

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/31/2017 11:28 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2017	Time: 11:28 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ESKENAZI HEALTH ( 15-0024 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-1,951,987	-779,834	0	0	1.00
2.00 Subprovider - IRF	0	-14,743	1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-1,966,730	-779,833	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: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 9:53 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 720 ESKENAZI AVENUE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARION			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	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC UNIT	15S024	26900	4	01/01/1984	N	P	P	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
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						9			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 days	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 IPFS 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.			11,479	3,816	10	35	26,667	377		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 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.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 9:53 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	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)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		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)			Y	N	0
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		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
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1		1		0	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 9:53 am	
		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				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - I PF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		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	
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	
168.01	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 9:53 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 9:53 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/30/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/18/2017	Y	05/18/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 9:53 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LESLIE		MALLORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3786		LESLIE.MALLORY@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 9:53 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	37	13,505	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,340	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		336				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,041	7,743	44,708			1.00
2.00 HMO and other (see instructions)	2,905	28,070				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,041	7,743	44,708			7.00
8.00 INTENSIVE CARE UNIT	4,617	115	17,101			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	584	231	2,929			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	1,802	5,692			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,046	4,226			13.00
14.00 Total (see instructions)	15,242	13,937	74,656	172.48	3,952.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,005	661	6,924	0.22	46.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				172.70	3,998.00	27.00
28.00 Observation Bed Days		383	3,198			28.00
29.00 Ambulance Trips	20,324					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	377	980			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

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	3,088	2,415	17,144	1.00
2.00 HMO and other (see instructions)				517	5,252		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 NEONATAL INTENSIVE CARE UNIT							11.01
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	11.00	0	3,088	2,415		17,144	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	195	186		799	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0		0	17.00
18.00 SUBPROVIDER	0.00	0		0		0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	11.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2017 9:53 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	236,594,716	5,500	236,600,216	8,412,858.00	28.12
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		3,892,812	0	3,892,812	53,355.00	72.96
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	14,954,165	14,954,165	358,764.00	41.68
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		50,141,467	43,390	50,184,857	2,157,297.00	23.26
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		15,415,837	0	15,415,837	360,844.00	42.72
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		3,613,060	0	3,613,060	23,777.00	151.96
14.00	Home office and/or related organization salaries and wage-related costs		11,003,895	0	11,003,895	244,697.00	44.97
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		58,650,958	0	58,650,958		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		16,182,564	0	16,182,564		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,150,068	0	1,150,068		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	2,314,117	0	2,314,117	69,610.00	33.24
27.00	Administrative & General	5.00	35,729,440	-1,105,323	34,624,117	1,228,032.00	28.19

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2017 9:53 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,773,218	0	1,773,218	10,928.00	162.26	28.00
29.00	Maintenance & Repairs	6.00	1,655,531	0	1,655,531	48,547.00	34.10	29.00
30.00	Operation of Plant	7.00	4,093,782	0	4,093,782	180,680.00	22.66	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,274,959	0	3,274,959	225,315.00	14.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,661,489	-2,141,986	1,519,503	80,008.00	18.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	842,270	2,142,486	2,984,756	179,850.00	16.60	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,062,565	0	2,062,565	44,081.00	46.79	38.00
39.00	Central Services and Supply	14.00	460,240	0	460,240	23,258.00	19.79	39.00
40.00	Pharmacy	15.00	7,416,465	0	7,416,465	169,888.00	43.66	40.00
41.00	Medical Records & Medical Records Library	16.00	2,942,390	500	2,942,890	100,348.00	29.33	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2017 9:53 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	234,475,122	-14,948,665	219,526,457	8,011,667.00	27.40	1.00
2.00	Excluded area salaries (see instructions)	50,141,467	43,390	50,184,857	2,157,297.00	23.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	184,333,655	-14,992,055	169,341,600	5,854,370.00	28.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,032,792	0	30,032,792	629,318.00	47.72	4.00
5.00	Subtotal wage-related costs (see inst.)	58,650,958	0	58,650,958	0.00	34.63	5.00
6.00	Total (sum of lines 3 thru 5)	273,017,405	-14,992,055	258,025,350	6,483,688.00	39.80	6.00
7.00	Total overhead cost (see instructions)	66,226,466	-1,104,323	65,122,143	2,360,545.00	27.59	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2017 9:53 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			5,381,993 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)			1,012,691 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			23,813 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			50,316,535 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			161,973 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,126,156 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			550,691 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			16,043,023 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			233,886 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			1,049,909 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			75,900,670 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	LIFE SERVICES EAP			82,920 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/31/2017 9:53 am	
			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.296591		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		38,132,198		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		39,675,434		5.00
6.00	Medicaid charges		471,930,874		6.00
7.00	Medicaid cost (line 1 times line 6)		139,970,450		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)		62,162,818		8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		156,708,566		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		62,162,818		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	278,118,334	0	278,118,334	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	82,487,395	0	82,487,395	21.00
22.00	Partial payment by patients approved for charity care	2,794,796	0	2,794,796	22.00
23.00	Cost of charity care (line 21 minus line 22)	79,692,599	0	79,692,599	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		128,944,392		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,779,843		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		127,164,549		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		37,715,861		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		117,408,460		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		179,571,278		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/31/2017 9:53 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		57,004,762	0	57,004,762	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,314,117	8,460,266	10,774,383	0	10,774,383	4.00
5.01	00540	NONPATIENT TELEPHONES	286,642	2,365,770	2,652,412	0	2,652,412	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	2,405,684	3,475,433	5,881,117	0	5,881,117	5.02
5.03	00570	ADMINISTRATIVE	3,020,833	2,432,631	5,453,464	0	5,453,464	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,516,445	6,178,995	12,695,440	0	12,695,440	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	23,499,836	100,896,211	124,396,047	-18,967,995	105,428,052	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,655,531	2,766,223	4,421,754	0	4,421,754	6.00
7.00	00700	OPERATION OF PLANT	4,093,782	15,200,173	19,293,955	0	19,293,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,303,894	1,303,894	0	1,303,894	8.00
9.00	00900	HOUSEKEEPING	3,274,959	2,513,204	5,788,163	0	5,788,163	9.00
10.00	01000	DIETARY	3,661,489	4,824,984	8,486,473	-5,221,749	3,264,724	10.00
11.00	01100	CAFETERIA	842,270	1,365,141	2,207,411	5,221,749	7,429,160	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,062,565	988,091	3,050,656	0	3,050,656	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	460,240	452,888	913,128	0	913,128	14.00
15.00	01500	PHARMACY	7,416,465	21,194,577	28,611,042	0	28,611,042	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,942,390	2,141,411	5,083,801	0	5,083,801	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	14,973,023	14,973,023	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	906,802	397,000	1,303,802	0	1,303,802	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,148,759	10,907,047	35,055,806	-2,069,145	32,986,661	30.00
31.00	03100	INTENSIVE CARE UNIT	10,293,344	5,624,939	15,918,283	-18,568	15,899,715	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,303,082	1,617,721	3,920,803	-2,371	3,918,432	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	3,033,459	1,430,697	4,464,156	-428	4,463,728	34.01
40.00	04000	SUBPROVIDER - IPF	2,359,548	816,092	3,175,640	327,343	3,502,983	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,259,255	2,259,255	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,041,276	22,853,828	28,895,104	-10,620,086	18,275,018	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	582,189	1,078,420	1,660,609	-12,581	1,648,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,700,653	8,243,503	13,944,156	-1,885,006	12,059,150	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	194,536	634,335	828,871	0	828,871	56.00
57.00	05700	CT SCAN	899,752	405,957	1,305,709	-244	1,305,465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	166	166	0	166	59.00
60.00	06000	LABORATORY	4,796,106	7,779,933	12,576,039	-294	12,575,745	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,139	2,024,720	2,025,859	0	2,025,859	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,048,860	1,648,387	4,697,247	-241	4,697,006	65.00
65.01	03560	PULMONARY FUNCTION TESTING	248,235	101,754	349,989	0	349,989	65.01
66.00	06600	PHYSICAL THERAPY	2,972,440	1,013,396	3,985,836	-475,719	3,510,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,486,276	547,466	2,033,742	296,580	2,330,322	67.00
68.00	06800	SPEECH PATHOLOGY	453,639	171,764	625,403	91,124	716,527	68.00
69.00	06900	ELECTROCARDIOLOGY	1,706,428	1,091,371	2,797,799	-1,980	2,795,819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	716,024	716,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,733,578	11,733,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	218,647	218,647	73.00
73.01	07301	RETAIL PHARMACIES	4,941,105	21,415,219	26,356,324	0	26,356,324	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	65,569	1,492,603	1,558,172	0	1,558,172	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	4,058,685	2,019,960	6,078,645	-1,928,360	4,150,285	90.01
90.02	09002	OB/GYN CLINIC	871,943	328,656	1,200,599	136,844	1,337,443	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	446,832	467,599	914,431	143,885	1,058,316	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,593,662	981,569	2,575,231	362,094	2,937,325	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,130,667	1,453,584	2,584,251	624,322	3,208,573	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	271,287	406,067	677,354	64,431	741,785	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	5,434,960	7,023,685	12,458,645	132,290	12,590,935	90.17
90.18	09018	PSYCHIATRIC CLINIC	19,690,361	12,755,168	32,445,529	1,201,076	33,646,605	90.18
90.19	09019	ORAL SURGERY CLINIC	0	751	751	0	751	90.19
90.20	09020	DIETARY CLINIC	629,524	240,545	870,069	0	870,069	90.20
90.21	09021	CENTER OF EXCELLENCE	0	1,045	1,045	2	1,047	90.21
90.22	09022	OP BURN CLINIC	229,963	308,347	538,310	68,099	606,409	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	127,401	109,436	236,837	3,509	240,346	90.24
90.25	09025	WOUND/OSTOMY CLINIC	147,535	107,716	255,251	-2,800	252,451	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	2,683,858	3,695,878	6,379,736	27,936	6,407,672	90.26
91.00	09100	EMERGENCY	10,565,010	5,453,634	16,018,644	2,134,184	18,152,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	1,201,466	354,998	1,556,464	0	1,556,464	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	15,001,388	10,851,925	25,853,313	-29,782	25,823,531	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,720,987	371,421,535	576,142,522	-501,354	575,641,168	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	174,289	341,223	515,512	0	515,512	190.00
190.01	19001	RETAIL SPA	78,310	82,961	161,271	0	161,271	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	246,726	606,067	852,793	0	852,793	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	749,381	767,875	1,517,256	1,616,758	3,134,014	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	7,187,482	5,479,533	12,667,015	-1,203,395	11,463,620	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	5,455,146	4,054,696	9,509,842	0	9,509,842	193.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.09	19309	DME	142,664	513,079	655,743	87,991	743,734	193.09
193.10	19310	PROFESSIONAL BILLING	1,190,656	2,405,071	3,595,727	0	3,595,727	193.10
193.11	19311	FQHC	16,649,075	29,145,919	45,794,994	0	45,794,994	193.11
200.00		TOTAL (SUM OF LINES 118-199)	236,594,716	414,817,959	651,412,675	0	651,412,675	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,180,553	66,185,315	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-555,494	10,218,889	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,652,412	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-63,704	5,817,413	5.02
5.03	00570	ADMINISTRATIVE	0	5,453,464	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-5,856	12,689,584	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-13,243,785	92,184,267	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	4,421,754	6.00
7.00	00700	OPERATION OF PLANT	-730,443	18,563,512	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,303,894	8.00
9.00	00900	HOUSEKEEPING	0	5,788,163	9.00
10.00	01000	DIETARY	-2,382,222	882,502	10.00
11.00	01100	CAFETERIA	-1,851,642	5,577,518	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,000	3,055,656	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	913,128	14.00
15.00	01500	PHARMACY	-20,888	28,590,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,532	5,068,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,973,023	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	-317,531	986,271	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,085,731	31,900,930	30.00
31.00	03100	INTENSIVE CARE UNIT	-804	15,898,911	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,918,432	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-209,655	4,254,073	34.01
40.00	04000	SUBPROVIDER - IPF	0	3,502,983	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	2,259,255	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	18,275,018	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	1,648,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,430	12,056,720	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	828,871	56.00
57.00	05700	CT SCAN	0	1,305,465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	166	59.00
60.00	06000	LABORATORY	-66	12,575,679	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,025,859	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,697,006	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	349,989	65.01
66.00	06600	PHYSICAL THERAPY	0	3,510,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,330,322	67.00
68.00	06800	SPEECH PATHOLOGY	0	716,527	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,795,819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	716,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,733,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	218,647	73.00
73.01	07301	RETAIL PHARMACIES	-28,696	26,327,628	73.01
74.00	07400	RENAL DIALYSIS	0	1,558,172	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-2,319,925	1,830,360	90.01
90.02	09002 OB/GYN CLINIC	0	1,337,443	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-306,568	751,748	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-82,978	2,854,347	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	3,208,573	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-337,040	404,745	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-2,334,596	10,256,339	90.17
90.18	09018 PSYCHIATRIC CLINIC	-6,231,551	27,415,054	90.18
90.19	09019 ORAL SURGERY CLINIC	0	751	90.19
90.20	09020 DIETARY CLINIC	-14,286	855,783	90.20
90.21	09021 CENTER OF EXCELLENCE	0	1,047	90.21
90.22	09022 OP BURN CLINIC	0	606,409	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	240,346	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	252,451	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	-2,160,516	4,247,156	90.26
91.00	09100 EMERGENCY	-733,742	17,419,086	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,556,464	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-1,467,976	24,355,555	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-27,318,104	548,323,064	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	515,512	190.00
190.01	19001 RETAIL SPA	0	161,271	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	852,793	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	-1,770	3,132,244	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	11,463,620	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	-11,405	9,498,437	193.08
193.09	19309 DME	0	743,734	193.09
193.10	19310 PROFESSIONAL BILLING	0	3,595,727	193.10
193.11	19311 FOHC	-17,171,188	28,623,806	193.11
200.00	TOTAL (SUM OF LINES 118-199)	-44,502,467	606,910,208	200.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2017 9:53 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	2,142,486	3,079,263	1.00
	O		2,142,486	3,079,263	
<b>B - INTERNS AND RESIDENTS EXPENSE</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	14,973,023	1.00
	O		0	14,973,023	
<b>E - DEFAULT</b>					
1.00	SUBPROVIDER - IPF	40.00	167,323	160,036	1.00
2.00	PSYCHIATRIC CLINIC	90.18	1,815,063	487,134	2.00
3.00	MIDTOWN NRCCS	193.07	561,631	537,171	3.00
	O		2,544,017	1,184,341	
<b>G - THERAPY ADMINISTRATION RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	225,819	70,761	1.00
2.00	SPEECH PATHOLOGY	68.00	68,924	22,200	2.00
3.00	DME	193.09	21,676	66,315	3.00
	O		316,419	159,276	
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>					
1.00	OB/GYN CLINIC	90.02	93,257	25,935	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	89,376	24,856	2.00
3.00	SPECIALTY CLINIC	90.10	229,144	63,726	3.00
4.00	ENDOSCOPY CLINIC	90.12	395,983	110,125	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	40,037	11,135	5.00
6.00	OP BURN CLINIC	90.22	42,301	11,764	6.00
7.00	PLASTICS CLINIC	90.24	2,180	606	7.00
8.00	WOUND/OSTOMY CLINIC	90.25	1,740	484	8.00
	O		894,018	248,631	
<b>K - PICC LINE EXPENSE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	206,214	1.00
	O		0	206,214	
<b>P - DEFAULT</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	716,024	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,733,578	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	218,647	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	O		0	12,668,249	
<b>Q - FAMILY BEGINNINGS</b>					
1.00	NURSERY	43.00	1,534,020	725,235	1.00
	O		1,534,020	725,235	
<b>R - HEALTH CONNECTIONS</b>					
1.00	OB/GYN CLINIC	90.02	14,333	16,608	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	13,736	15,917	2.00
3.00	SPECIALTY CLINIC	90.10	35,218	40,808	3.00
4.00	ENDOSCOPY CLINIC	90.12	60,859	70,520	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	6,153	7,130	5.00
6.00	CHC CLINIC	90.17	62,982	72,980	6.00
7.00	PSYCHIATRIC CLINIC	90.18	150,572	174,473	7.00
8.00	CENTER OF EXCELLENCE	90.21	1	1	8.00
9.00	OP BURN CLINIC	90.22	6,501	7,533	9.00
10.00	PLASTICS CLINIC	90.24	335	388	10.00
11.00	WOUND/OSTOMY CLINIC	90.25	267	310	11.00
12.00	WCOE/SENIOR CARE CLINIC	90.26	12,989	15,051	12.00

