9.00 00900	HOUSEKEEPING	3,015	12,311	1,440,418	0	0
10.00 01000	DIETARY	29,016	68,062	1,111,167	0	0
11.00 01100	CAFETERIA	0	0	1,664,832	0	0
13.00 01300	NURSING ADMINISTRATION	6,861	15,676	1,549,511	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	177,093	1,760,292	0	0
15.00 01500	PHARMACY	7,173	92,288	6,005,734	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	21,882	2,336,912	0	0
17.00 01700	SOCIAL SERVICE	5,161	0	2,084,299	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	151	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,892	315	190,829	0	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	177,506	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	103,004	440,787	17,268,319	116,792,874	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	5,488	18,971	933,146	4,176,088	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	191,699	2,141,604	14,255,881	0
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	133,899	11,413,656	71,991,933	0
32.00 03200	CORONARY CARE UNIT	15,400	21,329	3,845,813	27,943,089	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	546	713	258,555	1,676,011	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	105,737	2,095,702	8,463,490	440,836,315	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,217,296	7,890,777	0
53.00 05300	ANESTHESIOLOGY	80	266	73,472	52,682,896	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	969,221	5,364,895	122,656,677	0
54.01 05401	PET SCAN	1,725	205,745	14,208	6,782,872	0
56.00 05600	RADIOISOTOPE	4,018	25,339	490,267	34,974,164	0
57.00 05700	CT SCAN	1,987	71,496	722,439	103,117,755	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	16,903	289,776	4,399,295	204,144,370	0
65.00 06500	RESPIRATORY THERAPY	5,745	129,760	3,895,431	78,317,522	0
66.00 06600	PHYSICAL THERAPY	12,160	63,782	3,380,655	22,111,639	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	14,392	237,034	2,245,697	77,734,622	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	195,404	990,516	10,183,741	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	127,535,088	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	252,994,630	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	455,395,242	0
74.00 07400	RENAL DIALYSIS	7,940	121,704	0	9,639,209	0
76.00 03140	CARDIO CATH LAB	6,472	568,327	1,389,102	97,149,145	0
76.01 03050	ENDOSCOPY	6,956	462,703	2,920,549	58,320,109	0
76.02 03950	CARDIAC REHAB	0	16,995	420,031	3,921,491	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,432	25,081	2,804,966	4,045,034	0
91.00 09100	EMERGENCY	20,173	285,148	4,053,798	115,256,102	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	462	205,386	1,810,407	7,280,243	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,587	0	0	3,514,287	0
106.00 10600	HEART ACQUISITION	0	0	0	3,043,127	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	714,727	14,120,471	110,781,208	2,536,362,933	-59,894,086
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	114,250	0	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	3,021	301,022	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	41,015	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	67,455	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	16,813,263	21,537,876	16,191,153	11,356,544		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.445177	1.512731	0.145616	0.004477		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			480,000	401,628		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.004317	0.000158		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	299,510,460				5.02
7.00	00700	OPERATION OF PLANT	16,521,908	497,785			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,665,345	898	2,500,958		8.00
9.00	00900	HOUSEKEEPING	3,419,665	3,015	0	493,872	9.00
10.00	01000	DIETARY	3,269,151	29,016	0	29,016	438,870
11.00	01100	CAFETERIA	2,259,111	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,123,656	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,378,974	12,530	3,640	12,530	0
15.00	01500	PHARMACY	9,021,025	7,173	0	7,173	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,791,777	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	2,434,549	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	184	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,807,885	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	384,627	2,892	2,759	2,892	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	226,734	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,079,242	103,004	849,306	103,004	169,281
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,424,518	5,488	26,618	5,488	3,069
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,578,658	11,068	21,024	11,068	0
31.03	03101	CARDIO INTENSIVE CARE UNIT	17,184,528	39,548	276,861	39,548	55,134
32.00	03200	CORONARY CARE UNIT	5,812,279	15,400	106,250	15,400	18,885
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	373,465	546	0	546	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,771,184	105,737	453,761	105,737	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,692,949	0	0	0	0
53.00	05300	ANESTHESIOLOGY	332,254	80	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,179,530	15,847	135,777	15,847	0
54.01	05401	PET SCAN	525,037	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,875,999	4,018	0	4,018	0
57.00	05700	CT SCAN	1,796,050	1,987	27,781	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	16,207,922	16,903	6,684	16,903	0
65.00	06500	RESPIRATORY THERAPY	5,913,868	5,745	28,045	5,745	0
66.00	06600	PHYSICAL THERAPY	4,710,722	12,160	0	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,855,952	14,392	28,590	14,392	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056,598	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,264,710	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,027,463	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	32,304,649	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,750,457	7,940	0	7,940	0
76.00	03140	CARDIO CATH LAB	4,674,918	6,472	20,598	6,472	0
76.01	03050	ENDOSCOPY	6,283,249	6,956	45,678	6,956	0
76.02	03950	CARDIAC REHAB	589,528	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,697,585	20,432	76,905	20,432	0
91.00	09100	EMERGENCY	7,675,030	20,173	390,681	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,820,302	462	0	462	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,220,072	2,587	0	2,587	0
106.00	10600	HEART ACQUISITION	462,697	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,446,006	495,381	2,500,958	491,468	246,369
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,362	2,404	0	2,404	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	630,639	0	0	0	192,501
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	2,211,568	0	0	0	0
194.02	07952	SENIOR CIRCLE	83,272	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	82,613	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	59,894,086	19,825,844	2,034,135	4,223,588	5,326,691	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.199973	39.828127	0.813342	8.551989	12.137287	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,730,382	4,697,092	89,589	246,490	1,193,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.035826	9.435985	0.035822	0.499097	2.719345	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS ING SALAR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	170,910					11.00
13.00	01300	NURSING ADMINISTRATION	2,016	63,302,106				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,249	0	64,960,175			14.00
15.00	01500	PHARMACY	7,562	0	1,351,830	30,264,600		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,398	0	14,868	0	2,536,362,933	16.00
17.00	01700	SOCIAL SERVICE	3,378	0	31,565	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	286	0	1,695	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	276	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,590	17,268,319	2,145,767	0	116,792,874	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,423	933,146	102,889	0	4,176,088	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,459	2,141,604	215,311	0	14,255,881	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	18,533	11,413,656	1,401,465	0	71,991,933	31.03
32.00	03200	CORONARY CARE UNIT	6,001	3,845,813	581,435	0	27,943,089	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	428	258,555	49,159	0	1,676,011	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,856	8,463,490	8,029,767	0	440,836,315	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016	1,217,296	0	0	7,890,777	52.00
53.00	05300	ANESTHESIOLOGY	270	0	3,056	0	52,682,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,029	5,364,895	732,895	0	122,656,677	54.00
54.01	05401	PET SCAN	26	14,209	0	0	6,782,872	54.01
56.00	05600	RADIOISOTOPE	729	490,267	35,425	0	34,974,164	56.00
57.00	05700	CT SCAN	1,468	722,439	161,208	0	103,117,755	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	8,632	0	3,760,289	0	204,144,370	60.00
65.00	06500	RESPIRATORY THERAPY	7,427	0	450,621	0	78,317,522	65.00
66.00	06600	PHYSICAL THERAPY	4,625	0	79,856	0	22,111,639	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	5,740	0	28,149	0	77,734,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,756	0	406,025	1,566	10,183,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	17,753,504	0	127,535,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	22,894,806	0	252,994,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,264,600	455,395,242	73.00
74.00	07400	RENAL DIALYSIS	0	0	47,996	0	9,639,209	74.00
76.00	03140	CARDIO CATH LAB	2,036	1,389,102	1,465,309	0	97,149,145	76.00
76.01	03050	ENDOSCOPY	5,609	2,920,550	1,394,178	0	58,320,109	76.01
76.02	03950	CARDIAC REHAB	973	0	0	0	3,921,491	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,685	2,804,967	453,004	0	4,045,034	90.00
91.00	09100	EMERGENCY	7,132	4,053,798	1,226,517	0	115,256,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,646	0	137,257	0	7,280,243	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	3,514,287	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,043,127	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	170,254	63,302,106	64,955,846	30,264,600	2,536,362,933	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	496	0	3,291	0	0	194.01
194.02	07952	SENIOR CIRCLE	101	0	372	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	59	0	666	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS ING SALAR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,710,872	2,912,243	8,347,016	11,465,662	7,408,146	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.861401	0.046005	0.128494	0.378847	0.002921	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	88,122	336,545	925,117	751,307	509,408	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.515605	0.005316	0.014241	0.024825	0.000201	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINISTRATIVE					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	2,536,362,933				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			102,747	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0				10,000 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	116,792,874	1,250	1,250	65,782	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	4,176,088	50	50	934	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	14,255,881	950	950	5,167	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	71,991,933	0	0	21,428	0 31.03
32.00 03200	CORONARY CARE UNIT	27,943,089	0	0	7,369	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	1,676,011	0	0	2,067	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	440,836,315	2,950	2,950	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,890,777	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	52,682,896	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	122,656,677	0	0	0	0 54.00
54.01 05401	PET SCAN	6,782,872	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	34,974,164	0	0	0	0 56.00
57.00 05700	CT SCAN	103,117,755	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	204,144,370	0	0	0	0 60.00
65.00 06500	RESPIRATORY THERAPY	78,317,522	100	100	0	0 65.00
66.00 06600	PHYSICAL THERAPY	22,111,639	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	77,734,622	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,183,741	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,535,088	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	252,994,630	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	455,395,242	0	0	0	10,000 73.00
74.00 07400	RENAL DIALYSIS	9,639,209	0	0	0	0 74.00
76.00 03140	CARDIO CATH LAB	97,149,145	400	400	0	0 76.00
76.01 03050	ENDOSCOPY	58,320,109	0	0	0	0 76.01
76.02 03950	CARDIAC REHAB	3,921,491	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,045,034	4,700	4,700	0	0 90.00
91.00 09100	EMERGENCY	115,256,102	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	7,280,243	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	3,514,287	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	3,043,127	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,536,362,933	10,400	10,400	102,747	10,000 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