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		363,946	421,719	
T - REFERRAL BONUS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	500	0	1.00
2.00	DIETARY	10.00	500	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	3.00
4.00	PARAMED PRGM-AMBULANCE	23.00	500	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	500	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	34.01	1,000	0	6.00
7.00	MEDICINE CLINIC	90.01	500	0	7.00
8.00	AMBULANCE SERVICES	95.00	1,000	0	8.00
9.00	FQHC	193.11	500	0	9.00
	0		5,500	0	
U - TRAUMA ONCALL					
1.00	EMERGENCY	91.00	0	2,172,000	1.00
	0		0	2,172,000	
V - MD WISE MEDICAL MANAGEMENT					
1.00	OTHER NON-REIMBURSABLE COST CENTERS	193.01	1,105,823	510,935	1.00
	0		1,105,823	510,935	
500.00	Grand Total: Increases		8,906,229	36,348,886	500.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	2,142,486	3,079,263	0	1.00
	O		2,142,486	3,079,263		
<b>B - INTERNS AND RESIDENTS EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,973,023	0	1.00
	O		0	14,973,023		
<b>E - DEFAULT</b>						
1.00	PSYCHIATRIC CLINIC	90.18	728,954	697,207	0	1.00
2.00	MIDTOWN NRCCS	193.07	1,815,063	487,134	0	2.00
3.00		0.00	0	0	0	3.00
	O		2,544,017	1,184,341		
<b>G - THERAPY ADMINISTRATION RECLASS</b>						
1.00	PHYSICAL THERAPY	66.00	316,419	159,276	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		316,419	159,276		
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>						
1.00	MEDICINE CLINIC	90.01	894,018	248,631	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	O		894,018	248,631		
<b>K - PICC LINE EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	206,214	0	1.00
	O		0	206,214		
<b>P - DEFAULT</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	16,104	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	18,568	0	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	2,371	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	428	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	16	0	5.00
6.00	OPERATING ROOM	50.00	0	10,620,086	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	12,581	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,885,006	0	8.00
9.00	CT SCAN	57.00	0	244	0	9.00
10.00	LABORATORY	60.00	0	294	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	241	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	24	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	1,980	0	13.00
14.00	MEDICINE CLINIC	90.01	0	46	0	14.00
15.00	OB/GYN CLINIC	90.02	0	13,289	0	15.00
16.00	SPECIALTY CLINIC	90.10	0	6,802	0	16.00
17.00	ENDOSCOPY CLINIC	90.12	0	13,165	0	17.00
18.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	24	0	18.00
19.00	CHC CLINIC	90.17	0	3,672	0	19.00
20.00	PSYCHIATRIC CLINIC	90.18	0	5	0	20.00
21.00	WOUND/OSTOMY CLINIC	90.25	0	5,601	0	21.00
22.00	WCOE/SENIOR CARE CLINIC	90.26	0	104	0	22.00
23.00	EMERGENCY	91.00	0	37,816	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	29,782	0	24.00
	O		0	12,668,249		
<b>Q - FAMILY BEGINNINGS</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,534,020	725,235	0	1.00
	O		1,534,020	725,235		
<b>R - HEALTH CONNECTIONS</b>						
1.00	MEDICINE CLINIC	90.01	363,946	421,719	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
	O		363,946	421,719		

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>T - REFERRAL BONUS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	500	0	1.00
2.00	DIETARY	10.00	0	500	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	500	0	3.00
4.00	PARAMED ED PRGM-AMBULANCE	23.00	0	500	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	500	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,000	0	6.00
7.00	MEDICINE CLINIC	90.01	0	500	0	7.00
8.00	AMBULANCE SERVICES	95.00	0	1,000	0	8.00
9.00	FQHC	193.11	0	500	0	9.00
	O		0	5,500		
<b>U - TRAUMA ONCALL</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,172,000	0	1.00
	O		0	2,172,000		
<b>V - MD WISE MEDICAL MANAGEMENT</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,105,823	510,935	0	1.00
	O		1,105,823	510,935		
500.00	Grand Total: Decreases		8,900,729	36,354,386		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,722,914	0	0	0	1.00	
2.00	Land Improvements	77,284,767	73,915	0	73,915	2.00	
3.00	Buildings and Fixtures	421,371,500	7,965,641	0	7,965,641	3.00	
4.00	Building Improvements	1,818,534	0	0	0	4.00	
5.00	Fixed Equipment	238,993,447	713,743	0	713,743	5.00	
6.00	Movable Equipment	177,390,974	71,172,503	0	71,172,503	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	926,582,136	79,925,802	0	79,925,802	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	926,582,136	79,925,802	0	79,925,802	10.00	
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,722,914	0			1.00	
2.00	Land Improvements	77,358,682	0			2.00	
3.00	Buildings and Fixtures	429,264,401	0			3.00	
4.00	Building Improvements	1,818,534	0			4.00	
5.00	Fixed Equipment	239,707,190	0			5.00	
6.00	Movable Equipment	248,492,784	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	1,006,364,505	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	1,006,364,505	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	57,004,762	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	57,004,762	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	57,004,762				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	57,004,762				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	57,004,761	0	57,004,761	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	57,004,761	0	57,004,761	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	66,185,315	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	66,185,315	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	66,185,315	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	66,185,315	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-41,147,851				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	45,476,096				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 CABLE TV COSTS	A	-61,905	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

Period:  
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Worksheet A-8

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Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	NON ALLOWABLE ADVERTISING	A	16,186	CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.02	NON ALLOWABLE ADVERTISING	A	-805	PURCHASING RECEIVING AND STORES	5.02	0 33.02
33.03	NON ALLOWABLE ADVERTISING	A	-1,778,731	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.03
33.04	NON ALLOWABLE ADVERTISING	A	-6,982	CAFETERIA	11.00	0 33.04
33.05	NON ALLOWABLE ADVERTISING	A	-6,197	AMBULANCE SERVICES	95.00	0 33.05
33.06	NON ALLOWABLE ADVERTISING	A	-1,770	OTHER NON-REIMBURSABLE COST CENTERS	193.01	0 33.06
33.07	NON ALLOWABLE ADVERTISING	A	-11,405	RESTRICTED AND OTHER GRANT COST CTRS	193.08	0 33.07
33.09	NON ALLOWABLE ADVERTISING	A	-10,072	FQHC	193.11	0 33.09
33.10	PARKING LOT	A	-1,657,506	CAP REL COSTS-BLDG & FIXT	1.00	9 33.10
33.11	PARKING LOT	A	-550,775	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12	IUHP SERVICES	A	-9,755,412	OTHER ADMINISTRATIVE AND GENERAL	5.05	9 33.12
33.13	IUHP SERVICES	A	-989,710	ADULTS & PEDIATRICS	30.00	0 33.13
33.14	IUHP SERVICES	A	-209,655	NEONATAL INTENSIVE CARE UNIT	34.01	0 33.14
33.15	IUHP SERVICES	A	19,090	MEDICINE CLINIC	90.01	0 33.15
33.16	IUHP SERVICES	A	-181,818	OPHTHALMOLOGY CLINIC	90.07	0 33.16
33.17	IUHP SERVICES	A	-81,586	SPECIALTY CLINIC	90.10	0 33.17
33.18	IUHP SERVICES	A	-337,040	OCCUPATIONAL THERAPY CLINIC	90.13	0 33.18
33.19	IUHP SERVICES	A	-2,885,974	CHC CLINIC	90.17	0 33.19
33.20	IUHP SERVICES	A	233,600	PSYCHIATRIC CLINIC	90.18	0 33.20
33.21	IUHP SERVICES	A	-2,156,846	WCOE/SENIOR CARE CLINIC	90.26	0 33.21
33.22	IUHP SERVICES	A	-3,068	EMERGENCY	91.00	0 33.22
33.23	IUHP SERVICES	A	-17,161,116	FQHC	193.11	0 33.23
33.24	HEALTH CONNECTIONS	A	-2,308,627	MEDICINE CLINIC	90.01	0 33.24
33.25	MI SCCELLANEOUS REVENUE	B	-2,382,222	DIETARY	10.00	0 33.25
33.26	MI SCCELLANEOUS REVENUE	B	-1,844,660	CAFETERIA	11.00	0 33.26
33.27	MI SCCELLANEOUS REVENUE	B	5,000	NURSING ADMINISTRATION	13.00	0 33.27
33.28	MI SCCELLANEOUS REVENUE	B	-20,888	PHARMACY	15.00	0 33.28
33.29	MI SCCELLANEOUS REVENUE	B	-15,532	MEDICAL RECORDS & LIBRARY	16.00	0 33.29
33.30	MI SCCELLANEOUS REVENUE	B	-317,531	PARAMED ED PRGM-AMBULANCE	23.00	0 33.30
33.31	MI SCCELLANEOUS REVENUE	B	-2,764	ADULTS & PEDIATRICS	30.00	9 33.31
33.32	MI SCCELLANEOUS REVENUE	B	-4,719	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.32
33.33	MI SCCELLANEOUS REVENUE	B	-62,899	PURCHASING RECEIVING AND STORES	5.02	0 33.33
33.34	MI SCCELLANEOUS REVENUE	B	-5,856	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0 33.34
33.35	MI SCCELLANEOUS REVENUE	B	-2,297,747	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.35
33.36	MI SCCELLANEOUS REVENUE	B	-66	LABORATORY	60.00	0 33.36
33.37	MI SCCELLANEOUS REVENUE	B	-730,443	OPERATION OF PLANT	7.00	0 33.37
33.38	MI SCCELLANEOUS REVENUE	B	-28,696	RETAIL PHARMACIES	73.01	0 33.38
33.39	MI SCCELLANEOUS REVENUE	B	-72,218	MEDICINE CLINIC	90.01	0 33.39
33.40	MI SCCELLANEOUS REVENUE	B	-124,750	OPHTHALMOLOGY CLINIC	90.07	0 33.40
33.41	MI SCCELLANEOUS REVENUE	B	-1,392	SPECIALTY CLINIC	90.10	0 33.41
33.42	MI SCCELLANEOUS REVENUE	B	553,093	CHC CLINIC	90.17	0 33.42
33.43	MI SCCELLANEOUS REVENUE	B	-107,363	PSYCHIATRIC CLINIC	90.18	0 33.43
33.44	MI SCCELLANEOUS REVENUE	B	-14,286	DIETARY CLINIC	90.20	0 33.44
33.45	MI SCCELLANEOUS REVENUE	B	-3,670	WCOE/SENIOR CARE CLINIC	90.26	0 33.45
33.46	MI SCCELLANEOUS REVENUE	B	-1,200	EMERGENCY	91.00	0 33.46
33.47	MI SCCELLANEOUS REVENUE	B	-1,461,779	AMBULANCE SERVICES	95.00	0 33.47
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,502,467			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 15-0024  
 Period: From 01/01/2016 To 12/31/2016  
 Worksheet A-8-1  
 Date/Time Prepared: 5/31/2017 9:53 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	10,821,873	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	34,654,223	0
3.00	0.00		0	0
4.00	0.00		0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		45,476,096	0

\* 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	G	HEALTH AND HOSP	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL			100.00

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

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

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

Provider CCN: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2017 9:53 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	10,821,873	9		1.00
2.00	34,654,223	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	45,476,096			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0024

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2017 9:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	34,004,213	3	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	93,257	93,257	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	804	804	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,430	2,430	0	0	0	4.00
5.00	90.01	MEDICINE CLINIC	-41,830	-41,830	0	0	0	5.00
6.00	90.17	CHC CLINIC	1,715	1,715	0	0	0	6.00
7.00	90.18	PSYCHIATRIC CLINIC	6,357,788	6,357,788	0	0	0	7.00
8.00	91.00	EMERGENCY	2,173,189	715,785	1,457,404	171,400	17,520	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			42,591,566	7,129,952	1,457,404		17,520	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	90.01	MEDICINE CLINIC	0	0	0	0	0	5.00
6.00	90.17	CHC CLINIC	0	0	0	0	0	6.00
7.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,443,715	72,186	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	34,004,213		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	93,257		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	804		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,430		4.00
5.00	90.01	MEDICINE CLINIC	0	0	0	-41,830		5.00
6.00	90.17	CHC CLINIC	0	0	0	1,715		6.00
7.00	90.18	PSYCHIATRIC CLINIC	0	0	0	6,357,788		7.00
8.00	91.00	EMERGENCY	0	1,443,715	13,689	729,474		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,443,715	13,689	41,147,851		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	66,185,315	66,185,315			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,218,889	444,457	0	10,663,346	4.00
5.01 00540	NONPATIENT TELEPHONES	2,652,412	16,720	0	13,333	2,682,465 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	5,817,413	1,003,641	0	111,903	20,953 5.02
5.03 00570	ADMITTING	5,453,464	85,750	0	140,517	44,899 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	12,689,584	709,216	0	303,119	70,841 5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	92,184,267	4,242,231	0	921,919	322,275 5.05
6.00 00600	MAINTENANCE & REPAIRS	4,421,754	274,986	0	77,009	1,996 6.00
7.00 00700	OPERATION OF PLANT	18,563,512	7,332,901	0	190,426	58,868 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,303,894	10,835	0	154	0 8.00
9.00 00900	HOUSEKEEPING	5,788,163	508,090	0	152,184	11,474 9.00
10.00 01000	DIETARY	882,502	524,405	0	70,681	13,470 10.00
11.00 01100	CAFETERIA	5,577,518	1,197,746	0	138,839	10,476 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,055,656	136,316	0	95,942	10,476 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	913,128	19,601	0	21,409	7,982 14.00
15.00 01500	PHARMACY	28,590,154	590,797	0	344,984	38,912 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,068,269	196,175	0	136,891	34,423 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,973,023	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	986,271	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	42,204	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	31,900,930	6,435,298	0	1,051,875	153,155 30.00
31.00 03100	INTENSIVE CARE UNIT	15,898,911	2,439,240	0	474,959	99,776 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	3,918,432	1,056,560	0	107,130	49,389 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	4,254,073	837,822	0	141,151	38,414 34.01
40.00 04000	SUBPROVIDER - I PF	3,502,983	691,644	0	117,540	48,890 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,259,255	535,605	0	71,356	10,975 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	18,275,018	2,637,241	0	281,016	99,776 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	1,648,028	263,054	0	27,081	14,966 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,056,720	1,597,685	0	265,172	48,890 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	828,871	190,696	0	9,049	4,989 56.00
57.00 05700	CT SCAN	1,305,465	145,041	0	41,853	4,989 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	166	0	0	0	4,989 59.00
60.00 06000	LABORATORY	12,575,679	848,495	0	223,096	35,420 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,025,859	82,869	0	53	3,492 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	4,697,006	123,695	0	141,821	11,474 65.00
65.01 03560	PULMONARY FUNCTION TESTING	349,989	0	0	11,547	3,492 65.01
66.00 06600	PHYSICAL THERAPY	3,510,117	327,175	0	123,547	7,982 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,330,322	0	0	79,640	8,481 67.00
68.00 06800	SPEECH PATHOLOGY	716,527	0	0	24,308	2,993 68.00
69.00 06900	ELECTROCARDIOLOGY	2,795,819	664,535	0	79,376	27,438 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	716,024	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,733,578	0	0	0	0 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	218,647	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	26,327,628	864,809	0	229,840	12,472	73.01
74.00	07400 RENAL DIALYSIS	1,558,172	201,856	0	3,050	1,996	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	1,830,360	1,188,493	0	33,180	30,930	90.01
90.02	09002 OB/GYN CLINIC	1,337,443	519,697	0	49,137	30,930	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	751,748	358,950	0	29,100	12,472	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	2,854,347	981,037	0	95,449	61,861	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,208,573	717,901	0	89,433	31,429	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	404,745	211,921	0	16,344	6,984	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	10,256,339	2,210,153	0	217,356	131,704	90.17
90.18	09018 PSYCHIATRIC CLINIC	27,415,054	3,662,512	0	966,438	287,354	90.18
90.19	09019 ORAL SURGERY CLINIC	751	0	0	751	0	90.19
90.20	09020 DIETARY CLINIC	855,783	0	0	29,283	0	90.20
90.21	09021 CENTER OF EXCELLENCE	1,047	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	606,409	122,640	0	14,632	998	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	240,346	284	0	6,129	4,989	90.24
90.25	09025 WOUND/OSTOMY CLINIC	252,451	10,592	0	7,025	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	4,247,156	262,040	0	124,842	72,337	90.26
91.00	09100 EMERGENCY	17,419,086	3,311,597	0	488,616	108,256	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	1,556,464	245,766	0	55,884	5,987	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	24,355,555	62,618	0	697,851	5,987	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	548,323,064	51,103,388	0	9,186,673	2,133,701	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	515,512	179,333	0	8,107	2,993	190.00
190.01	19001 RETAIL SPA	161,271	29,260	0	3,643	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	852,793	2,418,381	0	11,477	51,384	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	3,132,244	2,944,571	0	86,165	5,987	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	2,662,159	0	0	0	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	11,463,620	396,530	0	276,028	37,915	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	9,498,437	248,972	0	253,752	54,378	193.08
193.09 19309 DME	743,734	48,009	0	7,644	13,470	193.09
193.10 19310 PROFESSIONAL BILLING	3,595,727	83,802	0	55,385	14,467	193.10
193.11 19311 FOHC	28,623,806	6,070,910	0	774,472	368,170	193.11
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)	606,910,208	66,185,315	0	10,663,346	2,682,465	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5.04	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	6,953,910					5.02
5.03	00570	ADMINISTRATIVE	1,603	5,726,233				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,598	0	13,792,358			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	150,727	0	0	97,821,419		5.05
6.00	00600	MAINTENANCE & REPAIRS	158,566	0	0	999,731	5,934,042	6.00
7.00	00700	OPERATION OF PLANT	168,187	0	0	5,331,405	963,778	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,730	0	0	268,844	1,424	8.00
9.00	00900	HOUSEKEEPING	41,868	0	0	1,316,644	66,779	9.00
10.00	01000	DIETARY	13,006	0	0	304,735	68,924	10.00
11.00	01100	CAFETERIA	39,018	0	0	1,410,880	150,014	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,810	0	0	669,255	17,916	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,512	0	0	203,344	2,576	14.00
15.00	01500	PHARMACY	192,951	0	0	6,029,168	77,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,247	0	0	1,101,581	25,784	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,033,654	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	12,115	0	0	202,281	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	8,551	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	912,381	476,673	838,773	8,462,675	842,018	30.00
31.00	03100	INTENSIVE CARE UNIT	387,863	339,714	597,775	4,100,429	320,594	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	184,043	108,935	191,686	1,116,177	138,866	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	133,801	72,382	127,367	1,135,620	110,117	34.01
40.00	04000	SUBPROVIDER - IPF	22,805	51,843	91,225	917,192	90,904	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	67,702	18,188	32,004	606,828	70,396	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	456,812	449,676	791,267	4,658,121	346,618	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	147,876	139,347	245,201	503,593	34,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	419,754	506,817	891,817	3,198,543	204,979	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,374	20,459	36,001	222,553	25,064	56.00
57.00	05700	CT SCAN	16,747	357,344	628,796	506,568	19,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	178	3	6	1,082	0	59.00
60.00	06000	LABORATORY	158,031	840,432	1,479,250	3,274,227	111,519	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	20,667	89,822	158,055	482,373	10,892	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	270,096	374,753	659,431	1,272,029	16,257	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,058	6,266	11,026	78,688	0	65.01
66.00	06600	PHYSICAL THERAPY	28,150	79,489	139,872	854,263	3,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,719	47,646	83,840	519,416	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,098	12,054	21,210	158,275	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,777	90,649	159,510	789,990	87,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,473	277,821	488,865	321,779	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	341,718	177,963	313,151	2,546,055	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,374	679,449	1,195,586	432,174	0	73.00
73.01	07301	RETAIL PHARMACIES	84,271	201,963	355,382	5,688,496	58,000	73.01
74.00	07400	RENAL DIALYSIS	13,540	30,703	54,026	377,528	26,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B Part I Date/Time Prepared: 5/31/2017 9:53 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5.04	5.05	6.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	103,691	34,055	59,925	664,683	156,206	90.01
90.02	09002	OB/GYN CLINIC	56,300	0	45,813	413,183	68,305	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	17,638	23,977	42,192	0	47,178	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	134,157	64,021	112,654	871,929	128,940	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	110,283	99,670	175,384	898,095	94,355	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	17,282	11,031	19,411	139,337	27,853	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	124,358	0	136,542	2,649,394	6,555	90.17
90.18	09018	PSYCHIATRIC CLINIC	139,680	0	364,450	7,154,495	54,160	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	152	0	90.19
90.20	09020	DIETARY CLINIC	356	0	0	179,394	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	1	2	213	0	90.21
90.22	09022	OP BURN CLINIC	26,546	0	12,658	158,821	16,119	90.22
90.23	09023	BIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,058	452	796	52,486	37	90.24
90.25	09025	WOUND/OSTOMY CLINIC	29,219	66	116	60,675	1,392	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	67,524	0	40,971	975,531	34,440	90.26
91.00	09100	EMERGENCY	521,307	0	1,397,442	4,709,887	435,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	178	40,865	71,907	400,566	32,302	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	152,865	0	1,275,099	5,379,237	3,136	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,286,688	5,724,529	13,346,484	87,812,825	4,998,213	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,810	0	0	144,005	23,570	190.00
190.01	19001	RETAIL SPA	11,046	0	0	41,579	3,846	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	178	1,704	2,999	676,491	317,853	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	8,552	0	0	1,251,615	113,952	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	539,375	349,893	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	120,439	0	117,447	2,514,766	4,928	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	68,771	0	26	2,051,271	16,124	193.08
193.09	19309	DME	64,673	0	3,114	178,426	6,310	193.09
193.10	19310	PROFESSIONAL BILLING	1,069	0	0	759,871	11,014	193.10
193.11	19311	FQHC	387,684	0	322,288	1,851,195	88,339	193.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	6.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,953,910	5,726,233	13,792,358	97,821,419	5,934,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B Part I Date/Time Prepared: 5/31/2017 9:53 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	32,609,077				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	9,343	1,603,224			8.00	
9.00	00900	HOUSEKEEPING	438,128	0	8,323,330		9.00	
10.00	01000	DIETARY	452,196	0	319,994	2,649,913	10.00	
11.00	01100	CAFETERIA	984,214	0	0	9,508,705	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	117,546	0	20,814	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	16,902	228,814	0	103,920	14.00	
15.00	01500	PHARMACY	509,447	0	160,438	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	169,162	0	0	236,569	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	69,548	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,524,338	394,549	1,899,056	1,690,307	1,407,969	30.00
31.00	03100	INTENSIVE CARE UNIT	2,103,367	230,645	667,218	604,580	603,871	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	911,076	87,722	289,043	103,556	149,179	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	722,457	15,477	229,197	0	175,633	34.01
40.00	04000	SUBPROVIDER - I/PF	596,408	0	189,186	251,470	226,859	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	461,855	0	0	0	87,017	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,274,104	119,566	721,383	0	431,126	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	226,833	0	71,942	0	44,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,344,830	73,438	426,610	0	400,742	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	164,438	0	52,157	0	10,114	56.00
57.00	05700	CT SCAN	125,070	0	39,669	0	55,698	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	731,661	0	232,086	0	394,464	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,458	0	22,675	0	57	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	106,663	0	33,841	0	221,163	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	17,342	65.01
66.00	06600	PHYSICAL THERAPY	22,361	0	7,101	0	186,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	108,350	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	31,713	68.00
69.00	06900	ELECTROCARDIOLOGY	573,031	0	181,790	0	118,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
73.01	07301	RETAIL PHARMACIES	380,528	0	120,720	0	335,039	73.01
74.00	07400	RENAL DIALYSIS	174,062	20,346	55,242	0	4,790	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
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5/31/2017 9:53 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	1,024,843	0	322,835	0	291,683	90.01
90.02	09002 OB/GYN CLINIC	448,137	0	137,175	0	90,523	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	309,524	0	92,511	0	63,471	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	845,952	0	247,562	0	201,685	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	619,049	34,295	174,836	0	122,139	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	182,740	0	0	0	28,992	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	43,008	0	0	0	509,128	90.17
90.18	09018 PSYCHIATRIC CLINIC	355,332	0	82,961	0	334,042	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	51,954	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	105,753	0	31,245	0	25,963	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	245	0	0	0	9,927	90.24
90.25	09025 WOUND/OSTOMY CLINIC	9,134	0	0	0	8,423	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	225,958	0	71,698	0	263,871	90.26
91.00	09100 EMERGENCY	2,855,604	345,824	914,437	0	813,508	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	211,925	0	67,241	0	66,059	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	20,577	52,548	6,514	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	26,469,259	1,603,224	7,889,177	2,649,913	8,757,436	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,640	0	47,015	0	29,245	190.00
190.01	19001 RETAIL SPA	25,231	0	8,032	0	7,822	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,085,380	0	0	0	20,199	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	747,618	0	0	0	52,049	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	2,295,590	0	249,864	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	32,335	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	105,788	0	7,297	0	0	193.08
193.09	19309 DME	41,398	0	13,125	0	16,849	193.09
193.10	19310 PROFESSIONAL BILLING	72,263	0	0	0	136,612	193.10
193.11	19311 FOHC	579,575	0	108,820	0	488,493	193.11
200.00	20000 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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To 12/31/2016

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	32,609,077	1,603,224	8,323,330	2,649,913	9,508,705	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
From 01/01/2016  
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	4,232,651				13.00
14.00	01400	0	0	1,510,098			14.00
15.00	01500	0	0	0	36,935,010		15.00
16.00	01600	0	0	0	0	6,970,101	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	1,406,831	0	0	423,930	30.00
31.00	03100	0	603,384	0	0	302,125	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	149,059	0	0	96,881	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	175,491	0	0	64,373	34.01
40.00	04000	0	0	0	0	46,107	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	86,947	0	0	16,175	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	430,778	0	0	399,920	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	123,929	53.00
54.00	05400	0	0	0	0	450,739	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	18,195	56.00
57.00	05700	0	0	0	0	317,804	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	3	59.00
60.00	06000	0	0	0	0	746,857	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	79,884	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	333,287	65.00
65.01	03560	0	0	0	0	5,573	65.01
66.00	06600	0	0	0	0	70,694	66.00
67.00	06700	0	0	0	0	42,374	67.00
68.00	06800	0	0	0	0	10,720	68.00
69.00	06900	0	0	0	0	80,619	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	356,167	0	247,080	71.00
72.00	07200	0	0	1,153,931	0	158,272	72.00
73.00	07300	0	0	0	36,935,010	604,269	73.00
73.01	07301	0	0	0	0	179,616	73.01
74.00	07400	0	4,787	0	0	27,306	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	0	30,287	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	23,154	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	21,324	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	0	56,937	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	88,642	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	9,810	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	69,010	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	184,199	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	1	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	6,397	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	0	402	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	8,417	0	0	58	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	20,707	90.26
91.00	09100 EMERGENCY	0	812,852	0	0	706,290	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	66,006	0	0	36,343	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	644,456	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	3,744,552	1,510,098	36,935,010	6,744,749	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,516	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	0	0	0	0	59,359	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	0	0	0	13	193.08
193.09	19309 DME	0	0	0	0	1,574	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311 FQHC	0	488,099	0	0	162,890	193.11



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Date/Time Prepared:  
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,232,651	1,510,098	36,935,010	6,970,101	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	0					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0		0			19.00
20.00 02000 NURSING SCHOOL	0			0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				18,006,677	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0					23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0					23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	5,195,960	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	716,684	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	89,585	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	268,756	34.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	89,585	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	268,756	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	1,254,196	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	537,513	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	806,269	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	89,585	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	268,756	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	806,269	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	1,343,782	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	268,756	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	985,440	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	985,440	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	89,585	90.26
91.00 09100 EMERGENCY	0	0	0	0	1,522,953	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	0	0	0	15,587,870	118.00
SUBTOTALS (SUM OF LINES 1-117)						
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	1,343,782	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	193.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			(SPECIFY)			SERVICES-SALARY & FRINGES		
		17.00	18.00	19.00	20.00	21.00		
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	1,075,025	193.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	18,006,677	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
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5/31/2017 9:53 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED PRGM-AMBULANCE		1,270,215				23.00
23.01 02301 PARAMED PRGM-PHARMACY			50,755			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	69,016,718	-5,195,960	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	30,491,135	-716,684	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	8,747,319	-89,585	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	8,502,131	-268,756	34.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	6,934,641	-89,585	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	4,593,059	-268,756	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	33,626,618	-1,254,196	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	4,028,722	-537,513	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	22,693,005	-806,269	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	1,590,960	0	56.00
57.00 05700 CT SCAN	0	0	0	3,564,107	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,427	0	59.00
60.00 06000 LABORATORY	0	0	0	21,740,802	-89,585	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,048,156	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,261,516	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	489,981	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	5,360,278	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,233,788	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	981,898	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,999,293	-268,756	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,513,209	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,424,668	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

	Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	23.01	24.00	25.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	50,755	40,155,264	0	73.00
73.01	07301 RETAIL PHARMACIES	0	0	0	34,838,764	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	2,553,934	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	6,577,440	-806,269	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	4,563,579	-1,343,782	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	1,770,085	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	6,925,287	-268,756	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	6,464,084	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	1,076,450	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	17,338,987	-985,440	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	41,986,117	-985,440	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	903	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	1,116,770	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	1,264	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	1,128,181	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	322,151	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	387,568	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	6,496,660	-89,585	90.26
91.00	09100 EMERGENCY	0	0	0	36,362,909	-1,522,953	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	2,857,493	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	1,270,215	0	33,926,658	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	1,270,215	50,755	508,698,979	-15,587,870	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,109,230	0	190.00
190.01	19001 RETAIL SPA	0	0	0	291,730	0	190.01
191.00	19100 RESEARCH	0	0	0	1,343,782	-1,343,782	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	6,440,355	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	8,342,753	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	6,096,881	0	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:  
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To 12/31/2016

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-OTHER PRGM COSTS						
		22.00	23.00	23.01	24.00	25.00		
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	193.04	
193.05	19305	LV BEAUTY	0	0	0	0	193.05	
193.06	19306	LV DAYCARE	0	0	0	0	193.06	
193.07	19307	MIDTOWN NRCCS	0	0	0	15,023,367	193.07	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	12,304,829	193.08	
193.09	19309	DME	0	0	0	1,138,326	193.09	
193.10	19310	PROFESSIONAL BILLING	0	0	0	4,730,210	193.10	
193.11	19311	FOHC	0	0	0	41,389,766	193.11	
200.00		Cross Foot Adjustments	0	0	0	-1,075,025	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	1,270,215	50,755	606,910,208	-18,006,677	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00560 PURCHASING RECEIVING AND STORES		5.02
5.03	00570 ADMITTING		5.03
5.04	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591 OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	63,820,758	30.00
31.00	03100 INTENSIVE CARE UNIT	29,774,451	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,657,734	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,233,375	34.01
40.00	04000 SUBPROVIDER - I PF	6,845,056	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	4,324,303	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	32,372,422	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	3,491,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,886,736	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	1,590,960	56.00
57.00	05700 CT SCAN	3,564,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,427	59.00
60.00	06000 LABORATORY	21,651,217	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	3,048,156	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,261,516	65.00
65.01	03560 PULMONARY FUNCTION TESTING	489,981	65.01
66.00	06600 PHYSICAL THERAPY	5,360,278	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,233,788	67.00
68.00	06800 SPEECH PATHOLOGY	981,898	68.00
69.00	06900 ELECTROCARDIOLOGY	5,730,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,513,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,424,668	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,155,264	73.00
73.01	07301 RETAIL PHARMACIES	34,838,764	73.01
74.00	07400 RENAL DIALYSIS	2,553,934	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:  
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Cost Center Description			Total	
			26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	MEDICINE CLINIC	5,771,171	90.01
90.02	09002	OB/GYN CLINIC	3,219,797	90.02
90.03	09003	ORTHO CLINIC	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	90.04
90.05	09005	DENTISTRY CLINIC	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,770,085	90.07
90.08	09008	ENT CLINIC	0	90.08
90.09	09009	GERIATRIC CLINIC	0	90.09
90.10	09010	SPECIALTY CLINIC	6,656,531	90.10
90.11	09011	NEUROLOGY CLINIC	0	90.11
90.12	09012	ENDOSCOPY CLINIC	6,464,084	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,076,450	90.13
90.14	09014	URGENT VISIT CLINIC	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	90.16
90.17	09017	CHC CLINIC	16,353,547	90.17
90.18	09018	PSYCHIATRIC CLINIC	41,000,677	90.18
90.19	09019	ORAL SURGERY CLINIC	903	90.19
90.20	09020	DIETARY CLINIC	1,116,770	90.20
90.21	09021	CENTER OF EXCELLENCE	1,264	90.21
90.22	09022	OP BURN CLINIC	1,128,181	90.22
90.23	09023	BARIATRIC CLINIC	0	90.23
90.24	09024	PLASTICS CLINIC	322,151	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,568	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,407,075	90.26
91.00	09100	EMERGENCY	34,839,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,857,493	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	33,926,658	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	493,111,109	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,109,230	190.00
190.01	19001	RETAIL SPA	291,730	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,440,355	192.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	8,342,753	193.01
193.02	19302	RENTAL SPACE	0	193.02
193.03	19303	UNUSED SPACE	6,096,881	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	193.04
193.05	19305	LV BEAUTY	0	193.05
193.06	19306	LV DAYCARE	0	193.06
193.07	19307	MIDTOWN NRCCS	15,023,367	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	12,304,829	193.08
193.09	19309	DME	1,138,326	193.09
193.10	19310	PROFESSIONAL BILLING	4,730,210	193.10
193.11	19311	FOHC	40,314,741	193.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	588,903,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