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

Worksheet B-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,228,719	221	3,369,386	608,455	276,453	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001273	0.020275	309.117982	5.921876	27.645300	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	270,686	8	100,595	111,886	9,031	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000107	0.000734	9.228899	1.088947	0.903100	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 5:23 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	42,705,431		42,705,431	0	42,705,431	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	2,135,558		2,135,558	0	2,135,558	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,118,306		5,118,306	0	5,118,306	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	24,856,619		24,856,619	0	24,856,619	31.03
32.00	03200 CORONARY CARE UNIT	8,542,917		8,542,917	0	8,542,917	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	518,835		518,835	0	518,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,330,812		42,330,812	0	42,330,812	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,152,566		2,152,566	0	2,152,566	52.00
53.00	05300 ANESTHESIOLOGY	628,194		628,194	0	628,194	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,106,754		14,106,754	0	14,106,754	54.00
54.01	05401 PET SCAN	743,000		743,000	0	743,000	54.01
56.00	05600 RADIOISOTOPE	2,630,891		2,630,891	0	2,630,891	56.00
57.00	05700 CT SCAN	2,783,649		2,783,649	0	2,783,649	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	21,748,547		21,748,547	0	21,748,547	60.00
65.00	06500 RESPIRATORY THERAPY	7,901,404	0	7,901,404	0	7,901,404	65.00
66.00	06600 PHYSICAL THERAPY	6,417,397	0	6,417,397	0	6,417,397	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	5,767,257		5,767,257	0	5,767,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,663,362		2,663,362	0	2,663,362	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,933,233		25,933,233	0	25,933,233	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,835,232		32,835,232	0	32,835,232	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,416,186		52,416,186	0	52,416,186	73.00
74.00	07400 RENAL DIALYSIS	3,731,206		3,731,206	0	3,731,206	74.00
76.00	03140 CARDIO CATH LAB	6,631,571		6,631,571	0	6,631,571	76.00
76.01	03050 ENDOSCOPY	8,560,478		8,560,478	0	8,560,478	76.01
76.02	03950 CARDIAC REHAB	739,298		739,298	0	739,298	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,966,554		6,966,554	0	6,966,554	90.00
91.00	09100 EMERGENCY	11,444,161		11,444,161	0	11,444,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	358,657		358,657	0	358,657	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,712,613		4,712,613	0	4,712,613	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,603,951		1,603,951	0	1,603,951	105.00
106.00	10600 HEART ACQUISITION	567,987		567,987	0	567,987	106.00
200.00	Subtotal (see instructions)	350,252,626	0	350,252,626	0	350,252,626	200.00
201.00	Less Observation Beds	358,657		358,657	0	358,657	201.00
202.00	Total (see instructions)	349,893,969	0	349,893,969	0	349,893,969	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 5:23 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,006,979		100,006,979	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,176,088		4,176,088	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,255,881		14,255,881	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	71,991,933		71,991,933	31.03
32.00	03200	CORONARY CARE UNIT	27,943,089		27,943,089	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
43.00	04300	NURSERY	1,676,011		1,676,011	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	254,531,643	186,304,672	440,836,315	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,804,226	86,551	7,890,777	52.00
53.00	05300	ANESTHESIOLOGY	31,181,880	21,501,016	52,682,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,884,734	77,771,943	122,656,677	54.00
54.01	05401	PET SCAN	118,698	6,664,174	6,782,872	54.01
56.00	05600	RADIOISOTOPE	7,058,302	27,915,862	34,974,164	56.00
57.00	05700	CT SCAN	40,521,736	62,596,019	103,117,755	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	124,106,087	80,038,283	204,144,370	60.00
65.00	06500	RESPIRATORY THERAPY	74,628,229	3,689,293	78,317,522	65.00
66.00	06600	PHYSICAL THERAPY	13,847,790	8,263,849	22,111,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,165,097	40,569,525	77,734,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,338,046	8,845,695	10,183,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,738,572	38,796,516	127,535,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,035,789	85,958,841	252,994,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,747,696	159,647,546	455,395,242	73.00
74.00	07400	RENAL DIALYSIS	9,263,849	375,360	9,639,209	74.00
76.00	03140	CARDIO CATH LAB	47,247,001	49,902,144	97,149,145	76.00
76.01	03050	ENDOSCOPY	9,256,149	49,063,960	58,320,109	76.01
76.02	03950	CARDIAC REHAB	2,776,390	1,145,101	3,921,491	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	262,961	3,782,073	4,045,034	90.00
91.00	09100	EMERGENCY	37,121,564	78,134,538	115,256,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,159,769	13,626,126	16,785,895	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	7,280,243	7,280,243	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,514,287	0	3,514,287	105.00
106.00	10600	HEART ACQUISITION	3,043,127	0	3,043,127	106.00
200.00		Subtotal (see instructions)	1,524,403,603	1,011,959,330	2,536,362,933	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,524,403,603	1,011,959,330	2,536,362,933	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 5:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSEY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.096024		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.272795		52.00
53.00	05300 ANESTHESIOLOGY	0.011924		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115010		54.00
54.01	05401 PET SCAN	0.109541		54.01
56.00	05600 RADIOISOTOPE	0.075224		56.00
57.00	05700 CT SCAN	0.026995		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.106535		60.00
65.00	06500 RESPIRATORY THERAPY	0.100889		65.00
66.00	06600 PHYSICAL THERAPY	0.290227		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074192		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261531		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.129786		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.115100		73.00
74.00	07400 RENAL DIALYSIS	0.387086		74.00
76.00	03140 CARDIO CATH LAB	0.068262		76.00
76.01	03050 ENDOSCOPY	0.146784		76.01
76.02	03950 CARDIAC REHAB	0.188525		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.722249		90.00
91.00	09100 EMERGENCY	0.099293		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.021367		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.647315		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 5:23 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	42,705,431		42,705,431	0	42,705,431	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	2,135,558		2,135,558	0	2,135,558	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,118,306		5,118,306	0	5,118,306	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	24,856,619		24,856,619	0	24,856,619	31.03
32.00	03200 CORONARY CARE UNIT	8,542,917		8,542,917	0	8,542,917	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	518,835		518,835	0	518,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,330,812		42,330,812	0	42,330,812	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,152,566		2,152,566	0	2,152,566	52.00
53.00	05300 ANESTHESIOLOGY	628,194		628,194	0	628,194	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,106,754		14,106,754	0	14,106,754	54.00
54.01	05401 PET SCAN	743,000		743,000	0	743,000	54.01
56.00	05600 RADIOISOTOPE	2,630,891		2,630,891	0	2,630,891	56.00
57.00	05700 CT SCAN	2,783,649		2,783,649	0	2,783,649	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	21,748,547		21,748,547	0	21,748,547	60.00
65.00	06500 RESPIRATORY THERAPY	7,901,404	0	7,901,404	0	7,901,404	65.00
66.00	06600 PHYSICAL THERAPY	6,417,397	0	6,417,397	0	6,417,397	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	5,767,257		5,767,257	0	5,767,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,663,362		2,663,362	0	2,663,362	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,933,233		25,933,233	0	25,933,233	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,835,232		32,835,232	0	32,835,232	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,416,186		52,416,186	0	52,416,186	73.00
74.00	07400 RENAL DIALYSIS	3,731,206		3,731,206	0	3,731,206	74.00
76.00	03140 CARDIO CATH LAB	6,631,571		6,631,571	0	6,631,571	76.00
76.01	03050 ENDOSCOPY	8,560,478		8,560,478	0	8,560,478	76.01
76.02	03950 CARDIAC REHAB	739,298		739,298	0	739,298	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,966,554		6,966,554	0	6,966,554	90.00
91.00	09100 EMERGENCY	11,444,161		11,444,161	0	11,444,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	358,657		358,657		358,657	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,712,613		4,712,613	0	4,712,613	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,603,951		1,603,951		1,603,951	105.00
106.00	10600 HEART ACQUISITION	567,987		567,987		567,987	106.00
200.00	Subtotal (see instructions)	350,252,626	0	350,252,626	0	350,252,626	200.00
201.00	Less Observation Beds	358,657		358,657		358,657	201.00
202.00	Total (see instructions)	349,893,969	0	349,893,969	0	349,893,969	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