Period:  
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To 12/31/2016

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,050	444,457	0	445,507	445,507 4. 00
5. 01 00540	NONPATIENT TELEPHONES	39,318	16,720	0	56,038	557 5. 01
5. 02 00560	PURCHASING RECEIVING AND STORES	5,855	1,003,641	0	1,009,496	4,674 5. 02
5. 03 00570	ADMITTING	0	85,750	0	85,750	5,869 5. 03
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	709,216	0	709,216	12,661 5. 04
5. 05 00591	OTHER ADMINISTRATIVE AND GENERAL	1,027,897	4,242,231	0	5,270,128	38,509 5. 05
6. 00 00600	MAINTENANCE & REPAIRS	32,750	274,986	0	307,736	3,217 6. 00
7. 00 00700	OPERATION OF PLANT	639,584	7,332,901	0	7,972,485	7,954 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	10,835	0	10,835	6 8. 00
9. 00 00900	HOUSEKEEPING	332	508,090	0	508,422	6,357 9. 00
10. 00 01000	DIETARY	7,121	524,405	0	531,526	2,952 10. 00
11. 00 01100	CAFETERIA	0	1,197,746	0	1,197,746	5,799 11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12. 00
13. 00 01300	NURSING ADMINISTRATION	900	136,316	0	137,216	4,008 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	19,601	0	19,601	894 14. 00
15. 00 01500	PHARMACY	330,940	590,797	0	921,737	14,410 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	196,175	0	196,175	5,718 16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	0	0 17. 00
18. 00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19. 00
20. 00 02000	NURSING SCHOOL	0	0	0	0	0 20. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22. 00
23. 00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0 23. 00
23. 01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	1,763 23. 01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	103,269	6,435,298	0	6,538,567	44,033 30. 00
31. 00 03100	INTENSIVE CARE UNIT	20,690	2,439,240	0	2,459,930	19,839 31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	0 32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	1,542	1,056,560	0	1,058,102	4,475 33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34. 00
34. 01 02060	NEONATAL INTENSIVE CARE UNIT	9,162	837,822	0	846,984	5,896 34. 01
40. 00 04000	SUBPROVIDER - I PF	6,118	691,644	0	697,762	4,910 40. 00
41. 00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	0 42. 00
43. 00 04300	NURSERY	0	535,605	0	535,605	2,981 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	0 45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	207,365	2,637,241	0	2,844,606	11,738 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	5,165	263,054	0	268,219	1,131 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	208,889	1,597,685	0	1,806,574	11,076 54. 00
54. 01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54. 01
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55. 00
56. 00 05600	RADIOISOTOPE	0	190,696	0	190,696	378 56. 00
57. 00 05700	CT SCAN	0	145,041	0	145,041	1,748 57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59. 00
60. 00 06000	LABORATORY	342,002	848,495	0	1,190,497	9,319 60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	0 60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	0	82,869	0	82,869	2 63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64. 00
65. 00 06500	RESPIRATORY THERAPY	0	123,695	0	123,695	5,924 65. 00
65. 01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	482 65. 01
66. 00 06600	PHYSICAL THERAPY	3,529	327,175	0	330,704	5,161 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,327 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	0	0	1,015 68. 00
69. 00 06900	ELECTROCARDIOLOGY	9,631	664,535	0	674,166	3,316 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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To 12/31/2016

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
73.01 07301 RETAIL PHARMACIES	122,660	864,809	0	987,469	9,601	73.01
74.00 07400 RENAL DIALYSIS	0	201,856	0	201,856	127	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	1,188,493	0	1,188,493	1,386	90.01
90.02 09002 OB/GYN CLINIC	0	519,697	0	519,697	2,052	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	6,375	358,950	0	365,325	1,216	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	68,920	981,037	0	1,049,957	3,987	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	5,238	717,901	0	723,139	3,736	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	211,921	0	211,921	683	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	125,763	2,210,153	0	2,335,916	9,079	90.17
90.18 09018 PSYCHIATRIC CLINIC	74,831	3,662,512	0	3,737,343	40,369	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	1,223	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	122,640	0	122,640	611	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	284	0	284	256	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	10,592	0	10,592	293	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	22	262,040	0	262,062	5,215	90.26
91.00 09100 EMERGENCY	20,786	3,311,597	0	3,332,383	20,410	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CDU	0	245,766	0	245,766	2,334	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	511,438	62,618	0	574,056	29,150	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,939,142	51,103,388	0	55,042,530	383,827	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	179,333	0	179,333	339	190.00
190.01 19001 RETAIL SPA	0	29,260	0	29,260	152	190.01
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,418,381	0	2,418,381	479	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	2,944,571	0	2,944,571	3,599	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	2,662,159	0	2,662,159	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	17,071	396,530	0	413,601	11,530	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	1,845	248,972	0	250,817	10,599	193.08
193.09 19309 DME	0	48,009	0	48,009	319	193.09
193.10 19310 PROFESSIONAL BILLING	0	83,802	0	83,802	2,313	193.10
193.11 19311 FQHC	433,133	6,070,910	0	6,504,043	32,350	193.11
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)	4,391,191	66,185,315	0	70,576,506	445,507	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	56,595					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	442	1,014,612				5.02
5.03	00570	ADMINING	947	234	92,800			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,495	2,859	0	726,231		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	6,799	21,992	0	0	5,337,428	5.05
6.00	00600	MAINTENANCE & REPAIRS	42	23,136	0	0	54,549	6.00
7.00	00700	OPERATION OF PLANT	1,242	24,539	0	0	290,900	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,274	0	0	14,669	8.00
9.00	00900	HOUSEKEEPING	242	6,109	0	0	71,841	9.00
10.00	01000	DIETARY	284	1,898	0	0	16,627	10.00
11.00	01100	CAFETERIA	221	5,693	0	0	76,983	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	221	702	0	0	36,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	168	6,057	0	0	11,095	14.00
15.00	01500	PHARMACY	821	28,153	0	0	328,972	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	726	182	0	0	60,106	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	165,527	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	1,768	0	0	11,037	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	467	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,231	133,118	7,729	44,179	461,704	30.00
31.00	03100	INTENSIVE CARE UNIT	2,105	56,591	5,508	31,485	223,734	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,042	26,853	1,766	10,096	60,902	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	810	19,522	1,174	6,709	61,963	34.01
40.00	04000	SUBPROVIDER - IPF	1,031	3,327	841	4,805	50,045	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	232	9,878	295	1,686	33,111	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,105	66,651	7,291	41,677	254,163	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	316	21,576	2,259	12,915	27,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,031	61,244	8,217	46,973	174,524	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	105	1,222	332	1,896	12,143	56.00
57.00	05700	CT SCAN	105	2,444	5,794	33,119	27,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	105	26	0	0	59	59.00
60.00	06000	LABORATORY	747	23,058	13,581	77,687	178,653	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	74	3,015	1,456	8,325	26,320	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	242	39,408	6,076	34,733	69,406	65.00
65.01	03560	PULMONARY FUNCTION TESTING	74	884	102	581	4,294	65.01
66.00	06600	PHYSICAL THERAPY	168	4,107	1,289	7,367	46,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	179	2,002	773	4,416	28,341	67.00
68.00	06800	SPEECH PATHOLOGY	63	598	195	1,117	8,636	68.00
69.00	06900	ELECTROCARDIOLOGY	579	11,932	1,470	8,402	43,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,389	4,505	25,749	17,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,858	2,885	16,494	138,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,745	11,016	62,973	23,581	73.00
73.01	07301	RETAIL PHARMACIES	263	12,296	3,275	18,718	310,384	73.01
74.00	07400	RENAL DIALYSIS	42	1,976	498	2,846	20,599	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	653	15,129	552	3,156	36,267	90.01
90.02	09002	OB/GYN CLINIC	653	8,214	0	2,413	22,545	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	263	2,574	389	2,222	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,305	19,574	1,038	5,934	47,575	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	663	16,091	1,616	9,238	49,003	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	147	2,522	179	1,022	7,603	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	2,779	18,145	0	7,192	144,560	90.17
90.18	09018	PSYCHIATRIC CLINIC	6,063	20,380	0	19,196	390,374	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	8	90.19
90.20	09020	DIETARY CLINIC	0	52	0	0	9,788	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	12	90.21
90.22	09022	OP BURN CLINIC	21	3,873	0	667	8,666	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	105	884	7	42	2,864	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	4,263	1	6	3,311	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1,526	9,852	0	2,158	53,228	90.26
91.00	09100	EMERGENCY	2,284	76,061	0	73,605	256,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	126	26	663	3,787	21,856	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	126	22,304	0	67,161	293,510	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,013	917,260	92,772	702,747	4,791,324	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	702	0	0	7,857	190.00
190.01	19001	RETAIL SPA	0	1,612	0	0	2,269	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,084	26	28	158	36,912	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	126	1,248	0	0	68,292	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	29,430	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	800	17,573	0	6,186	137,214	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	1,147	10,034	0	1	111,925	193.08
193.09	19309	DME	284	9,436	0	164	9,736	193.09
193.10	19310	PROFESSIONAL BILLING	305	156	0	0	41,461	193.10
193.11	19311	FQHC	7,773	56,565	0	16,975	101,008	193.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	56,595	1,014,612	92,800	726,231	5,337,428		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	388,680				6.00
7.00	00700	OPERATION OF PLANT	63,128	8,360,248			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93	2,395	29,272		8.00
9.00	00900	HOUSEKEEPING	4,374	112,326	0	709,671	9.00
10.00	01000	DIETARY	4,514	115,933	0	27,284	701,018
11.00	01100	CAFETERIA	9,826	252,331	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,174	30,136	0	1,775	0
14.00	01400	CENTRAL SERVICES & SUPPLY	169	4,333	4,178	0	0
15.00	01500	PHARMACY	5,086	130,611	0	13,679	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,689	43,370	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,152	1,416,318	7,204	161,919	447,160
31.00	03100	INTENSIVE CARE UNIT	20,999	539,257	4,211	56,889	159,938
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	9,096	233,580	1,602	24,645	27,395
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	7,213	185,222	283	19,542	0
40.00	04000	SUBPROVIDER - I PF	5,954	152,906	0	16,131	66,525
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,611	118,409	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	22,703	583,030	2,183	61,507	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,265	58,155	0	6,134	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,426	344,785	1,341	36,374	0
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,642	42,158	0	4,447	0
57.00	05700	CT SCAN	1,249	32,065	0	3,382	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	7,305	187,582	0	19,788	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	713	18,320	0	1,933	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,065	27,346	0	2,885	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	223	5,733	0	605	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	5,721	146,913	0	15,500	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	3,799	97,559	0	10,293	0
74.00	07400	RENAL DIALYSIS	1,738	44,626	371	4,710	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	10,232	262,747	0	27,526	0	90.01
90.02	09002	OB/GYN CLINIC	4,474	114,892	0	11,696	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	3,090	79,355	0	7,888	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	8,446	216,883	0	21,108	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	6,180	158,710	626	14,907	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,824	46,851	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	429	11,026	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	3,547	91,099	0	7,074	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,056	27,113	0	2,664	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	2	63	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	91	2,342	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	2,256	57,931	0	6,113	0	90.26
91.00	09100	EMERGENCY	28,509	732,114	6,314	77,968	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,116	54,333	0	5,733	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	205	5,275	959	555	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	327,384	6,786,133	29,272	672,654	701,018	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,544	39,646	0	4,009	0	190.00
190.01	19001	RETAIL SPA	252	6,469	0	685	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,819	534,645	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	7,464	191,673	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	22,918	588,539	0	21,304	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	323	8,290	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	1,056	27,122	0	622	0	193.08
193.09	19309	DME	413	10,614	0	1,119	0	193.09
193.10	19310	PROFESSIONAL BILLING	721	18,527	0	0	0	193.10
193.11	19311	FQHC	5,786	148,590	0	9,278	0	193.11
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	388,680	8,360,248	29,272	709,671	701,018		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,548,599					11.00
12.00	01200		0				12.00
13.00	01300	16,925	0	228,674			13.00
14.00	01400	8,930	0	0	55,425		14.00
15.00	01500	65,227	0	0	0	1,508,696	15.00
16.00	01600	38,528	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	11,327	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	229,302	0	76,007	0	0	30.00
31.00	03100	98,347	0	32,598	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	24,296	0	8,053	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	28,604	0	9,481	0	0	34.01
40.00	04000	36,946	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	14,172	0	4,697	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	70,214	0	23,273	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	7,294	0	0	0	0	53.00
54.00	05400	65,265	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,647	0	0	0	0	56.00
57.00	05700	9,071	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	64,243	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	9	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	36,019	0	0	0	0	65.00
65.01	03560	2,824	0	0	0	0	65.01
66.00	06600	30,312	0	0	0	0	66.00
67.00	06700	17,646	0	0	0	0	67.00
68.00	06800	5,165	0	0	0	0	68.00
69.00	06900	19,325	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	13,072	0	71.00
72.00	07200	0	0	0	42,353	0	72.00
73.00	07300	0	0	0	0	1,508,696	73.00
73.01	07301	54,565	0	0	0	0	73.01
74.00	07400	780	0	259	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	47,504	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	14,743	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	10,337	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	32,847	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	19,892	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	4,722	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	82,917	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	54,402	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	8,461	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	4,228	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	1,617	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,372	0	455	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	42,974	0	0	0	0	90.26
91.00	09100 EMERGENCY	132,489	0	43,915	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	10,758	0	3,566	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,426,246	0	202,304	55,425	1,508,696	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,763	0	0	0	0	190.00
190.01	19001 RETAIL SPA	1,274	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,290	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	8,477	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	0	0	0	0	193.08
193.09	19309 DME	2,744	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	22,249	0	0	0	0	193.10
193.11	19311 FOHC	79,556	0	26,370	0	0	193.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.00	12.00	13.00	14.00	15.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,548,599	0	228,674	55,425	1,508,696		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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	346,494				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0		23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	21,097	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	15,036	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,821	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	3,204	0	0		34.01
40.00	04000	SUBPROVIDER - I/PF	2,295	0	0		40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	805	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,902	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	6,167	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,431	0	0		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	906	0	0		56.00
57.00	05700	CT SCAN	15,816	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	36,791	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,975	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	16,586	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	277	0	0		65.01
66.00	06600	PHYSICAL THERAPY	3,518	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,109	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	533	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,012	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,296	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,877	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,072	0	0		73.00
73.01	07301	RETAIL PHARMACIES	8,939	0	0		73.01

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74.00	07400	RENAL DIALYSIS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	74.00
			16.00	17.00	18.00	19.00	20.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,359	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	MEDICINE CLINIC	1,507	0	0			90.01
90.02	09002	OB/GYN CLINIC	1,152	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,061	0	0			90.07
90.08	09008	ENT CLINIC	0	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0	0			90.09
90.10	09010	SPECIALTY CLINIC	2,834	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	4,411	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	488	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0			90.16
90.17	09017	CHC CLINIC	3,434	0	0			90.17
90.18	09018	PSYCHIATRIC CLINIC	9,167	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0			90.19
90.20	09020	DIETARY CLINIC	0	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0			90.21
90.22	09022	OP BURN CLINIC	318	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0	0			90.23
90.24	09024	PLASTICS CLINIC	20	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	3	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1,031	0	0			90.26
91.00	09100	EMERGENCY	35,149	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	1,809	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	32,072	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	335,280	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	RETAIL SPA	0	0	0			190.01
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	75	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			193.01
193.02	19302	RENTAL SPACE	0	0	0			193.02
193.03	19303	UNUSED SPACE	0	0	0			193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0			193.04
193.05	19305	LV BEAUTY	0	0	0			193.05
193.06	19306	LV DAYCARE	0	0	0			193.06
193.07	19307	MIDTOWN NRCCS	2,954	0	0			193.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
			16.00	17.00	18.00	19.00	20.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	1	0	0	0		193.08
193.09	19309	DME	78	0	0	0		193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0		193.10
193.11	19311	FQHC	8,106	0	0	0		193.11
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	346,494	0	0	0	0	202.00



ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY		
	21.00	22.00	23.00	23.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	165,527				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			24,132		23.00
23.01 02301	PARAMED PRGM-PHARMACY				2,230	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				9,646,720	30.00
31.00 03100	INTENSIVE CARE UNIT				3,726,467	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,496,724	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				1,196,607	34.01
40.00 04000	SUBPROVIDER - I PF				1,043,478	40.00
41.00 04100	SUBPROVIDER - I RF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				726,482	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				4,011,043	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				413,909	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,593,261	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				257,572	56.00
57.00 05700	CT SCAN				277,474	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				190	59.00
60.00 06000	LABORATORY				1,809,251	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				147,011	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				363,385	65.00
65.01 03560	PULMONARY FUNCTION TESTING				9,518	65.01
66.00 06600	PHYSICAL THERAPY				435,799	66.00
67.00 06700	OCCUPATIONAL THERAPY				58,793	67.00
68.00 06800	SPEECH PATHOLOGY				17,322	68.00
69.00 06900	ELECTROCARDIOLOGY				934,441	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				88,568	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				258,389	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				1,642,083	73.00
73.01 07301	RETAIL PHARMACIES				1,517,161	73.01
74.00 07400	RENAL DIALYSIS				281,787	74.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED		
	Y & FRINGES	PRGM COSTS	PRGM-AMBULANCE	PRGM-PHARMACY		
	21.00	22.00	23.00	23.01	24.00	
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					0	90.00
90.01 09001 MEDICINE CLINIC					1,595,152	90.01
90.02 09002 OB/GYN CLINIC					702,531	90.02
90.03 09003 ORTHO CLINIC					0	90.03
90.04 09004 PEDIATRICS CLINIC					0	90.04
90.05 09005 DENTISTRY CLINIC					0	90.05
90.06 09006 DERMATOLOGY CLINIC					0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC					473,720	90.07
90.08 09008 ENT CLINIC					0	90.08
90.09 09009 GERIATRIC CLINIC					0	90.09
90.10 09010 SPECIALTY CLINIC					1,411,488	90.10
90.11 09011 NEUROLOGY CLINIC					0	90.11
90.12 09012 ENDOSCOPY CLINIC					1,008,212	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC					277,962	90.13
90.14 09014 URGENT VISIT CLINIC					0	90.14
90.15 09015 SENIOR CARE CLINIC					0	90.15
90.16 09016 WOMENS VISIT CLINIC					0	90.16
90.17 09017 CHC CLINIC					2,615,477	90.17
90.18 09018 PSYCHIATRIC CLINIC					4,379,014	90.18
90.19 09019 ORAL SURGERY CLINIC					8	90.19
90.20 09020 DIETARY CLINIC					19,524	90.20
90.21 09021 CENTER OF EXCELLENCE					12	90.21
90.22 09022 OP BURN CLINIC					171,857	90.22
90.23 09023 BARIATRIC CLINIC					0	90.23
90.24 09024 PLASTICS CLINIC					6,144	90.24
90.25 09025 WOUND/OSTOMY CLINIC					22,729	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC					444,346	90.26
91.00 09100 EMERGENCY					4,818,189	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU					352,873	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS					0	94.00
95.00 09500 AMBULANCE SERVICES					1,025,373	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE					0	113.00
114.00 11400 UTILIZATION REVIEW-SNF					0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					0	116.00
118.00					52,278,046	118.00
SUBTOTALS (SUM OF LINES 1-117)						
		0	0	0	0	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					238,256	190.00
190.01 19001 RETAIL SPA					41,973	190.01
191.00 19100 RESEARCH					0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					3,015,897	192.00
193.00 19300 NONPAID WORKERS					0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS					3,225,450	193.01
193.02 19302 RENTAL SPACE					0	193.02
193.03 19303 UNUSED SPACE					3,324,350	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC					0	193.04
193.05 19305 LV BEAUTY					0	193.05
193.06 19306 LV DAYCARE					0	193.06
193.07 19307 MIDTOWN NRCCS					598,471	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS					413,324	193.08
193.09 19309 DME					82,916	193.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal		
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
		21.00	22.00	23.00	23.01	24.00		
193.10	19310	PROFESSIONAL BILLING				169,534	193.10	
193.11	19311	FQHC				6,996,400	193.11	
200.00		Cross Foot Adjustments	165,527	0	24,132	2,230	191,889	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	165,527	0	24,132	2,230	70,576,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	9,646,720	30.00
31.00	03100	INTENSIVE CARE UNIT	3,726,467	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,496,724	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,196,607	34.01
40.00	04000	SUBPROVIDER - IPF	1,043,478	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	726,482	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	4,011,043	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	413,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,593,261	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	257,572	56.00
57.00	05700	CT SCAN	277,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	190	59.00
60.00	06000	LABORATORY	1,809,251	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	147,011	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	363,385	65.00
65.01	03560	PULMONARY FUNCTION TESTING	9,518	65.01
66.00	06600	PHYSICAL THERAPY	435,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,793	67.00
68.00	06800	SPEECH PATHOLOGY	17,322	68.00
69.00	06900	ELECTROCARDIOLOGY	934,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	258,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,642,083	73.00
73.01	07301	RETAIL PHARMACIES	1,517,161	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
74.00	07400 RENAL DIALYSIS	0	281,787	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	1,595,152	90.01
90.02	09002 OB/GYN CLINIC	0	702,531	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	473,720	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	1,411,488	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	1,008,212	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	277,962	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	0	2,615,477	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	4,379,014	90.18
90.19	09019 ORAL SURGERY CLINIC	0	8	90.19
90.20	09020 DIETARY CLINIC	0	19,524	90.20
90.21	09021 CENTER OF EXCELLENCE	0	12	90.21
90.22	09022 OP BURN CLINIC	0	171,857	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	6,144	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	22,729	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	444,346	90.26
91.00	09100 EMERGENCY	0	4,818,189	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	352,873	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	1,025,373	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	52,278,046	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	238,256	190.00
190.01	19001 RETAIL SPA	0	41,973	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	3,015,897	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	3,225,450	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	3,324,350	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	598,471	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	0	413,324	193.08
193.09	19309	DME	0	82,916	193.09
193.10	19310	PROFESSIONAL BILLING	0	169,534	193.10
193.11	19311	FQHC	0	6,996,400	193.11
200.00		Cross Foot Adjustments	0	191,889	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	70,576,506	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,630,891				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,952	0	229,242,453		4.00
5.01	00540	NONPATIENT TELEPHONES	412	0	286,642	5,377	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	24,731	0	2,405,684	42	39,031
5.03	00570	ADMITTING	2,113	0	3,020,833	90	9
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	17,476	0	6,516,445	142	110
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	104,534	0	19,819,397	646	846
6.00	00600	MAINTENANCE & REPAIRS	6,776	0	1,655,531	4	890
7.00	00700	OPERATION OF PLANT	180,692	0	4,093,782	118	944
8.00	00800	LAUNDRY & LINEN SERVICE	267	0	3,302		49
9.00	00900	HOUSEKEEPING	12,520	0	3,271,658	23	235
10.00	01000	DIETARY	12,922	0	1,519,503	27	73
11.00	01100	CAFETERIA	29,514	0	2,984,756	21	219
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,359	0	2,062,565	21	27
14.00	01400	CENTRAL SERVICES & SUPPLY	483	0	460,240	16	233
15.00	01500	PHARMACY	14,558	0	7,416,465	78	1,083
16.00	01600	MEDICAL RECORDS & LIBRARY	4,834	0	2,942,890	69	7
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	68
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	907,302	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	158,574	0	22,615,239	307	5,121
31.00	03100	INTENSIVE CARE UNIT	60,106	0	10,210,660	200	2,177
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	26,035	0	2,303,082	99	1,033
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	20,645	0	3,034,459	77	751
40.00	04000	SUBPROVIDER - I/PF	17,043	0	2,526,871	98	128
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	13,198	0	1,534,020	22	380
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	64,985	0	6,041,276	200	2,564
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	6,482	0	582,189	30	830
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,369	0	5,700,653	98	2,356
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	4,699	0	194,536	10	47
57.00	05700	CT SCAN	3,574	0	899,752	10	94
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10	1
60.00	06000	LABORATORY	20,908	0	4,796,106	71	887
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,042	0	1,139	7	116
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,048	0	3,048,860	23	1,516
65.01	03560	PULMONARY FUNCTION TESTING	0	0	248,235	7	34
66.00	06600	PHYSICAL THERAPY	8,062	0	2,656,020	16	158
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,712,095	17	77
68.00	06800	SPEECH PATHOLOGY	0	0	522,564	6	23
69.00	06900	ELECTROCARDIOLOGY	16,375	0	1,706,428	55	459
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	592
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,918

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

Period:  
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To 12/31/2016

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	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	221	73.00
73.01	07301	RETAIL PHARMACIES	21,310	0	4,941,105	25	473 73.01
74.00	07400	RENAL DIALYSIS	4,974	0	65,569	4	76 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	29,286	0	713,304	62	582 90.01
90.02	09002	OB/GYN CLINIC	12,806	0	1,056,342	62	316 90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	8,845	0	625,584	25	99 90.07
90.08	09008	ENT CLINIC	0	0	0	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0 90.09
90.10	09010	SPECIALTY CLINIC	24,174	0	2,051,950	124	753 90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	17,690	0	1,922,633	63	619 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	5,222	0	351,361	14	97 90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0 90.16
90.17	09017	CHC CLINIC	54,461	0	4,672,722	264	698 90.17
90.18	09018	PSYCHIATRIC CLINIC	90,249	0	20,776,470	576	784 90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0 90.19
90.20	09020	DIETARY CLINIC	0	0	629,522	0	2 90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0 90.21
90.22	09022	OP BURN CLINIC	3,022	0	314,565	2	149 90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0 90.23
90.24	09024	PLASTICS CLINIC	7	0	131,761	10	34 90.24
90.25	09025	WOUND/OSTOMY CLINIC	261	0	151,015	0	164 90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,457	0	2,683,858	145	379 90.26
91.00	09100	EMERGENCY	81,602	0	10,504,266	217	2,926 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	6,056	0	1,201,388	12	1 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	1,543	0	15,002,388	12	858 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,259,253	0	197,496,982	4,277	35,286 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,419	0	174,289	6	27 190.00
190.01	19001	RETAIL SPA	721	0	78,310	0	62 190.01
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,592	0	246,726	103	1 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	72,558	0	1,852,379	12	48 193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0 193.02
193.03	19303	UNUSED SPACE	65,599	0	0	0	0 193.03



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	9,771	0	5,934,050	76	676	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTRS	6,135	0	5,455,146	109	386	193.08
193.09	19309	DME	1,183	0	164,340	27	363	193.09
193.10	19310	PROFESSIONAL BILLING	2,065	0	1,190,656	29	6	193.10
193.11	19311	FQHC	149,595	0	16,649,575	738	2,176	193.11
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)	66,185,315	0	10,663,346	2,682,465	6,953,910	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.582304	0.000000	0.046516	498.877627	178.163767	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			445,507	56,595	1,014,612	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001943	10.525386	25.995030	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5.05	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	1,254,701,334					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,717,392,544				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	482,811,604			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,934,311	1,112,532		6.00
7.00	00700	OPERATION OF PLANT	0	0	26,313,894	180,692	931,840	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,326,915	267	267	8.00
9.00	00900	HOUSEKEEPING	0	0	6,498,478	12,520	12,520	9.00
10.00	01000	DIETARY	0	0	1,504,064	12,922	12,922	10.00
11.00	01100	CAFETERIA	0	0	6,963,597	28,125	28,125	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,303,200	3,359	3,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,003,632	483	483	14.00
15.00	01500	PHARMACY	0	0	29,757,798	14,558	14,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,437,005	4,834	4,834	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,973,023	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	998,386	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	42,204	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	104,441,875	104,441,875	41,769,085	157,864	157,864	30.00
31.00	03100	INTENSIVE CARE UNIT	74,433,449	74,433,449	20,238,238	60,106	60,106	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,868,304	23,868,304	5,509,045	26,035	26,035	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	15,859,387	15,859,387	5,605,010	20,645	20,645	34.01
40.00	04000	SUBPROVIDER - IPF	11,359,142	11,359,142	4,526,930	17,043	17,043	40.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,985,010	3,985,010	2,995,085	13,198	13,198	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	98,526,630	98,526,630	22,990,806	64,985	64,985	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	30,531,845	30,531,845	2,485,553	6,482	6,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,046,779	111,046,779	15,786,855	38,430	38,430	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,482,728	4,482,728	1,098,439	4,699	4,699	56.00
57.00	05700	CT SCAN	78,296,135	78,296,135	2,500,235	3,574	3,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	714	714	5,342	0	0	59.00
60.00	06000	LABORATORY	184,192,520	184,195,520	16,160,403	20,908	20,908	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,680,594	19,680,594	2,380,817	2,042	2,042	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	82,110,706	82,110,706	6,278,276	3,048	3,048	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,372,941	1,372,941	388,378	0	0	65.01
66.00	06600	PHYSICAL THERAPY	17,416,556	17,416,556	4,216,332	639	639	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,439,517	10,439,517	2,563,648	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,640,999	2,640,999	781,190	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,861,805	19,861,805	3,899,104	16,375	16,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,872,186	60,872,186	1,588,183	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,992,809	38,992,809	12,566,410	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148,871,432	148,871,432	2,133,056	0	0	73.00
73.01	07301	RETAIL PHARMACIES	44,251,231	44,251,231	28,076,365	10,874	10,874	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5.05	6.00	7.00	
74.00	07400	RENAL DIALYSIS	6,727,160	6,727,160	1,863,343	4,974	4,974	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	7,461,689	7,461,689	3,280,634	29,286	29,286	90.01
90.02	09002	OB/GYN CLINIC	0	5,704,478	2,039,320	12,806	12,806	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	5,253,609	5,253,609	0	8,845	8,845	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	14,027,362	14,027,362	4,303,526	24,174	24,174	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	21,838,403	21,838,403	4,432,673	17,690	17,690	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,416,957	2,416,957	687,718	5,222	5,222	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	17,001,835	13,076,452	1,229	1,229	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	45,380,459	35,312,007	10,154	10,154	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	751	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	885,422	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	270	270	1,050	0	0	90.21
90.22	09022	OP BURN CLINIC	0	1,576,124	783,883	3,022	3,022	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	99,074	99,074	259,054	7	7	90.24
90.25	09025	WOUND/OSTOMY CLINIC	14,384	14,384	299,469	261	261	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	5,101,592	4,814,870	6,457	6,457	90.26
91.00	09100	EMERGENCY	0	174,005,981	23,246,304	81,602	81,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	8,953,687	8,953,687	1,977,051	6,056	6,056	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	158,772,102	26,549,975	588	588	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,254,327,889	1,661,873,460	433,412,794	937,080	756,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	710,755	4,419	4,419	190.00
190.01	19001	RETAIL SPA	0	0	205,220	721	721	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	373,445	373,445	3,338,916	59,592	59,592	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	6,177,519	21,364	21,364	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	2,662,159	65,599	65,599	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	14,624,159	12,411,979	924	924	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5.05	6.00	7.00	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	3,278	10,124,336	3,023	3,023	193.08
193.09	19309 DME	0	387,731	880,644	1,183	1,183	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	3,750,450	2,065	2,065	193.10
193.11	19311 FOHC	0	40,130,471	9,136,832	16,562	16,562	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,726,233	13,792,358	97,821,419	5,934,042	32,609,077	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004564	0.008031	0.202608	5.333817	34.994288	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	92,800	726,231	5,337,428	388,680	8,360,248	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000074	0.000423	0.011055	0.349365	8.971763	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

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5/31/2017 9:53 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,935,828				8.00
9.00	00900	HOUSEKEEPING	0	169,955			9.00
10.00	01000	DIETARY	0	6,534	241,945		10.00
11.00	01100	CAFETERIA	0	0	0	4,033,405	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	425	0	44,081	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	276,284	0	0	23,258	14.00
15.00	01500	PHARMACY	0	3,276	0	169,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	100,348	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	29,501	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	476,399	38,777	154,330	597,232	30.00
31.00	03100	INTENSIVE CARE UNIT	278,495	13,624	55,200	256,150	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	105,921	5,902	9,455	63,279	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	18,688	4,680	0	74,500	34.01
40.00	04000	SUBPROVIDER - I/PF	0	3,863	22,960	96,229	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	36,911	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	144,371	14,730	0	182,875	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	1,469	0	18,997	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,674	8,711	0	169,987	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,065	0	4,290	56.00
57.00	05700	CT SCAN	0	810	0	23,626	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,739	0	167,324	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	463	0	24	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	691	0	93,813	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	7,356	65.01
66.00	06600	PHYSICAL THERAPY	0	145	0	78,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	45,960	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,452	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,712	0	50,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	2,465	0	142,117	73.01
74.00	07400	RENAL DIALYSIS	24,567	1,128	0	2,032	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	6,592	0	123,726	0	90.01
90.02	09002 OB/GYN CLINIC	0	2,801	0	38,398	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	1,889	0	26,923	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	5,055	0	85,551	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	41,410	3,570	0	51,809	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	12,298	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	215,962	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	1,694	0	141,694	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	22,038	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	638	0	11,013	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	4,211	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	3,573	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	1,464	0	111,929	0	90.26
91.00	09100 EMERGENCY	417,569	18,672	0	345,074	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,373	0	28,021	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	63,450	133	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,935,828	161,090	241,945	3,714,732	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	960	0	12,405	0	190.00
190.01	19001 RETAIL SPA	0	164	0	3,318	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	8,568	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	22,078	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	5,102	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTES	0	149	0	0	0	193.08
193.09	19309 DME	0	268	0	7,147	0	193.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
193.10	19310	0	0	0	57,948	0	193.10
193.11	19311	0	2,222	0	207,209	0	193.11
200.00							200.00
201.00							201.00
202.00							202.00
203.00							203.00
204.00							204.00
205.00							205.00
193.10	PROFESSIONAL BILLING	0	0	0	57,948	0	193.10
193.11	FQHC	0	2,222	0	207,209	0	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,603,224	8,323,330	2,649,913	9,508,705	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.828185	48.973728	10.952543	2.357488	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	29,272	709,671	701,018	1,548,599	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.015121	4.175641	2.897427	0.383943	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	1,796,856					13.00
14.00	01400	0	2,510				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	1,717,392,544		16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	597,232	0	0	104,441,875	0	30.00
31.00	03100	256,150	0	0	74,433,449	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	63,279	0	0	23,868,304	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	74,500	0	0	15,859,387	0	34.01
40.00	04000	0	0	0	11,359,142	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	36,911	0	0	3,985,010	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	182,875	0	0	98,526,630	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	30,531,845	0	53.00
54.00	05400	0	0	0	111,046,779	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	4,482,728	0	56.00
57.00	05700	0	0	0	78,296,135	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	714	0	59.00
60.00	06000	0	0	0	184,195,520	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	19,680,594	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	82,110,706	0	65.00
65.01	03560	0	0	0	1,372,941	0	65.01
66.00	06600	0	0	0	17,416,556	0	66.00
67.00	06700	0	0	0	10,439,517	0	67.00
68.00	06800	0	0	0	2,640,999	0	68.00
69.00	06900	0	0	0	19,861,805	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	592	0	60,872,186	0	71.00
72.00	07200	0	1,918	0	38,992,809	0	72.00
73.00	07300	0	0	100	148,871,432	0	73.00
73.01	07301	0	0	0	44,251,231	0	73.01



COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
74.00	07400 RENAL DIALYSIS	2,032	0	0	6,727,160	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	7,461,689	0	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	5,704,478	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	5,253,609	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	14,027,362	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	21,838,403	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,416,957	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	17,001,835	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	45,380,459	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	270	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	1,576,124	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	99,074	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	3,573	0	0	14,384	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	5,101,592	0	90.26
91.00	09100 EMERGENCY	345,074	0	0	174,005,981	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CDU	28,021	0	0	8,953,687	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	158,772,102	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,589,647	2,510	100	1,661,873,460	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	373,445	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	0	0	0	14,624,159	0	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