		Title XIX			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,006,979		100,006,979	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,176,088		4,176,088	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,255,881		14,255,881	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	71,991,933		71,991,933	31.03
32.00	03200	CORONARY CARE UNIT	27,943,089		27,943,089	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
43.00	04300	NURSERY	1,676,011		1,676,011	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	254,531,643	186,304,672	440,836,315	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,804,226	86,551	7,890,777	52.00
53.00	05300	ANESTHESIOLOGY	31,181,880	21,501,016	52,682,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,884,734	77,771,943	122,656,677	54.00
54.01	05401	PET SCAN	118,698	6,664,174	6,782,872	54.01
56.00	05600	RADIOISOTOPE	7,058,302	27,915,862	34,974,164	56.00
57.00	05700	CT SCAN	40,521,736	62,596,019	103,117,755	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	124,106,087	80,038,283	204,144,370	60.00
65.00	06500	RESPIRATORY THERAPY	74,628,229	3,689,293	78,317,522	65.00
66.00	06600	PHYSICAL THERAPY	13,847,790	8,263,849	22,111,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,165,097	40,569,525	77,734,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,338,046	8,845,695	10,183,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,738,572	38,796,516	127,535,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,035,789	85,958,841	252,994,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,747,696	159,647,546	455,395,242	73.00
74.00	07400	RENAL DIALYSIS	9,263,849	375,360	9,639,209	74.00
76.00	03140	CARDIO CATH LAB	47,247,001	49,902,144	97,149,145	76.00
76.01	03050	ENDOSCOPY	9,256,149	49,063,960	58,320,109	76.01
76.02	03950	CARDIAC REHAB	2,776,390	1,145,101	3,921,491	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	262,961	3,782,073	4,045,034	90.00
91.00	09100	EMERGENCY	37,121,564	78,134,538	115,256,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,159,769	13,626,126	16,785,895	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	7,280,243	7,280,243	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,514,287	0	3,514,287	105.00
106.00	10600	HEART ACQUISITION	3,043,127	0	3,043,127	106.00
200.00		Subtotal (see instructions)	1,524,403,603	1,011,959,330	2,536,362,933	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,524,403,603	1,011,959,330	2,536,362,933	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/30/2016 5:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSEY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.096024		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.272795		52.00
53.00	05300 ANESTHESIOLOGY	0.011924		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115010		54.00
54.01	05401 PET SCAN	0.109541		54.01
56.00	05600 RADIOISOTOPE	0.075224		56.00
57.00	05700 CT SCAN	0.026995		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.106535		60.00
65.00	06500 RESPIRATORY THERAPY	0.100889		65.00
66.00	06600 PHYSICAL THERAPY	0.290227		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074192		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261531		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.129786		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.115100		73.00
74.00	07400 RENAL DIALYSIS	0.387086		74.00
76.00	03140 CARDIO CATH LAB	0.068262		76.00
76.01	03050 ENDOSCOPY	0.146784		76.01
76.02	03950 CARDIAC REHAB	0.188525		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.722249		90.00
91.00	09100 EMERGENCY	0.099293		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.021367		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.647315		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

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

Worksheet C Part II Date/Time Prepared: 11/30/2016 5:23 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,330,812	8,120,431	34,210,381	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,152,566	77,094	2,075,472	0	0	52.00
53.00	05300 ANESTHESIOLOGY	628,194	40,026	588,168	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,106,754	2,489,150	11,617,604	0	0	54.00
54.01	05401 PET SCAN	743,000	390,939	352,061	0	0	54.01
56.00	05600 RADIOISOTOPE	2,630,891	261,563	2,369,328	0	0	56.00
57.00	05700 CT SCAN	2,783,649	297,887	2,485,762	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	21,748,547	1,755,607	19,992,940	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	7,901,404	664,496	7,236,908	0	0	65.00
66.00	06600 PHYSICAL THERAPY	6,417,397	699,575	5,717,822	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	5,767,257	1,027,426	4,739,831	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,663,362	435,188	2,228,174	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,933,233	1,002,438	24,930,795	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,835,232	1,304,769	31,530,463	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,416,186	2,120,764	50,295,422	0	0	73.00
74.00	07400 RENAL DIALYSIS	3,731,206	552,858	3,178,348	0	0	74.00
76.00	03140 CARDIO CATH LAB	6,631,571	1,324,555	5,307,016	0	0	76.00
76.01	03050 ENDOSCOPY	8,560,478	1,236,936	7,323,542	0	0	76.01
76.02	03950 CARDIAC REHAB	739,298	50,972	688,326	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,966,554	928,790	6,037,764	0	0	90.00
91.00	09100 EMERGENCY	11,444,161	1,507,595	9,936,566	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	358,657	49,002	309,655	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,712,613	478,025	4,234,588	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,603,951	131,702	1,472,249	0	0	105.00
106.00	10600 HEART ACQUISITION	567,987	17,996	549,991	0	0	106.00
200.00	Subtotal (sum of lines 50 thru 199)	266,374,960	26,965,784	239,409,176	0	0	200.00
201.00	Less Observation Beds	358,657	49,002	309,655	0	0	201.00
202.00	Total (line 200 minus line 201)	266,016,303	26,916,782	239,099,521	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part II Date/Time Prepared: 11/30/2016 5:23 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	42,330,812	440,836,315	0.096024	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,152,566	7,890,777	0.272795	52.00
53.00 05300 ANESTHESIOLOGY	628,194	52,682,896	0.011924	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,106,754	122,656,677	0.115010	54.00
54.01 05401 PET SCAN	743,000	6,782,872	0.109541	54.01
56.00 05600 RADIOISOTOPE	2,630,891	34,974,164	0.075224	56.00
57.00 05700 CT SCAN	2,783,649	103,117,755	0.026995	57.00
58.00 05800 MRI	0	0	0.000000	58.00
60.00 06000 LABORATORY	21,748,547	204,144,370	0.106535	60.00
65.00 06500 RESPIRATORY THERAPY	7,901,404	78,317,522	0.100889	65.00
66.00 06600 PHYSICAL THERAPY	6,417,397	22,111,639	0.290227	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	5,767,257	77,734,622	0.074192	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,663,362	10,183,741	0.261531	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,933,233	127,535,088	0.203342	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	32,835,232	252,994,630	0.129786	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	52,416,186	455,395,242	0.115100	73.00
74.00 07400 RENAL DIALYSIS	3,731,206	9,639,209	0.387086	74.00
76.00 03140 CARDIO CATH LAB	6,631,571	97,149,145	0.068262	76.00
76.01 03050 ENDOSCOPY	8,560,478	58,320,109	0.146784	76.01
76.02 03950 CARDIAC REHAB	739,298	3,921,491	0.188525	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	6,966,554	4,045,034	1.722249	90.00
91.00 09100 EMERGENCY	11,444,161	115,256,102	0.099293	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	358,657	16,785,895	0.021367	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	4,712,613	7,280,243	0.647315	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	1,603,951	3,514,287	0.456409	105.00
106.00 10600 HEART ACQUISITION	567,987	3,043,127	0.186646	106.00
200.00	Subtotal (sum of lines 50 thru 199)	266,374,960	2,316,312,952	200.00
201.00	Less Observation Beds	358,657	0	201.00
202.00	Total (line 200 minus line 201)	266,016,303	2,316,312,952	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150017

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

Worksheet D
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	5,834,662	0	5,834,662	65,132	89.58	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	285,358		285,358	1,171	243.69	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	820,524		820,524	4,339	189.10	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	2,471,184		2,471,184	21,035	117.48	31.03	
32.00	CORONARY CARE UNIT	871,155		871,155	7,205	120.91	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	36,877		36,877	1,845	19.99	43.00	
200.00	Total (Lines 30-199)	10,319,760		10,319,760	100,727		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	22,672	2,030,958					
31.00	INTENSIVE CARE UNIT	0	0					
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					
31.02	NEONATAL INTENSIVE CARE UNIT	0	0					
31.03	CARDIO INTENSIVE CARE UNIT	7,221	848,323					
32.00	CORONARY CARE UNIT	2,829	342,054					
40.00	SUBPROVIDER - IPF	0	0					
43.00	NURSERY	0	0					
200.00	Total (Lines 30-199)	32,722	3,221,335					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150017