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Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	3,278	0	193.08
193.09	19309 DME	0	0	0	387,731	0	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311 FOHC	207,209	0	0	40,130,471	0	193.11
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)	4,232,651	1,510,098	36,935,010	6,970,101	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.355587	601.632669	369,350.100000	0.004059	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	228,674	55,425	1,508,696	346,494	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.127263	22.081673	15,086.960000	0.000202	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1  
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5/31/2017 9:53 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000	NURSING SCHOOL	0		0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			201	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				201
23.00 02300	PARAMED ED PRGM-AMBULANCE	0				23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	58	58
31.00 03100	INTENSIVE CARE UNIT	0	0	0	8	8
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	1	1
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	3	3
40.00 04000	SUBPROVIDER - I PF	0	0	0	1	1
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	3	3
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	14	14
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	6	6
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9	9
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	0	0	1	1
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	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	0	0	0	3	3
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

Period:  
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To 12/31/2016

Worksheet B-1  
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00	19.00			20.00	21.00	
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	9	9	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	15	15	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	3	3	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	11	11	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	11	11	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	1	1	90.26
91.00 09100 EMERGENCY	0	0	0	0	17	17	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	174	174	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	15	15	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	0	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	18.00			19.00	20.00		21.00
193.06 19306 LV DAYCARE	0	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	0	193.10
193.11 19311 FOHC	0	0	0	12	12	12	193.11
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	18,006,677	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	89,585.457711	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	165,527	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	823.517413	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM-AMBULANCE	100	23.00
23.01	02301	PARAMED PRGM-PHARMACY		23.01
			100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	RETAIL PHARMACIES	0	73.01
			100	

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Cost Center Description		PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	90.01
90.02	09002 OB/GYN CLINIC	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	90.26
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	100	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 RETAIL SPA	0	0	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		PARAMED ED PRGM-AMBULANCE  (ASSIGNED TIME) 23.00	PARAMED ED PRGM-PHARMACY  (ASSIGNED TIME) 23.01	
193.08	19308 RESTRICTED AND OTHER GRANT COST CTRS	0	0	193.08
193.09	19309 DME	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	193.10
193.11	19311 FOHC	0	0	193.11
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,270,215	50,755	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12,702.150000	507.550000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,132	2,230	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	241.320000	22.300000	205.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	63,820,758		63,820,758	0	63,820,758	30.00
31.00	03100 INTENSIVE CARE UNIT	29,774,451		29,774,451	0	29,774,451	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,657,734		8,657,734	0	8,657,734	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,233,375		8,233,375	0	8,233,375	34.01
40.00	04000 SUBPROVIDER - I/PF	6,845,056		6,845,056	0	6,845,056	40.00
41.00	04100 SUBPROVIDER - I/RP	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,324,303		4,324,303	0	4,324,303	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	32,372,422		32,372,422	0	32,372,422	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	3,491,209		3,491,209	0	3,491,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,886,736		21,886,736	0	21,886,736	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,590,960		1,590,960	0	1,590,960	56.00
57.00	05700 CT SCAN	3,564,107		3,564,107	0	3,564,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,427		6,427	0	6,427	59.00
60.00	06000 LABORATORY	21,651,217		21,651,217	0	21,651,217	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,048,156		3,048,156	0	3,048,156	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,261,516	0	8,261,516	0	8,261,516	65.00
65.01	03560 PULMONARY FUNCTION TESTING	489,981	0	489,981	0	489,981	65.01
66.00	06600 PHYSICAL THERAPY	5,360,278	0	5,360,278	0	5,360,278	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,233,788	0	3,233,788	0	3,233,788	67.00
68.00	06800 SPEECH PATHOLOGY	981,898	0	981,898	0	981,898	68.00
69.00	06900 ELECTROCARDIOLOGY	5,730,537		5,730,537	0	5,730,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,513,209		2,513,209	0	2,513,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,424,668		16,424,668	0	16,424,668	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,155,264		40,155,264	0	40,155,264	73.00
73.01	07301 RETAIL PHARMACIES	34,838,764		34,838,764	0	34,838,764	73.01
74.00	07400 RENAL DIALYSIS	2,553,934		2,553,934	0	2,553,934	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	5,771,171		5,771,171	0	5,771,171	90.01
90.02	09002 OB/GYN CLINIC	3,219,797		3,219,797	0	3,219,797	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,770,085		1,770,085	0	1,770,085	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,656,531		6,656,531	0	6,656,531	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	6,464,084		6,464,084	0	6,464,084	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,076,450		1,076,450	0	1,076,450	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	16,353,547		16,353,547	0	16,353,547	90.17
90.18	09018 PSYCHIATRIC CLINIC	41,000,677		41,000,677	0	41,000,677	90.18
90.19	09019 ORAL SURGERY CLINIC	903		903	0	903	90.19
90.20	09020 DIETARY CLINIC	1,116,770		1,116,770	0	1,116,770	90.20
90.21	09021 CENTER OF EXCELLENCE	1,264		1,264	0	1,264	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.22	09022	OP BURN CLINIC	1,128,181		1,128,181	0	1,128,181	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	322,151		322,151	0	322,151	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,568		387,568	0	387,568	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,407,075		6,407,075	0	6,407,075	90.26
91.00	09100	EMERGENCY	34,839,956		34,839,956	13,689	34,853,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,260,408		4,260,408		4,260,408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,857,493		2,857,493	0	2,857,493	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	33,926,658		33,926,658	0	33,926,658	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	497,371,517	0	497,371,517	13,689	497,385,206	200.00
201.00		Less Observation Beds	4,260,408		4,260,408		4,260,408	201.00
202.00		Total (see instructions)	493,111,109	0	493,111,109	13,689	493,124,798	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	104,441,875		104,441,875		30.00
31.00	03100	INTENSIVE CARE UNIT	74,433,449		74,433,449		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,868,304		23,868,304		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	15,859,387		15,859,387		34.01
40.00	04000	SUBPROVIDER - I/PF	11,359,142		11,359,142		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,985,010		3,985,010		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	52,688,583	45,838,047	98,526,630	0.328565	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,589,698	11,942,147	30,531,845	0.114346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,122,127	68,924,652	111,046,779	0.197095	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	695,746	3,786,981	4,482,727	0.354909	56.00
57.00	05700	CT SCAN	25,927,405	52,368,730	78,296,135	0.045521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	71,138,800	113,053,720	184,192,520	0.117547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,877,658	3,802,936	19,680,594	0.154881	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	73,583,823	8,526,883	82,110,706	0.100614	65.00
65.01	03560	PULMONARY FUNCTION TESTING	184,684	1,188,257	1,372,941	0.356884	65.01
66.00	06600	PHYSICAL THERAPY	7,512,054	9,904,502	17,416,556	0.307769	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,613,675	3,825,843	10,439,518	0.309764	67.00
68.00	06800	SPEECH PATHOLOGY	1,588,624	1,052,375	2,640,999	0.371790	68.00
69.00	06900	ELECTROCARDIOLOGY	7,614,183	12,247,622	19,861,805	0.288520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,384,140	21,488,046	60,872,186	0.041287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,461,138	7,531,670	38,992,808	0.421223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,197,085	59,674,347	148,871,432	0.269731	73.00
73.01	07301	RETAIL PHARMACIES	2,638	44,248,593	44,251,231	0.787295	73.01
74.00	07400	RENAL DIALYSIS	6,578,758	148,402	6,727,160	0.379645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	37,802	7,423,887	7,461,689	0.773440	90.01
90.02	09002	OB/GYN CLINIC	60,977	5,643,501	5,704,478	0.564433	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	43,079	5,210,530	5,253,609	0.336927	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	1,724,004	12,303,358	14,027,362	0.474539	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	2,759,461	19,078,942	21,838,403	0.295996	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,416,957	2,416,957	0.445374	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	32,763	16,969,072	17,001,835	0.961870	90.17
90.18	09018	PSYCHIATRIC CLINIC	5,303	45,375,157	45,380,460	0.903487	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	270	270	4.681481	90.21
90.22	09022	OP BURN CLINIC	47,120	1,529,004	1,576,124	0.715795	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	2,400	96,674	99,074	3.251620	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	13,527	857	14,384	26.944383	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	13,161	5,088,431	5,101,592	1.255897	0.000000	90.26
91.00	09100	EMERGENCY	51,851,640	122,154,341	174,005,981	0.200223	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	724,888	0	724,888	5.877333	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	836,014	8,117,673	8,953,687	0.319141	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	158,772,102	158,772,102	0.213681	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	782,860,125	879,734,509	1,662,594,634			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	782,860,125	879,734,509	1,662,594,634			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.114346		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.354909		56.00
57.00	05700	CT SCAN	0.045521		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.117547		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.100614		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884		65.01
66.00	06600	PHYSICAL THERAPY	0.307769		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764		67.00
68.00	06800	SPEECH PATHOLOGY	0.371790		68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731		73.00
73.01	07301	RETAIL PHARMACIES	0.787295		73.01
74.00	07400	RENAL DIALYSIS	0.379645		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.773440		90.01
90.02	09002	OB/GYN CLINIC	0.564433		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.474539		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	0.961870		90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	0.000000		90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481		90.21
90.22	09022	OP BURN CLINIC	0.715795		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	3.251620		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09025	WOUND/OSTOMY CLINIC	26.944383			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897			90.26
91.00	09100	EMERGENCY	0.200301			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.213681			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

Period:  
From 01/01/2016  
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	63,820,758		63,820,758	0	63,820,758	30.00
31.00	03100 INTENSIVE CARE UNIT	29,774,451		29,774,451	0	29,774,451	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,657,734		8,657,734	0	8,657,734	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	8,233,375		8,233,375	0	8,233,375	34.01
40.00	04000 SUBPROVIDER - IPF	6,845,056		6,845,056	0	6,845,056	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,324,303		4,324,303	0	4,324,303	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	32,372,422		32,372,422	0	32,372,422	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	3,491,209		3,491,209	0	3,491,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,886,736		21,886,736	0	21,886,736	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,590,960		1,590,960	0	1,590,960	56.00
57.00	05700 CT SCAN	3,564,107		3,564,107	0	3,564,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,427		6,427	0	6,427	59.00
60.00	06000 LABORATORY	21,651,217		21,651,217	0	21,651,217	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,048,156		3,048,156	0	3,048,156	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,261,516	0	8,261,516	0	8,261,516	65.00
65.01	03560 PULMONARY FUNCTION TESTING	489,981	0	489,981	0	489,981	65.01
66.00	06600 PHYSICAL THERAPY	5,360,278	0	5,360,278	0	5,360,278	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,233,788	0	3,233,788	0	3,233,788	67.00
68.00	06800 SPEECH PATHOLOGY	981,898	0	981,898	0	981,898	68.00
69.00	06900 ELECTROCARDIOLOGY	5,730,537		5,730,537	0	5,730,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,513,209		2,513,209	0	2,513,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,424,668		16,424,668	0	16,424,668	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,155,264		40,155,264	0	40,155,264	73.00
73.01	07301 RETAIL PHARMACIES	34,838,764		34,838,764	0	34,838,764	73.01
74.00	07400 RENAL DIALYSIS	2,553,934		2,553,934	0	2,553,934	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	5,771,171		5,771,171	0	5,771,171	90.01
90.02	09002 OB/GYN CLINIC	3,219,797		3,219,797	0	3,219,797	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,770,085		1,770,085	0	1,770,085	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,656,531		6,656,531	0	6,656,531	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	6,464,084		6,464,084	0	6,464,084	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,076,450		1,076,450	0	1,076,450	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	16,353,547		16,353,547	0	16,353,547	90.17
90.18	09018 PSYCHIATRIC CLINIC	41,000,677		41,000,677	0	41,000,677	90.18
90.19	09019 ORAL SURGERY CLINIC	903		903	0	903	90.19
90.20	09020 DIETARY CLINIC	1,116,770		1,116,770	0	1,116,770	90.20
90.21	09021 CENTER OF EXCELLENCE	1,264		1,264	0	1,264	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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From 01/01/2016  
To 12/31/2016

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			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.22	09022	OP BURN CLINIC	1,128,181		1,128,181	0	1,128,181	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	322,151		322,151	0	322,151	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,568		387,568	0	387,568	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,407,075		6,407,075	0	6,407,075	90.26
91.00	09100	EMERGENCY	34,839,956		34,839,956	13,689	34,853,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,260,408		4,260,408		4,260,408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,857,493		2,857,493	0	2,857,493	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	33,926,658		33,926,658	0	33,926,658	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	497,371,517	0	497,371,517	13,689	497,385,206	200.00
201.00		Less Observation Beds	4,260,408		4,260,408		4,260,408	201.00
202.00		Total (see instructions)	493,111,109	0	493,111,109	13,689	493,124,798	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	104,441,875		104,441,875		30.00
31.00	03100	INTENSIVE CARE UNIT	74,433,449		74,433,449		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,868,304		23,868,304		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	15,859,387		15,859,387		34.01
40.00	04000	SUBPROVIDER - IPF	11,359,142		11,359,142		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,985,010		3,985,010		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	52,688,583	45,838,047	98,526,630	0.328565	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,589,698	11,942,147	30,531,845	0.114346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,122,127	68,924,652	111,046,779	0.197095	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	695,746	3,786,981	4,482,727	0.354909	56.00
57.00	05700	CT SCAN	25,927,405	52,368,730	78,296,135	0.045521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	71,138,800	113,053,720	184,192,520	0.117547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,877,658	3,802,936	19,680,594	0.154881	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	73,583,823	8,526,883	82,110,706	0.100614	65.00
65.01	03560	PULMONARY FUNCTION TESTING	184,684	1,188,257	1,372,941	0.356884	65.01
66.00	06600	PHYSICAL THERAPY	7,512,054	9,904,502	17,416,556	0.307769	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,613,675	3,825,843	10,439,518	0.309764	67.00
68.00	06800	SPEECH PATHOLOGY	1,588,624	1,052,375	2,640,999	0.371790	68.00
69.00	06900	ELECTROCARDIOLOGY	7,614,183	12,247,622	19,861,805	0.288520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,384,140	21,488,046	60,872,186	0.041287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,461,138	7,531,670	38,992,808	0.421223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,197,085	59,674,347	148,871,432	0.269731	73.00
73.01	07301	RETAIL PHARMACIES	2,638	44,248,593	44,251,231	0.787295	73.01
74.00	07400	RENAL DIALYSIS	6,578,758	148,402	6,727,160	0.379645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	37,802	7,423,887	7,461,689	0.773440	90.01
90.02	09002	OB/GYN CLINIC	60,977	5,643,501	5,704,478	0.564433	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	43,079	5,210,530	5,253,609	0.336927	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	1,724,004	12,303,358	14,027,362	0.474539	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	2,759,461	19,078,942	21,838,403	0.295996	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,416,957	2,416,957	0.445374	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	32,763	16,969,072	17,001,835	0.961870	90.17
90.18	09018	PSYCHIATRIC CLINIC	5,303	45,375,157	45,380,460	0.903487	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	270	270	4.681481	90.21
90.22	09022	OP BURN CLINIC	47,120	1,529,004	1,576,124	0.715795	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	2,400	96,674	99,074	3.251620	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	13,527	857	14,384	26.944383	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	13,161	5,088,431	5,101,592	1.255897	0.000000	90.26
91.00	09100	EMERGENCY	51,851,640	122,154,341	174,005,981	0.200223	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	724,888	0	724,888	5.877333	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	836,014	8,117,673	8,953,687	0.319141	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	158,772,102	158,772,102	0.213681	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	782,860,125	879,734,509	1,662,594,634			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	782,860,125	879,734,509	1,662,594,634			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.114346		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.354909		56.00
57.00	05700	CT SCAN	0.045521		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.117547		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.100614		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884		65.01
66.00	06600	PHYSICAL THERAPY	0.307769		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764		67.00
68.00	06800	SPEECH PATHOLOGY	0.371790		68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731		73.00
73.01	07301	RETAIL PHARMACIES	0.787295		73.01
74.00	07400	RENAL DIALYSIS	0.379645		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.773440		90.01
90.02	09002	OB/GYN CLINIC	0.564433		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.474539		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	0.961870		90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	0.000000		90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481		90.21
90.22	09022	OP BURN CLINIC	0.715795		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	3.251620		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.25	09025	WOUND/OSTOMY CLINIC	26.944383			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897			90.26
91.00	09100	EMERGENCY	0.200301			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.213681			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 15-0024