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,120,431	440,836,315	0.018421	80,708,642	1,486,734	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	77,094	7,890,777	0.009770	39,491	386	52.00
53.00	05300 ANESTHESIOLOGY	40,026	52,682,896	0.000760	9,485,415	7,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,489,150	122,656,677	0.020294	15,432,937	313,196	54.00
54.01	05401 PET SCAN	390,939	6,782,872	0.057636	9,694	559	54.01
56.00	05600 RADIOISOTOPE	261,563	34,974,164	0.007479	2,560,333	19,149	56.00
57.00	05700 CT SCAN	297,887	103,117,755	0.002889	12,848,926	37,121	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	1,755,607	204,144,370	0.008600	43,084,432	370,526	60.00
65.00	06500 RESPIRATORY THERAPY	664,496	78,317,522	0.008485	24,744,768	209,959	65.00
66.00	06600 PHYSICAL THERAPY	699,575	22,111,639	0.031638	5,600,805	177,198	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,027,426	77,734,622	0.013217	12,562,200	166,035	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	435,188	10,183,741	0.042734	413,729	17,680	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,002,438	127,535,088	0.007860	31,488,369	247,499	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,304,769	252,994,630	0.005157	53,850,714	277,708	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,120,764	455,395,242	0.004657	95,656,880	445,474	73.00
74.00	07400 RENAL DIALYSIS	552,858	9,639,209	0.057355	4,989,669	286,182	74.00
76.00	03140 CARDIO CATH LAB	1,324,555	97,149,145	0.013634	14,178,089	193,304	76.00
76.01	03050 ENDOSCOPY	1,236,936	58,320,109	0.021209	3,480,191	73,811	76.01
76.02	03950 CARDIAC REHAB	50,972	3,921,491	0.012998	1,024,688	13,319	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	928,790	4,045,034	0.229612	179,174	41,141	90.00
91.00	09100 EMERGENCY	1,507,595	115,256,102	0.013080	12,413,937	162,374	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	49,002	16,785,895	0.002919	1,560,366	4,555	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (Lines 50-199)	26,338,061	2,302,475,295		426,313,449	4,551,119	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/30/2016 5:23 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	389,553	0	0	389,553	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,531	0	0	5,531	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	30,598	0	0	30,598	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	126,894	0	0	126,894	31.03
32.00	03200	CORONARY CARE UNIT	0	43,638	0	0	43,638	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	12,241	0	0	12,241	43.00
200.00		Total (lines 30-199)	0	608,455	0	0	608,455	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	65,132	5.98	22,672	135,579		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,171	4.72	0	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,339	7.05	0	0		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	21,035	6.03	7,221	43,543		31.03
32.00	03200	CORONARY CARE UNIT	7,205	6.06	2,829	17,144		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
43.00	04300	NURSERY	1,845	6.63	0	0		43.00
200.00		Total (lines 30-199)	100,727		32,722	196,266		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	276,453	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	3,272	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	279,725	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/30/2016 5:23 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	440,836,315	0.000000	0.000000	80,708,642	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,890,777	0.000000	0.000000	39,491	52.00
53.00	05300 ANESTHESIOLOGY	0	52,682,896	0.000000	0.000000	9,485,415	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	122,656,677	0.000000	0.000000	15,432,937	54.00
54.01	05401 PET SCAN	0	6,782,872	0.000000	0.000000	9,694	54.01
56.00	05600 RADIOISOTOPE	0	34,974,164	0.000000	0.000000	2,560,333	56.00
57.00	05700 CT SCAN	0	103,117,755	0.000000	0.000000	12,848,926	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	204,144,370	0.000000	0.000000	43,084,432	60.00
65.00	06500 RESPIRATORY THERAPY	0	78,317,522	0.000000	0.000000	24,744,768	65.00
66.00	06600 PHYSICAL THERAPY	0	22,111,639	0.000000	0.000000	5,600,805	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	77,734,622	0.000000	0.000000	12,562,200	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,183,741	0.000000	0.000000	413,729	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	127,535,088	0.000000	0.000000	31,488,369	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	252,994,630	0.000000	0.000000	53,850,714	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	276,453	455,395,242	0.000607	0.000607	95,656,880	73.00
74.00	07400 RENAL DIALYSIS	0	9,639,209	0.000000	0.000000	4,989,669	74.00
76.00	03140 CARDIO CATH LAB	0	97,149,145	0.000000	0.000000	14,178,089	76.00
76.01	03050 ENDOSCOPY	0	58,320,109	0.000000	0.000000	3,480,191	76.01
76.02	03950 CARDIAC REHAB	0	3,921,491	0.000000	0.000000	1,024,688	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	4,045,034	0.000000	0.000000	179,174	90.00
91.00	09100 EMERGENCY	0	115,256,102	0.000000	0.000000	12,413,937	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,272	16,785,895	0.000195	0.000195	1,560,366	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	279,725	2,302,475,295			426,313,449	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/30/2016 5:23 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 XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	43,100,016	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,342,277	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,113,240	0	54.00
54.01	05401 PET SCAN	0	1,615,052	0	54.01
56.00	05600 RADIOISOTOPE	0	7,561,669	0	56.00
57.00	05700 CT SCAN	0	13,189,139	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	11,346,873	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	687,803	0	65.00
66.00	06600 PHYSICAL THERAPY	0	260,706	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	11,937,306	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,828,988	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,609,566	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,886,048	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,064	28,219,320	17,129	73.00
74.00	07400 RENAL DIALYSIS	0	334,579	0	74.00
76.00	03140 CARDIO CATH LAB	0	16,870,905	0	76.00
76.01	03050 ENDOSCOPY	0	11,067,770	0	76.01
76.02	03950 CARDIAC REHAB	0	297,223	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	632,131	0	90.00
91.00	09100 EMERGENCY	0	12,680,452	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	304	2,054,075	401	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	58,368	221,635,138	17,530	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.096024	43,100,016	0	0	4,138,636	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.272795	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011924	4,342,277	0	0	51,777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115010	16,113,240	0	0	1,853,184	54.00
54.01	05401	PET SCAN	0.109541	1,615,052	0	0	176,914	54.01
56.00	05600	RADIOISOTOPE	0.075224	7,561,669	0	0	568,819	56.00
57.00	05700	CT SCAN	0.026995	13,189,139	0	0	356,041	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.106535	11,346,873	16,301	0	1,208,839	60.00
65.00	06500	RESPIRATORY THERAPY	0.100889	687,803	0	0	69,392	65.00
66.00	06600	PHYSICAL THERAPY	0.290227	260,706	0	0	75,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074192	11,937,306	0	0	885,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261531	1,828,988	0	0	478,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342	15,609,566	0	0	3,174,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129786	21,886,048	0	0	2,840,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115100	28,219,320	0	177,634	3,248,044	73.00
74.00	07400	RENAL DIALYSIS	0.387086	334,579	0	0	129,511	74.00
76.00	03140	CARDIO CATH LAB	0.068262	16,870,905	0	0	1,151,642	76.00
76.01	03050	ENDOSCOPY	0.146784	11,067,770	0	0	1,624,572	76.01
76.02	03950	CARDIAC REHAB	0.188525	297,223	0	0	56,034	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.722249	632,131	0	0	1,088,687	90.00
91.00	09100	EMERGENCY	0.099293	12,680,452	0	0	1,259,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.021367	2,054,075	0	0	43,889	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.647315	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		221,635,138	16,301	177,634	24,479,298	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		221,635,138	16,301	177,634	24,479,298	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 PET SCAN	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	1,737	0	60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,446	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03140 RADIO CATH LAB	0	0	76.00
76.01	03050 ENDOSCOPY	0	0	76.01
76.02	03950 RADIO CATH LAB	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	1,737	20,446	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	1,737	20,446	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150017

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

Worksheet D
Part I
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,834,662	0	5,834,662	65,132	89.58	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	285,358		285,358	1,171	243.69	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	820,524		820,524	4,339	189.10	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	2,471,184		2,471,184	21,035	117.48	31.03	
32.00	CORONARY CARE UNIT	871,155		871,155	7,205	120.91	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	36,877		36,877	1,845	19.99	43.00	
200.00	Total (Lines 30-199)	10,319,760		10,319,760	100,727		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,269	113,677					
31.00	INTENSIVE CARE UNIT	0	0					
31.01	PEDIATRIC INTENSIVE CARE UNIT	141	34,360					
31.02	NEONATAL INTENSIVE CARE UNIT	444	83,960					
31.03	CARDIO INTENSIVE CARE UNIT	578	67,903					
32.00	CORONARY CARE UNIT	139	16,806					
40.00	SUBPROVIDER - IPF	0	0					
43.00	NURSERY	161	3,218					
200.00	Total (Lines 30-199)	2,732	319,924					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150017

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,120,431	440,836,315	0.018421	3,823,025	70,424	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,094	7,890,777	0.009770	394,872	3,858	52.00
53.00	05300	ANESTHESIOLOGY	40,026	52,682,896	0.000760	456,340	347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,489,150	122,656,677	0.020294	864,998	17,554	54.00
54.01	05401	PET SCAN	390,939	6,782,872	0.057636	0	0	54.01
56.00	05600	RADIOISOTOPE	261,563	34,974,164	0.007479	125,560	939	56.00
57.00	05700	CT SCAN	297,887	103,117,755	0.002889	951,803	2,750	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,755,607	204,144,370	0.008600	2,919,440	25,107	60.00
65.00	06500	RESPIRATORY THERAPY	664,496	78,317,522	0.008485	2,939,035	24,938	65.00
66.00	06600	PHYSICAL THERAPY	699,575	22,111,639	0.031638	265,186	8,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,027,426	77,734,622	0.013217	502,148	6,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	435,188	10,183,741	0.042734	59,137	2,527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,002,438	127,535,088	0.007860	1,809,618	14,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,304,769	252,994,630	0.005157	2,184,320	11,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,120,764	455,395,242	0.004657	7,060,541	32,881	73.00
74.00	07400	RENAL DIALYSIS	552,858	9,639,209	0.057355	240,398	13,788	74.00
76.00	03140	CARDIO CATH LAB	1,324,555	97,149,145	0.013634	788,496	10,750	76.00
76.01	03050	ENDOSCOPY	1,236,936	58,320,109	0.021209	189,850	4,027	76.01
76.02	03950	CARDIAC REHAB	50,972	3,921,491	0.012998	24,162	314	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	928,790	4,045,034	0.229612	304	70	90.00
91.00	09100	EMERGENCY	1,507,595	115,256,102	0.013080	678,879	8,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	49,002	16,785,895	0.002919	29,443	86	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50-199)	26,338,061	2,302,475,295		26,307,555	259,756	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/30/2016 5:23 pm
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Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			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	389,553	0	0	389,553	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,531	0	0	5,531	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	30,598	0	0	30,598	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	126,894	0	0	126,894	31.03
32.00	03200	CORONARY CARE UNIT	0	43,638	0	0	43,638	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	12,241	0	0	12,241	43.00
200.00		Total (lines 30-199)	0	608,455	0	0	608,455	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	65,132	5.98	1,269	7,589		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,171	4.72	141	666		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,339	7.05	444	3,130		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	21,035	6.03	578	3,485		31.03
32.00	03200	CORONARY CARE UNIT	7,205	6.06	139	842		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
43.00	04300	NURSERY	1,845	6.63	161	1,067		43.00
200.00		Total (lines 30-199)	100,727		2,732	16,779		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 5:23 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	276,453	0	276,453	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	276,453	0	276,453	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	440,836,315	0.000000	0.000000	3,823,025	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,890,777	0.000000	0.000000	394,872	52.00
53.00	05300	ANESTHESIOLOGY	0	52,682,896	0.000000	0.000000	456,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,656,677	0.000000	0.000000	864,998	54.00
54.01	05401	PET SCAN	0	6,782,872	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	34,974,164	0.000000	0.000000	125,560	56.00
57.00	05700	CT SCAN	0	103,117,755	0.000000	0.000000	951,803	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	204,144,370	0.000000	0.000000	2,919,440	60.00
65.00	06500	RESPIRATORY THERAPY	0	78,317,522	0.000000	0.000000	2,939,035	65.00
66.00	06600	PHYSICAL THERAPY	0	22,111,639	0.000000	0.000000	265,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	77,734,622	0.000000	0.000000	502,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,183,741	0.000000	0.000000	59,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	127,535,088	0.000000	0.000000	1,809,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	252,994,630	0.000000	0.000000	2,184,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	276,453	455,395,242	0.000607	0.000607	7,060,541	73.00
74.00	07400	RENAL DIALYSIS	0	9,639,209	0.000000	0.000000	240,398	74.00
76.00	03140	CARDIO CATH LAB	0	97,149,145	0.000000	0.000000	788,496	76.00
76.01	03050	ENDOSCOPY	0	58,320,109	0.000000	0.000000	189,850	76.01
76.02	03950	CARDIAC REHAB	0	3,921,491	0.000000	0.000000	24,162	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,045,034	0.000000	0.000000	304	90.00
91.00	09100	EMERGENCY	0	115,256,102	0.000000	0.000000	678,879	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,785,895	0.000000	0.000000	29,443	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	276,453	2,302,475,295			26,307,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 PET SCAN	0	0	0		54.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
60.00	06000 LABORATORY	0	0	0		60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,286	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03140 CARDIO CATH LAB	0	0	0		76.00
76.01	03050 ENDOSCOPY	0	0	0		76.01
76.02	03950 CARDIAC REHAB	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	4,286	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150017

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

Worksheet D
Part V
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.096024	0	1,867,335	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.272795	0	4,986	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011924	0	244,279	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115010	0	813,489	0	0	54.00
54.01	05401	PET SCAN	0.109541	0	108,876	0	0	54.01
56.00	05600	RADIOISOTOPE	0.075224	0	100,363	0	0	56.00
57.00	05700	CT SCAN	0.026995	0	696,980	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.106535	0	1,093,580	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.100889	0	122,460	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.290227	0	476,109	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074192	0	266,763	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261531	0	141,365	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342	0	272,470	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129786	0	626,516	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115100	0	3,003,057	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.387086	0	7,248	0	0	74.00
76.00	03140	CARDIO CATH LAB	0.068262	0	76,207	0	0	76.00
76.01	03050	ENDOSCOPY	0.146784	0	275,825	0	0	76.01
76.02	03950	CARDIAC REHAB	0.188525	0	680	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.722249	0	121,482	0	0	90.00
91.00	09100	EMERGENCY	0.099293	0	1,881,677	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.021367	0	323,330	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.647315	0	270,625	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	12,795,702	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	12,795,702	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/30/2016 5:23 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	179,309	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,360	0	52.00
53.00	05300 ANESTHESIOLOGY	2,913	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	93,559	0	54.00
54.01	05401 PET SCAN	11,926	0	54.01
56.00	05600 RADIOISOTOPE	7,550	0	56.00
57.00	05700 CT SCAN	18,815	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	116,505	0	60.00
65.00	06500 RESPIRATORY THERAPY	12,355	0	65.00
66.00	06600 PHYSICAL THERAPY	138,180	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	19,792	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	36,971	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	55,405	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	81,313	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	345,652	0	73.00
74.00	07400 RENAL DIALYSIS	2,806	0	74.00
76.00	03140 RADIO CATH LAB	5,202	0	76.00
76.01	03050 ENDOSCOPY	40,487	0	76.01
76.02	03950 RADIO CATH LAB	128	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	209,222	0	90.00
91.00	09100 EMERGENCY	186,837	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,909	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	175,180		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	1,748,376	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,748,376	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/30/2016 5:23 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,132	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,132	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)		64,585	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)		22,672	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,705,431	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)		42,705,431	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,705,431	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		655.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,865,577	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)		14,865,577	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	
43.01	PEDIATRIC INTENSIVE CARE UNIT	2,135,558	1,171	1,823.70	0	0	
43.02	NEONATAL INTENSIVE CARE UNIT	5,118,306	4,339	1,179.60	0	0	
43.03	CARDIO INTENSIVE CARE UNIT	24,856,619	21,035	1,181.68	7,221	8,532,911	
44.00	CORONARY CARE UNIT	8,542,917	7,205	1,185.69	2,829	3,354,317	
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					49,521,395	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,274,200	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,417,601	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,609,487	
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,027,088	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,247,112	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
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)					547	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					655.68	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					358,657	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/30/2016 5:23 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,834,662	42,705,431	0.136626	358,657	49,002	90.00
91.00	Nursing School cost	0	42,705,431	0.000000	358,657	0	91.00
92.00	Allied health cost	389,553	42,705,431	0.009122	358,657	3,272	92.00
93.00	All other Medical Education	0	42,705,431	0.000000	358,657	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/30/2016 5:23 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,132	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,132	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)		64,585	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,269	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)		1,845	15.00
16.00	Nursery days (title V or XIX only)		161	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,705,431	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)		42,705,431	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,705,431	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		655.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		832,058	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)		832,058	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/30/2016 5:23 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	518,835	1,845	281.21	161	45,275	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	2,135,558	1,171	1,823.70	141	257,142	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,118,306	4,339	1,179.60	444	523,742	43.02
43.03	CARDIO INTENSIVE CARE UNIT	24,856,619	21,035	1,181.68	578	683,011	43.03
44.00	CORONARY CARE UNIT	8,542,917	7,205	1,185.69	139	164,811	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,064,103	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,570,142	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)					336,703	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					264,042	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					600,745	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,969,397	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)					547	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					655.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					358,657	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150017