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

Worksheet C Part II Date/Time Prepared: 5/31/2017 9:53 am

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	32,372,422	4,011,043	28,361,379	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,491,209	413,909	3,077,300	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,886,736	2,593,261	19,293,475	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,590,960	257,572	1,333,388	0	0	0	56.00
57.00	05700	CT SCAN	3,564,107	277,474	3,286,633	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,427	190	6,237	0	0	0	59.00
60.00	06000	LABORATORY	21,651,217	1,809,251	19,841,966	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,048,156	147,011	2,901,145	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,261,516	363,385	7,898,131	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	489,981	9,518	480,463	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,360,278	435,799	4,924,479	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,233,788	58,793	3,174,995	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	981,898	17,322	964,576	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,730,537	934,441	4,796,096	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,513,209	88,568	2,424,641	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,424,668	258,389	16,166,279	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,155,264	1,642,083	38,513,181	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	34,838,764	1,517,161	33,321,603	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,553,934	281,787	2,272,147	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	5,771,171	1,595,152	4,176,019	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	3,219,797	702,531	2,517,266	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,770,085	473,720	1,296,365	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	6,656,531	1,411,488	5,245,043	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	6,464,084	1,008,212	5,455,872	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,076,450	277,962	798,488	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	16,353,547	2,615,477	13,738,070	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	41,000,677	4,379,014	36,621,663	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	903	8	895	0	0	0	90.19
90.20	09020	DIETARY CLINIC	1,116,770	19,524	1,097,246	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	1,264	12	1,252	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,128,181	171,857	956,324	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	322,151	6,144	316,007	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,568	22,729	364,839	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,407,075	444,346	5,962,729	0	0	0	90.26
91.00	09100	EMERGENCY	34,839,956	4,818,189	30,021,767	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,260,408	643,973	3,616,435	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CDU	2,857,493	352,873	2,504,620	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	33,926,658	1,025,373	32,901,285	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00

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

Provider CCN: 15-0024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2017 9:53 am

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				
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	375,715,840	35,085,541	340,630,299	0	0	200.00
201.00		Less Observation Beds	4,260,408	643,973	3,616,435	0	0	201.00
202.00		Total (line 200 minus line 201)	371,455,432	34,441,568	337,013,864	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	32,372,422	98,526,630	0.328565	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,491,209	30,531,845	0.114346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,886,736	111,046,779	0.197095	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,590,960	4,482,727	0.354909	56.00
57.00	05700	CT SCAN	3,564,107	78,296,135	0.045521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,427	0	0.000000	59.00
60.00	06000	LABORATORY	21,651,217	184,192,520	0.117547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,048,156	19,680,594	0.154881	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,261,516	82,110,706	0.100614	65.00
65.01	03560	PULMONARY FUNCTION TESTING	489,981	1,372,941	0.356884	65.01
66.00	06600	PHYSICAL THERAPY	5,360,278	17,416,556	0.307769	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,233,788	10,439,518	0.309764	67.00
68.00	06800	SPEECH PATHOLOGY	981,898	2,640,999	0.371790	68.00
69.00	06900	ELECTROCARDIOLOGY	5,730,537	19,861,805	0.288520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,513,209	60,872,186	0.041287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,424,668	38,992,808	0.421223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,155,264	148,871,432	0.269731	73.00
73.01	07301	RETAIL PHARMACIES	34,838,764	44,251,231	0.787295	73.01
74.00	07400	RENAL DIALYSIS	2,553,934	6,727,160	0.379645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	5,771,171	7,461,689	0.773440	90.01
90.02	09002	OB/GYN CLINIC	3,219,797	5,704,478	0.564433	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,770,085	5,253,609	0.336927	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	6,656,531	14,027,362	0.474539	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	6,464,084	21,838,403	0.295996	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,076,450	2,416,957	0.445374	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	16,353,547	17,001,835	0.961870	90.17
90.18	09018	PSYCHIATRIC CLINIC	41,000,677	45,380,460	0.903487	90.18
90.19	09019	ORAL SURGERY CLINIC	903	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	1,116,770	0	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	1,264	270	4.681481	90.21
90.22	09022	OP BURN CLINIC	1,128,181	1,576,124	0.715795	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	322,151	99,074	3.251620	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,568	14,384	26.944383	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,407,075	5,101,592	1.255897	90.26
91.00	09100	EMERGENCY	34,839,956	174,005,981	0.200223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,260,408	724,888	5.877333	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	2,857,493	8,953,687	0.319141	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	33,926,658	158,772,102	0.213681	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0.000000	99.00

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

Provider CCN: 15-0024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description			Title XIX			Hospital	PPS
			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		
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	375,715,840	1,428,647,467			200.00
201.00		Less Observation Beds	4,260,408	0			201.00
202.00		Total (line 200 minus line 201)	371,455,432	1,428,647,467			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,646,720	0	9,646,720	47,906	201.37	30.00
31.00	INTENSIVE CARE UNIT	3,726,467		3,726,467	17,101	217.91	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,496,724		1,496,724	2,929	511.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,196,607		1,196,607	5,692	210.23	34.01
40.00	SUBPROVIDER - IPF	1,043,478	0	1,043,478	6,924	150.70	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	726,482		726,482	4,226	171.91	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	17,836,478		17,836,478	84,778		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	10,041	2,021,956		30.00
31.00	INTENSIVE CARE UNIT	4,617	1,006,090		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	584	298,424		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0		34.01
40.00	SUBPROVIDER - IPF	2,005	302,154		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (Lines 30-199)	17,247	3,628,624		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am		
Title XVIII				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,011,043	98,526,630	0.040710	11,513,251	468,704	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	413,909	30,531,845	0.013557	1,775,850	24,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,593,261	111,046,779	0.023353	11,334,014	264,683	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	257,572	4,482,727	0.057459	240,265	13,805	56.00
57.00	05700	CT SCAN	277,474	78,296,135	0.003544	6,662,026	23,610	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	190	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,809,251	184,192,520	0.009823	19,736,384	193,871	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	147,011	19,680,594	0.007470	1,904,599	14,227	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	363,385	82,110,706	0.004426	19,473,785	86,191	65.00
65.01	03560	PULMONARY FUNCTION TESTING	9,518	1,372,941	0.006933	0	0	65.01
66.00	06600	PHYSICAL THERAPY	435,799	17,416,556	0.025022	2,027,213	50,725	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,793	10,439,518	0.005632	1,597,737	8,998	67.00
68.00	06800	SPEECH PATHOLOGY	17,322	2,640,999	0.006559	493,720	3,238	68.00
69.00	06900	ELECTROCARDIOLOGY	934,441	19,861,805	0.047047	2,513,418	118,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,568	60,872,186	0.001455	8,847,154	12,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	258,389	38,992,808	0.006627	6,379,030	42,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,642,083	148,871,432	0.011030	19,275,714	212,611	73.00
73.01	07301	RETAIL PHARMACIES	1,517,161	44,251,231	0.034285	0	0	73.01
74.00	07400	RENAL DIALYSIS	281,787	6,727,160	0.041888	1,653,148	69,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,595,152	7,461,689	0.213779	26,548	5,675	90.01
90.02	09002	OB/GYN CLINIC	702,531	5,704,478	0.123154	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	473,720	5,253,609	0.090170	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,411,488	14,027,362	0.100624	222,242	22,363	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,008,212	21,838,403	0.046167	562,111	25,951	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	277,962	2,416,957	0.115005	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	2,615,477	17,001,835	0.153835	22,606	3,478	90.17
90.18	09018	PSYCHIATRIC CLINIC	4,379,014	45,380,460	0.096496	685	66	90.18
90.19	09019	ORAL SURGERY CLINIC	8	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	19,524	0	0.000000	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	12	270	0.044444	0	0	90.21
90.22	09022	OP BURN CLINIC	171,857	1,576,124	0.109038	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,144	99,074	0.062014	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	22,729	14,384	1.580159	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	444,346	5,101,592	0.087099	0	0	90.26
91.00	09100	EMERGENCY	4,818,189	174,005,981	0.027690	13,235,183	366,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	643,973	724,888	0.888376	724,888	643,973	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	352,873	8,953,687	0.039411	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am		
			Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
200.00	Total (lines 50-199)	34,060,168	1,269,875,365		130,221,571	2,675,369	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	47,906	0.00	10,041	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,101	0.00	4,617	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,929	0.00	584	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	5,692	0.00	0	0	34.01
40.00 04000 SUBPROVIDER - IPF	6,924	0.00	2,005	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	4,226	0.00	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	84,778		17,247	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	0	0	0	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	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	50,755	0	50,755	73.00	
73.01	07301 RETAIL PHARMACIES	0	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 MEDICINE CLINIC	0	0	0	0	0	90.01	
90.02	09002 OB/GYN CLINIC	0	0	0	0	0	90.02	
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03	
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07	
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08	
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10	09010 SPECIALTY CLINIC	0	0	0	0	0	90.10	
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12	
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13	
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17	09017 CHC CLINIC	0	0	0	0	0	90.17	
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	0	90.18	
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20	
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22	09022 OP BURN CLINIC	0	0	0	0	0	90.22	
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24	09024 PLASTICS CLINIC	0	0	0	0	0	90.24	
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25	
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26	
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	
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CDU	0	0	0	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
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	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00	Total (Lines 50-199)	0	0	50,755	0	50,755	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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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	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	98,526,630	0.000000	0.000000	11,513,251	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	30,531,845	0.000000	0.000000	1,775,850	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	111,046,779	0.000000	0.000000	11,334,014	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,482,727	0.000000	0.000000	240,265	56.00
57.00	05700 CT SCAN	0	78,296,135	0.000000	0.000000	6,662,026	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	184,192,520	0.000000	0.000000	19,736,384	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	19,680,594	0.000000	0.000000	1,904,599	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	82,110,706	0.000000	0.000000	19,473,785	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	1,372,941	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	17,416,556	0.000000	0.000000	2,027,213	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,439,518	0.000000	0.000000	1,597,737	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,640,999	0.000000	0.000000	493,720	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,861,805	0.000000	0.000000	2,513,418	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,872,186	0.000000	0.000000	8,847,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	38,992,808	0.000000	0.000000	6,379,030	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,755	148,871,432	0.000341	0.000341	19,275,714	73.00
73.01	07301 RETAIL PHARMACIES	0	44,251,231	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	6,727,160	0.000000	0.000000	1,653,148	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 MEDICINE CLINIC	0	7,461,689	0.000000	0.000000	26,548	90.01
90.02	09002 OB/GYN CLINIC	0	5,704,478	0.000000	0.000000	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	5,253,609	0.000000	0.000000	0	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010 SPECIALTY CLINIC	0	14,027,362	0.000000	0.000000	222,242	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	21,838,403	0.000000	0.000000	562,111	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	2,416,957	0.000000	0.000000	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017 CHC CLINIC	0	17,001,835	0.000000	0.000000	22,606	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	45,380,460	0.000000	0.000000	685	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	270	0.000000	0.000000	0	90.21
90.22	09022 OP BURN CLINIC	0	1,576,124	0.000000	0.000000	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024 PLASTICS CLINIC	0	99,074	0.000000	0.000000	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	14,384	0.000000	0.000000	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	5,101,592	0.000000	0.000000	0	90.26
91.00	09100 EMERGENCY	0	174,005,981	0.000000	0.000000	13,235,183	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	724,888	0.000000	0.000000	724,888	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	8,953,687	0.000000	0.000000	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII		Hospital		PPS	
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	
200.00	Total (lines 50-199)	50,755	1,269,875,365	8.00	9.00	130,221,571	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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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)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	9,354,871	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	1,339,448	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,160,492	0		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	1,110,297	0		56.00
57.00	05700 CT SCAN	0	8,760,527	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	11,003,897	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	136,086	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,279,724	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	416,368	0		65.01
66.00	06600 PHYSICAL THERAPY	0	61,901	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	35,674	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	6,496	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,645,344	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,752,865	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,770,297	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,573	9,526,244	3,248		73.00
73.01	07301 RETAIL PHARMACIES	0	0	0		73.01
74.00	07400 RENAL DIALYSIS	0	114,829	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	2,384,349	0		90.01
90.02	09002 OB/GYN CLINIC	0	219,830	0		90.02
90.03	09003 ORTHO CLINIC	0	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	1,562,305	0		90.07
90.08	09008 ENT CLINIC	0	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	2,706,033	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	4,195,926	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017 CHC CLINIC	0	1,480,771	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	2,949,646	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0		90.21
90.22	09022 OP BURN CLINIC	0	320,279	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	4,859	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	135	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0		90.26
91.00	09100 EMERGENCY	0	15,016,832	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	1,902,125	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			Title XVIII		Hospital
			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
200.00	Total (lines 50-199)		6,573	98,218,450	3,248
					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.328565	9,354,871	0	0	3,073,683	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	1,339,448	0	0	153,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	14,160,492	0	0	2,790,962	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.354909	1,110,297	0	0	394,054	56.00
57.00	05700	CT SCAN	0.045521	8,760,527	0	0	398,788	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117547	11,003,897	1,436	0	1,293,475	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	136,086	0	0	21,077	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	1,279,724	0	0	128,758	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	416,368	0	0	148,595	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	61,901	0	0	19,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	35,674	0	0	11,051	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	6,496	0	0	2,415	68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	2,645,344	0	0	763,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	3,752,865	0	0	154,945	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	1,770,297	12,600	0	745,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	9,526,244	49,157	379,836	2,569,523	73.00
73.01	07301	RETAIL PHARMACIES	0.787295	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.379645	114,829	0	0	43,594	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	37	0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	2,384,349	0	737	1,844,151	90.01
90.02	09002	OB/GYN CLINIC	0.564433	219,830	0	0	124,079	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	1,562,305	0	0	526,383	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	2,706,033	0	0	1,284,118	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	4,195,926	0	0	1,241,977	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.961870	1,480,771	0	424	1,424,309	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	2,949,646	0	0	2,664,967	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.715795	320,279	0	0	229,254	90.22
90.23	09023	BARITRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	4,859	0	0	15,800	90.24
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	135	0	0	3,637	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.200223	15,016,832	0	303	3,006,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	1,902,125	0	0	607,046	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.213681	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am		
			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		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		98,218,450	63,193	381,337	25,684,493	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0			201.00
202.00		Net Charges (line 200 +/- line 201)		98,218,450	63,193	381,337	25,684,493	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	169	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0			65.01
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,307	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,259	102,454			73.00
73.01	07301	RETAIL PHARMACIES	0	0			73.01
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	MEDICINE CLINIC	0	570			90.01
90.02	09002	OB/GYN CLINIC	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0			90.07
90.08	09008	ENT CLINIC	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0			90.09
90.10	09010	SPECIALTY CLINIC	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0			90.16
90.17	09017	CHC CLINIC	0	408			90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0			90.19
90.20	09020	DIETARY CLINIC	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0			90.21
90.22	09022	OP BURN CLINIC	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0			90.23
90.24	09024	PLASTICS CLINIC	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0			90.26
91.00	09100	EMERGENCY	0	61			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
200.00		Subtotal (see instructions)	18,735	103,493	98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		200.00
202.00		Net Charges (line 200 +/- line 201)	18,735	103,493	201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am
				Component CCN: 15-S024		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,011,043	98,526,630	0.040710	40,944	1,667	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00 05300 ANESTHESIOLOGY	413,909	30,531,845	0.013557	7,107	96	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,593,261	111,046,779	0.023353	51,117	1,194	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 05600 RADIOISOTOPE	257,572	4,482,727	0.057459	0	0	56.00
57.00 05700 CT SCAN	277,474	78,296,135	0.003544	42,113	149	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	190	0	0.000000	0	0	59.00
60.00 06000 LABORATORY	1,809,251	184,192,520	0.009823	311,761	3,062	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	147,011	19,680,594	0.007470	19,137	143	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	363,385	82,110,706	0.004426	123,103	545	65.00
65.01 03560 PULMONARY FUNCTION TESTING	9,518	1,372,941	0.006933	0	0	65.01
66.00 06600 PHYSICAL THERAPY	435,799	17,416,556	0.025022	8,386	210	66.00
67.00 06700 OCCUPATIONAL THERAPY	58,793	10,439,518	0.005632	1,078	6	67.00
68.00 06800 SPEECH PATHOLOGY	17,322	2,640,999	0.006559	4,104	27	68.00
69.00 06900 ELECTROCARDIOLOGY	934,441	19,861,805	0.047047	10,968	516	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	88,568	60,872,186	0.001455	23,190	34	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	258,389	38,992,808	0.006627	130	1	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,642,083	148,871,432	0.011030	865,242	9,544	73.00
73.01 07301 RETAIL PHARMACIES	1,517,161	44,251,231	0.034285	0	0	73.01
74.00 07400 RENAL DIALYSIS	281,787	6,727,160	0.041888	7,865	329	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 MEDICINE CLINIC	1,595,152	7,461,689	0.213779	0	0	90.01
90.02 09002 OB/GYN CLINIC	702,531	5,704,478	0.123154	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	473,720	5,253,609	0.090170	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0.000000	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10 09010 SPECIALTY CLINIC	1,411,488	14,027,362	0.100624	1,138	115	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	1,008,212	21,838,403	0.046167	2,344	108	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	277,962	2,416,957	0.115005	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17 09017 CHC CLINIC	2,615,477	17,001,835	0.153835	10,157	1,563	90.17
90.18 09018 PSYCHIATRIC CLINIC	4,379,014	45,380,460	0.096496	330	32	90.18
90.19 09019 ORAL SURGERY CLINIC	8	0	0.000000	0	0	90.19
90.20 09020 DIETARY CLINIC	19,524	0	0.000000	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	12	270	0.044444	0	0	90.21
90.22 09022 OP BURN CLINIC	171,857	1,576,124	0.109038	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24 09024 PLASTICS CLINIC	6,144	99,074	0.062014	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	22,729	14,384	1.580159	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	444,346	5,101,592	0.087099	0	0	90.26
91.00 09100 EMERGENCY	4,818,189	174,005,981	0.027690	269,496	7,462	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	724,888	0.000000	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	352,873	8,953,687	0.039411	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
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
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	33,416,195	1,269,875,365		1,799,710	26,803	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	50,755	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50-199)	0	0	50,755	0	50,755	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	98,526,630	0.000000	0.000000	40,944	50.00
51.00	05100	RECOVERY ROOM	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	30,531,845	0.000000	0.000000	7,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,046,779	0.000000	0.000000	51,117	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	4,482,727	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	78,296,135	0.000000	0.000000	42,113	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	184,192,520	0.000000	0.000000	311,761	60.00
60.01	06001	BLOOD LABORATORY	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,680,594	0.000000	0.000000	19,137	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	82,110,706	0.000000	0.000000	123,103	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,372,941	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	17,416,556	0.000000	0.000000	8,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,439,518	0.000000	0.000000	1,078	67.00
68.00	06800	SPEECH PATHOLOGY	2,640,999	0.000000	0.000000	4,104	68.00
69.00	06900	ELECTROCARDIOLOGY	19,861,805	0.000000	0.000000	10,968	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,872,186	0.000000	0.000000	23,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,992,808	0.000000	0.000000	130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,755	148,871,432	0.000341	865,242	73.00
73.01	07301	RETAIL PHARMACIES	0	44,251,231	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	6,727,160	0.000000	7,865	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0.000000	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	7,461,689	0.000000	0.000000	0	90.01
90.02	09002	OB/GYN CLINIC	5,704,478	0.000000	0.000000	0	90.02
90.03	09003	ORTHO CLINIC	0	0.000000	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0.000000	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0.000000	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	5,253,609	0.000000	0.000000	0	90.07
90.08	09008	ENT CLINIC	0	0.000000	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0.000000	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	14,027,362	0.000000	0.000000	1,138	90.10
90.11	09011	NEUROLOGY CLINIC	0	0.000000	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	21,838,403	0.000000	0.000000	2,344	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,416,957	0.000000	0.000000	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0.000000	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0.000000	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0.000000	0.000000	0	90.16
90.17	09017	CHC CLINIC	17,001,835	0.000000	0.000000	10,157	90.17
90.18	09018	PSYCHIATRIC CLINIC	45,380,460	0.000000	0.000000	330	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0.000000	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0	0.000000	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	270	0.000000	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	1,576,124	0.000000	0.000000	0	90.22
90.23	09023	BARITRIC CLINIC	0	0.000000	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	99,074	0.000000	0.000000	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	14,384	0.000000	0.000000	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,101,592	0.000000	0.000000	0	90.26
91.00	09100	EMERGENCY	174,005,981	0.000000	0.000000	269,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	724,888	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	8,953,687	0.000000	0.000000	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0.000000	0.000000	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
			Title XVIII		Subprovider - IPF		PPS	
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	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	50,755	1,269,875,365			1,799,710	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		11.00	12.00	13.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	8	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	1	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	1,970	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
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 PATIENTS	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	295	1,490	1		73.00
73.01	07301	RETAIL PHARMACIES	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	MEDICINE CLINIC	0	65	0		90.01
90.02	09002	OB/GYN CLINIC	0	7	0		90.02
90.03	09003	ORTHO CLINIC	0	0	0		90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005	DENTISTRY CLINIC	0	0	0		90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	75	0		90.07
90.08	09008	ENT CLINIC	0	0	0		90.08
90.09	09009	GERIATRIC CLINIC	0	0	0		90.09
90.10	09010	SPECIALTY CLINIC	0	69	0		90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017	CHC CLINIC	0	44	0		90.17
90.18	09018	PSYCHIATRIC CLINIC	0	44	0		90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0		90.19
90.20	09020	DIETARY CLINIC	0	0	0		90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0		90.21
90.22	09022	OP BURN CLINIC	0	5	0		90.22
90.23	09023	BARIATRIC CLINIC	0	0	0		90.23
90.24	09024	PLASTICS CLINIC	0	0	0		90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0		90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0		90.26
91.00	09100	EMERGENCY	0	1,863	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	312	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			11.00	12.00	13.00			
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00		Total (lines 50-199)	295	5,953	1			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.328565	8	0	0	3	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	1	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	0.354909	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045521	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117547	1,970	0	0	232	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	1,490	0	0	402	73.00
73.01	07301	RETAIL PHARMACIES	0.787295	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.379645	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000				0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	65	0	0	50	90.01
90.02	09002	OB/GYN CLINIC	0.564433	7	0	0	4	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	75	0	0	25	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	69	0	0	33	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.961870	44	0	0	42	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	44	0	0	40	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.715795	5	0	0	4	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.200223	1,863	0	0	373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	312	0	0	100	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.213681		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
	Title XVIII	Subprovider - IPF	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	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00 Subtotal (see instructions)		5,953	0	0	0	1,308	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		5,953	0	0	0	1,308	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
Title XVIII			Subprovider - IPF	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Subprovider - IPF	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		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0024