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

Worksheet D-1

Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Title XIX Hospital PPS		
				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	5,834,662	42,705,431	0.136626	358,657	49,002	90.00
91.00 Nursing School cost	0	42,705,431	0.000000	358,657	0	91.00
92.00 Allied health cost	389,553	42,705,431	0.009122	358,657	3,272	92.00
93.00 All other Medical Education	0	42,705,431	0.000000	358,657	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/30/2016 5:23 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,987,510	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		24,510,169	31.03
32.00	03200	CORONARY CARE UNIT		10,929,633	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.096024	80,708,642	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.272795	39,491	52.00
53.00	05300	ANESTHESIOLOGY	0.011924	9,485,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115010	15,432,937	54.00
54.01	05401	PET SCAN	0.109541	9,694	54.01
56.00	05600	RADIOISOTOPE	0.075224	2,560,333	56.00
57.00	05700	CT SCAN	0.026995	12,848,926	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.106535	43,084,432	60.00
65.00	06500	RESPIRATORY THERAPY	0.100889	24,744,768	65.00
66.00	06600	PHYSICAL THERAPY	0.290227	5,600,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074192	12,562,200	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261531	413,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342	31,488,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129786	53,850,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115100	95,656,880	73.00
74.00	07400	RENAL DIALYSIS	0.387086	4,989,669	74.00
76.00	03140	CARDIO CATH LAB	0.068262	14,178,089	76.00
76.01	03050	ENDOSCOPY	0.146784	3,480,191	76.01
76.02	03950	CARDIAC REHAB	0.188525	1,024,688	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.722249	179,174	90.00
91.00	09100	EMERGENCY	0.099293	12,413,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.021367	1,560,366	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		426,313,449	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)		426,313,449	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/30/2016 5:23 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,932,725	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		493,176	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		1,377,760	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		2,092,690	31.03
32.00	03200	CORONARY CARE UNIT		537,843	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		142,610	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.096024	3,823,025	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.272795	394,872	52.00
53.00	05300	ANESTHESIOLOGY	0.011924	456,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115010	864,998	54.00
54.01	05401	PET SCAN	0.109541	0	54.01
56.00	05600	RADIOISOTOPE	0.075224	125,560	56.00
57.00	05700	CT SCAN	0.026995	951,803	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.106535	2,919,440	60.00
65.00	06500	RESPIRATORY THERAPY	0.100889	2,939,035	65.00
66.00	06600	PHYSICAL THERAPY	0.290227	265,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074192	502,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261531	59,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.203342	1,809,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129786	2,184,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115100	7,060,541	73.00
74.00	07400	RENAL DIALYSIS	0.387086	240,398	74.00
76.00	03140	CARDIO CATH LAB	0.068262	788,496	76.00
76.01	03050	ENDOSCOPY	0.146784	189,850	76.01
76.02	03950	CARDIAC REHAB	0.188525	24,162	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.722249	304	90.00
91.00	09100	EMERGENCY	0.099293	678,879	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.021367	29,443	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		26,307,555	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)		26,307,555	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2016 5:23 pm

Cost Center Description	Kidney			Hospital	PPS		
	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,768	655.68	2	1,311	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	14,128	1,823.70	4	7,295	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,179.60	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	15,552	1,181.68	55	64,992	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,185.69	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		33,448		61	73,598	7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
	0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.096024	855,690	82,167	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.272795	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.011924	46,785	558	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.115010	8,102	932	12.00	
12.01	PET SCAN	54.01	0.109541	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.075224	0	0	14.00	
15.00	CT SCAN	57.00	0.026995	15,601	421	15.00	
16.00	MRI	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.106535	130,141	13,865	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.100889	88,409	8,919	23.00	
24.00	PHYSICAL THERAPY	66.00	0.290227	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.074192	113,284	8,405	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.261531	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.203342	29,150	5,927	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.129786	1,939	252	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.115100	248,523	28,605	31.00	
32.00	RENAL DIALYSIS	74.00	0.387086	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	CARDIO CATH LAB	76.00	0.068262	0	0	34.00	
34.01	ENDOSCOPY	76.01	0.146784	0	0	34.01	
34.02	CARDIAC REHAB	76.02	0.188525	0	0	34.02	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.722249	20,046	34,524	37.00	
38.00	EMERGENCY	91.00	0.099293	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.021367	31,539	674	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,589,209	185,249	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2016 5:23 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	4	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02	
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	55	0	43.03	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			61	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	20,046	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	31,539	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		51,585		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	258,847		1,622,657		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,603,951		1,596,686		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,862,798		3,219,343		61.00	
62.00	Total Usable Organs (see instructions)		58			62.00	
63.00	Medicare Usable Organs (see instructions)		42			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.724138			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,348,923		2,331,249		65.00	
66.00	Revenue for Organs Sold	108,007		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,240,916		2,331,249		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,240,916	0	2,331,249	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		45	0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	13		73.00	
74.00	Total (sum of lines 70 thru 73)		45	13		74.00	
75.00	Organs Transplanted		33	0	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	25	108,007	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		33	25		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2016 5:23 pm

Cost Center Description	Heart			Hospital	PPS	
	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	655.68	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,823.70	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,179.60	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	1,181.68	0	2.03
3.00	CORONARY CARE UNIT	44.00	131,257	1,185.69	5	5,928 3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1-6)		131,257		5	5,928 7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
	0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.096024	944,798	90,723	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.272795	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.011924	139,995	1,669	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.115010	296,838	34,139	12.00
12.01	PET SCAN	54.01	0.109541	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.075224	1,160,219	87,276	14.00
15.00	CT SCAN	57.00	0.026995	17,888	483	15.00
16.00	MRI	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.106535	1,552,190	165,363	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.100889	88,400	8,919	23.00
24.00	PHYSICAL THERAPY	66.00	0.290227	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074192	352,577	26,158	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.261531	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.203342	391,629	79,635	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.129786	5,525	717	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.115100	1,516,992	174,606	31.00
32.00	RENAL DIALYSIS	74.00	0.387086	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB	76.00	0.068262	0	0	34.00
34.01	ENDOSCOPY	76.01	0.146784	27,548	4,044	34.01
34.02	CARDIAC REHAB	76.02	0.188525	0	0	34.02
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	1.722249	126,999	218,724	37.00
38.00	EMERGENCY	91.00	0.099293	2,793	277	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.021367	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			6,624,391	892,733	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2015

Worksheet D-4

Component CCN:

To 06/30/2016

Date/Time Prepared: 11/30/2016 5:23 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	5	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	126,999	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	2,793	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		129,792		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	898,661		6,755,648			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	567,987		580,377			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,466,648		7,336,025			61.00
62.00	Total Usable Organs (see instructions)		11				62.00
63.00	Medicare Usable Organs (see instructions)		9				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.818182				64.00
65.00	Medicare Cost/Charges (see instructions)	1,199,985		6,002,204			65.00
66.00	Revenue for Organs Sold	20,671		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,179,314		6,002,204			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,179,314	0	6,002,204	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)	6		0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)	0		0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals	0		0		72.00	
73.00	Organs Purchased from OPOs	0		5		73.00	
74.00	Total (sum of lines 70 thru 73)	6		5		74.00	
75.00	Organs Transplanted	5		0		75.00	
76.00	Organs Sold to Other Hospitals	0		0		76.00	
77.00	Organs Sold to OPOs	0		6		20,671	77.00
78.00	Organs Sold to Transplant Hospitals	0		0		78.00	
79.00	Organs Sold to Military or VA Hospitals	0		0		79.00	
80.00	Organs Sold Outside the U.S.	0		0		80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)	0		0		81.00	
82.00	Organs Used for Research	0		0		82.00	
83.00	Unusable/Discarded Organs	0		0		83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)	5		6		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			15,130,133 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			43,172,421 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)			3,646,903 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			33,777,114 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			381.51 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			10.13 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)			10.13 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			6.07 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)			6.07 12.00
13.00	Total allowable FTE count for the prior year.			8.36 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.			8.14 14.00
15.00	Sum of lines 12 through 14 divided by 3.			7.52 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			7.52 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.019711 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.021907 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.019711 21.00
22.00	IME payment adjustment (see instructions)			624,712 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			361,922 22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-4.06 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)			624,712 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			361,922 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.15 30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.71 31.00
32.00	Sum of lines 30 and 31			22.86 32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.07 33.00
34.00	Disproportionate share adjustment (see instructions)			1,176,255 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000516382	0.000518884	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,949,106	3,324,047	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	995,392	2,488,495	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,483,887		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		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)	67,234,311		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		67,596,233	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,673,814	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).		282,797	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		56,711	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		2,420,230	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).		196,266	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		58,368	58.00
59.00	Total (sum of amounts on lines 49 through 58)		76,284,419	59.00
60.00	Primary payer payments		36,767	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,247,652	61.00
62.00	Deductibles billed to program beneficiaries		5,065,508	62.00
63.00	Coinurance billed to program beneficiaries		335,461	63.00
64.00	Allowable bad debts (see instructions)		657,134	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		427,137	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		219,432	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		71,273,820	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	MSP PASS THROUGH RECONCILIATION		339	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)		-229,599	70.93
70.94	HRR adjustment amount (see instructions)		-45,398	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/30/2016 5:23 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)			537,954	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			70,461,208	71.00
71.01	Sequestration adjustment (see instructions)			1,409,224	71.01
72.00	Interim payments			69,317,290	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)			-265,306	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,290,158	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,183	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,461,768	2.00
3.00	PPS payments		25,518,971	3.00
4.00	Outlier payment (see instructions)		143,953	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		17,530	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,183	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		193,935	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)		193,935	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		193,935	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		171,752	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)		22,183	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		25,680,454	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,733,175	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		20,969,462	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		88,070	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)		21,057,532	30.00
31.00	Primary payer payments		5,630	31.00
32.00	Subtotal (line 30 minus line 31)		21,051,902	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		804,451	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		522,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		595,240	36.00
37.00	Subtotal (see instructions)		21,574,795	37.00
38.00	MSP-LCC reconciliation amount from PS&R		722	38.00
39.00	OTHER ADJUSTMENTS		9,421	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)		21,583,494	40.00
40.01	Sequestration adjustment (see instructions)		431,670	40.01
41.00	Interim payments		21,017,112	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		134,712	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150017

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2016 5:23 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		69,317,290		21,017,112	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		69,317,290		21,017,112	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		134,712	6.01	
6.02	SETTLEMENT TO PROGRAM		265,306		0	6.02	
7.00	Total Medicare program liability (see instructions)		69,051,984		21,151,824	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: 150017

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

Worksheet E-1
Part II
Date/Time Prepared:
11/30/2016 5:23 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			19,801 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			32,722 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			19,588 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			98,335 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,536,362,933 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			10,843,725 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2016 5:23 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1,748,376	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,748,376	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	1,748,376	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		26,307,555	12,795,702	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		26,307,555	12,795,702	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		26,307,555	12,795,702	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		26,307,555	11,047,326	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	1,748,376	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		21,065	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		21,065	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		21,065	1,748,376	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		21,065	1,748,376	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		21,065	1,748,376	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT		-21,065	-1,748,376	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/30/2016 5:23 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.07	6.00
7.00	Enter the lesser of line 5 or line 6			6.07	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.07	0.00	6.07	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.07	0.00	6.07	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	6.07	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.36	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.14	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.52	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	7.52	0.00		17.00
18.00	Per resident amount	98,241.25	94,328.10		18.00
19.00	Approved amount for resident costs	738,774	0	738,774	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			738,774	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,722	19,588		26.00
27.00	Total Inpatient Days (see instructions)	98,689	98,689		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331567	0.198482		28.00
29.00	Program direct GME amount	244,953	146,633		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		20,719		30.00
31.00	Net Program direct GME amount			370,867	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,639,209	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		76,274,200	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,420,230	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		36,767	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		78,657,663	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,501,481	42.00
43.00	Primary payer payments (see instructions)		5,630	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,495,851	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		103,153,514	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.762530	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.237470	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		370,867	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		282,797	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		88,070	50.00

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

Provider CCN: 150017

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

Worksheet G

Date/Time Prepared:
11/30/2016 5:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-1,054,435	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	97,728,061	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,701,152	0	0	0	6.00
7.00	Inventory	15,379,218	0	0	0	7.00
8.00	Prepaid expenses	4,280,451	0	0	0	8.00
9.00	Other current assets	2,349,212	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)	105,981,355	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,479,606	0	0	0	12.00
13.00	Land improvements	3,940,567	0	0	0	13.00
14.00	Accumulated depreciation	-1,447,843	0	0	0	14.00
15.00	Buildings	235,001,573	0	0	0	15.00
16.00	Accumulated depreciation	-40,948,485	0	0	0	16.00
17.00	Leasehold improvements	24,962,811	0	0	0	17.00
18.00	Accumulated depreciation	-7,665,606	0	0	0	18.00
19.00	Fixed equipment	10,536,332	0	0	0	19.00
20.00	Accumulated depreciation	-3,459,474	0	0	0	20.00
21.00	Automobiles and trucks	1,461,860	0	0	0	21.00
22.00	Accumulated depreciation	-999,709	0	0	0	22.00
23.00	Major movable equipment	67,616,213	0	0	0	23.00
24.00	Accumulated depreciation	-48,234,042	0	0	0	24.00
25.00	Minor equipment depreciable	31,067,539	0	0	0	25.00
26.00	Accumulated depreciation	-23,198,819	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)	262,112,523	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,320,710	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,320,710	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	380,414,588	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,595,443	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,049,636	0	0	0	38.00
39.00	Payroll taxes payable	1,382,965	0	0	0	39.00
40.00	Notes and loans payable (short term)	100,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-894,743,820	0	0	0	43.00
44.00	Other current liabilities	6,794,138	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-857,821,638	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	164,723	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-618,857	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-454,134	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-858,275,772	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,238,690,360				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)	1,238,690,360	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	380,414,588	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150017

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

Worksheet G-1

Date/Time Prepared:
11/30/2016 5:23 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		1,090,846,873		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		147,843,499			2.00
3.00	Total (sum of line 1 and line 2)		1,238,690,372		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)		1,238,690,372		0	11.00
12.00	ROUNDING	12		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)		12		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,238,690,360		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	ROUNDING		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: 150017

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2016 5:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,682,990		101,682,990	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	101,682,990		101,682,990	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	4,176,088		4,176,088	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,255,881		14,255,881	11.02
11.03	CARDIO INTENSIVE CARE UNIT	71,991,933		71,991,933	11.03
12.00	CORONARY CARE UNIT	27,943,089		27,943,089	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)	118,366,991		118,366,991	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	220,049,981		220,049,981	17.00
18.00	Ancillary services	1,263,909,328	909,036,350	2,172,945,678	18.00
19.00	Outpatient services	40,544,294	95,542,737	136,087,031	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	0	7,280,243	7,280,243	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,524,503,603	1,011,859,330	2,536,362,933	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		363,702,150		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)		363,702,150		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150017

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

Worksheet G-3

Date/Time Prepared:
11/30/2016 5:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,536,362,933	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,029,603,866	2.00
3.00	Net patient revenues (line 1 minus line 2)	506,759,067	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	363,702,150	4.00
5.00	Net income from service to patients (line 3 minus line 4)	143,056,917	5.00
OTHER INCOME			
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	OTHER REVENUE	4,786,582	24.00
25.00	Total other income (sum of lines 6-24)	4,786,582	25.00
26.00	Total (line 5 plus line 25)	147,843,499	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)	147,843,499	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150017	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/30/2016 5:23 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,634,318	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		783,218	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)		269.64	3.00
4.00	Number of interns & residents (see instructions)		7.52	4.00
5.00	Indirect medical education percentage (see instructions)		0.79	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)		36,611	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.15	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.71	8.00
9.00	Sum of lines 7 and 8		22.86	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.74	10.00
11.00	Disproportionate share adjustment (see instructions)		219,667	11.00
12.00	Total prospective capital payments (see instructions)		5,673,814	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00