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,646,720	0	9,646,720	47,906	201.37	30.00	
31.00	INTENSIVE CARE UNIT	3,726,467		3,726,467	17,101	217.91	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	1,496,724		1,496,724	2,929	511.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	NEONATAL INTENSIVE CARE UNIT	1,196,607		1,196,607	5,692	210.23	34.01	
40.00	SUBPROVIDER - IPF	1,043,478	0	1,043,478	6,924	150.70	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	726,482		726,482	4,226	171.91	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	17,836,478		17,836,478	84,778		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	7,743	1,559,208					30.00
31.00	INTENSIVE CARE UNIT	115	25,060					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	231	118,041					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,802	378,834					34.01
40.00	SUBPROVIDER - IPF	661	99,613					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	4,046	695,548					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	14,598	2,876,304					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0024

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,011,043	98,526,630	0.040710	20,587,666	838,124	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	413,909	30,531,845	0.013557	8,406,924	113,973	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,593,261	111,046,779	0.023353	15,394,057	359,497	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	257,572	4,482,727	0.057459	227,741	13,086	56.00
57.00	05700 CT SCAN	277,474	78,296,135	0.003544	9,632,689	34,138	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	190	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,809,251	184,192,520	0.009823	25,701,208	252,463	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	147,011	19,680,594	0.007470	6,986,530	52,189	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	363,385	82,110,706	0.004426	27,055,019	119,746	65.00
65.01	03560 PULMONARY FUNCTION TESTING	9,518	1,372,941	0.006933	92,342	640	65.01
66.00	06600 PHYSICAL THERAPY	435,799	17,416,556	0.025022	2,742,421	68,621	66.00
67.00	06700 OCCUPATIONAL THERAPY	58,793	10,439,518	0.005632	2,507,969	14,125	67.00
68.00	06800 SPEECH PATHOLOGY	17,322	2,640,999	0.006559	547,452	3,591	68.00
69.00	06900 ELECTROCARDIOLOGY	934,441	19,861,805	0.047047	2,550,383	119,988	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	88,568	60,872,186	0.001455	15,268,493	22,216	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	258,389	38,992,808	0.006627	12,541,054	83,110	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,642,083	148,871,432	0.011030	34,960,685	385,616	73.00
73.01	07301 RETAIL PHARMACIES	1,517,161	44,251,231	0.034285	1,319	45	73.01
74.00	07400 RENAL DIALYSIS	281,787	6,727,160	0.041888	2,462,805	103,162	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 MEDICINE CLINIC	1,595,152	7,461,689	0.213779	10,706	2,289	90.01
90.02	09002 OB/GYN CLINIC	702,531	5,704,478	0.123154	30,489	3,755	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	473,720	5,253,609	0.090170	21,540	1,942	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010 SPECIALTY CLINIC	1,411,488	14,027,362	0.100624	750,881	75,557	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	1,008,212	21,838,403	0.046167	1,098,675	50,723	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	277,962	2,416,957	0.115005	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017 CHC CLINIC	2,615,477	17,001,835	0.153835	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	4,379,014	45,380,460	0.096496	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	8	0	0.000000	0	0	90.19
90.20	09020 DIETARY CLINIC	19,524	0	0.000000	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	12	270	0.044444	0	0	90.21
90.22	09022 OP BURN CLINIC	171,857	1,576,124	0.109038	23,560	2,569	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024 PLASTICS CLINIC	6,144	99,074	0.062014	1,200	74	90.24
90.25	09025 WOUND/OSTOMY CLINIC	22,729	14,384	1.580159	6,764	10,688	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	444,346	5,101,592	0.087099	6,581	573	90.26
91.00	09100 EMERGENCY	4,818,189	174,005,981	0.027690	4,132,421	114,427	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	643,973	724,888	0.888376	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	352,873	8,953,687	0.039411	418,007	16,474	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
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
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am		
			Title XIX		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
200.00	Total (lines 50-199)	34,060,168	1,269,875,365		194,167,581	2,863,401	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description	Title XIX			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
200.00 Total (lines 30-199)	0	0	0	0	0

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	47,906	0.00	7,743	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,101	0.00	115	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,929	0.00	231	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	5,692	0.00	1,802	0	34.01
40.00 04000 SUBPROVIDER - IPF	6,924	0.00	661	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	4,226	0.00	4,046	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	84,778		14,598	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	50,755	0	0	50,755	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CDU	0	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	50,755	0	0	50,755	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XIX			Hospital		PPS
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	98,526,630	0.000000	0.000000	20,587,666	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30,531,845	0.000000	0.000000	8,406,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,046,779	0.000000	0.000000	15,394,057	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,482,727	0.000000	0.000000	227,741	56.00
57.00	05700	CT SCAN	0	78,296,135	0.000000	0.000000	9,632,689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	184,192,520	0.000000	0.000000	25,701,208	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19,680,594	0.000000	0.000000	6,986,530	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	82,110,706	0.000000	0.000000	27,055,019	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,372,941	0.000000	0.000000	92,342	65.01
66.00	06600	PHYSICAL THERAPY	0	17,416,556	0.000000	0.000000	2,742,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,439,518	0.000000	0.000000	2,507,969	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,640,999	0.000000	0.000000	547,452	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,861,805	0.000000	0.000000	2,550,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,872,186	0.000000	0.000000	15,268,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,992,808	0.000000	0.000000	12,541,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,755	148,871,432	0.000341	0.000341	34,960,685	73.00
73.01	07301	RETAIL PHARMACIES	0	44,251,231	0.000000	0.000000	1,319	73.01
74.00	07400	RENAL DIALYSIS	0	6,727,160	0.000000	0.000000	2,462,805	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0	7,461,689	0.000000	0.000000	10,706	90.01
90.02	09002	OB/GYN CLINIC	0	5,704,478	0.000000	0.000000	30,489	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	5,253,609	0.000000	0.000000	21,540	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0	14,027,362	0.000000	0.000000	750,881	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	21,838,403	0.000000	0.000000	1,098,675	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,416,957	0.000000	0.000000	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017	CHC CLINIC	0	17,001,835	0.000000	0.000000	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	45,380,460	0.000000	0.000000	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	270	0.000000	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0	1,576,124	0.000000	0.000000	23,560	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	0	99,074	0.000000	0.000000	1,200	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	14,384	0.000000	0.000000	6,764	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	5,101,592	0.000000	0.000000	6,581	90.26
91.00	09100	EMERGENCY	0	174,005,981	0.000000	0.000000	4,132,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	724,888	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	8,953,687	0.000000	0.000000	418,007	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
200.00	Total (lines 50-199)	50,755	1,269,875,365	8.00	9.00	194,167,581	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
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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)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	13,551,135	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	662,381	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,513,284	0		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	233,009	0		56.00
57.00	05700 CT SCAN	0	2,541,285	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	8,506,835	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	176,674	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	239,457	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	45,135	0		65.01
66.00	06600 PHYSICAL THERAPY	0	438,445	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	258,599	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	117,707	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	531,241	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,433	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,922	2,583,337	881		73.00
73.01	07301 RETAIL PHARMACIES	0	45,843	0		73.01
74.00	07400 RENAL DIALYSIS	0	12,935	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	699,446	0		90.01
90.02	09002 OB/GYN CLINIC	0	257,743	0		90.02
90.03	09003 ORTHO CLINIC	0	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	158,644	0		90.07
90.08	09008 ENT CLINIC	0	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	593,489	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	935,355	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017 CHC CLINIC	0	884,247	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	3,643,814	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	45,432	0		90.19
90.20	09020 DIETARY CLINIC	0	159,756	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	3,144,508	0		90.21
90.22	09022 OP BURN CLINIC	0	223,415	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	1,847	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	2,927	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	1,449,177	0		90.26
91.00	09100 EMERGENCY	0	6,140,435	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	283,419	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
		Title XIX		Hospital		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		11.00	12.00	13.00			
200.00	Total (lines 50-199)	11,922	59,128,389	881			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.328565	13,551,135	0	0	4,452,429	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	662,381	0	0	75,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	10,513,284	0	0	2,072,116	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.354909	233,009	0	0	82,697	56.00
57.00	05700	CT SCAN	0.045521	2,541,285	0	0	115,682	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117547	8,506,835	0	0	999,953	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	176,674	0	0	27,363	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	239,457	0	0	24,093	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	45,135	0	0	16,108	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	438,445	0	0	134,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	258,599	0	0	80,105	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	117,707	0	0	43,762	68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	531,241	0	0	153,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	47,433	0	0	1,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	2,583,337	0	0	696,806	73.00
73.01	07301	RETAIL PHARMACIES	0.787295	45,843	0	0	36,092	73.01
74.00	07400	RENAL DIALYSIS	0.379645	12,935	0	0	4,911	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	699,446	0	0	540,980	90.01
90.02	09002	OB/GYN CLINIC	0.564433	257,743	0	0	145,479	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	158,644	0	0	53,451	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	593,489	0	0	281,634	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	935,355	0	0	276,861	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.961870	884,247	0	0	850,531	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	3,643,814	0	0	3,292,139	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	45,432	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	159,756	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	3,144,508	0	0	14,720,954	90.21
90.22	09022	OP BURN CLINIC	0.715795	223,415	0	0	159,919	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	1,847	0	0	6,006	90.24
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	2,927	0	0	78,866	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	1,449,177	0	0	1,820,017	90.26
91.00	09100	EMERGENCY	0.200223	6,140,435	0	0	1,229,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	283,419	0	0	90,451	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.213681	2,983	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am		
			Title XIX		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		59,128,389	0	0	32,565,411	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0			201.00
202.00		Net Charges (line 200 +/- line 201)		59,128,389	0	0	32,565,411	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 9:53 am
		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.)		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		97.00
200.00		Subtotal (see instructions)	0	0		98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0		200.00
202.00		Net Charges (line 200 +/- line 201)	0	0		201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am	
				Component CCN: 15-S024		PPS	
				Title XIX	Subprovider - IPF		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,011,043	98,526,630	0.040710	0	0
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	413,909	30,531,845	0.013557	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,593,261	111,046,779	0.023353	11,644	272
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	257,572	4,482,727	0.057459	0	0
57.00	05700	CT SCAN	277,474	78,296,135	0.003544	16,073	57
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	190	0	0.000000	0	0
60.00	06000	LABORATORY	1,809,251	184,192,520	0.009823	109,772	1,078
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	147,011	19,680,594	0.007470	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	363,385	82,110,706	0.004426	0	0
65.01	03560	PULMONARY FUNCTION TESTING	9,518	1,372,941	0.006933	518	0
66.00	06600	PHYSICAL THERAPY	435,799	17,416,556	0.025022	1,885	47
67.00	06700	OCCUPATIONAL THERAPY	58,793	10,439,518	0.005632	0	0
68.00	06800	SPEECH PATHOLOGY	17,322	2,640,999	0.006559	720	5
69.00	06900	ELECTROCARDIOLOGY	934,441	19,861,805	0.047047	2,330	110
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,568	60,872,186	0.001455	56	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	258,389	38,992,808	0.006627	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,642,083	148,871,432	0.011030	83,230	918
73.01	07301	RETAIL PHARMACIES	1,517,161	44,251,231	0.034285	38	1
74.00	07400	RENAL DIALYSIS	281,787	6,727,160	0.041888	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	MEDICINE CLINIC	1,595,152	7,461,689	0.213779	0	0
90.02	09002	OB/GYN CLINIC	702,531	5,704,478	0.123154	0	0
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0
90.07	09007	OPHTHALMOLOGY CLINIC	473,720	5,253,609	0.090170	0	0
90.08	09008	ENT CLINIC	0	0	0.000000	0	0
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0
90.10	09010	SPECIALTY CLINIC	1,411,488	14,027,362	0.100624	0	0
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0
90.12	09012	ENDOSCOPY CLINIC	1,008,212	21,838,403	0.046167	0	0
90.13	09013	OCCUPATIONAL THERAPY CLINIC	277,962	2,416,957	0.115005	0	0
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0
90.17	09017	CHC CLINIC	2,615,477	17,001,835	0.153835	0	0
90.18	09018	PSYCHIATRIC CLINIC	4,379,014	45,380,460	0.096496	0	0
90.19	09019	ORAL SURGERY CLINIC	8	0	0.000000	0	0
90.20	09020	DIETARY CLINIC	19,524	0	0.000000	0	0
90.21	09021	CENTER OF EXCELLENCE	12	270	0.044444	0	0
90.22	09022	OP BURN CLINIC	171,857	1,576,124	0.109038	0	0
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0
90.24	09024	PLASTICS CLINIC	6,144	99,074	0.062014	0	0
90.25	09025	WOUND/OSTOMY CLINIC	22,729	14,384	1.580159	142	224
90.26	09026	WCOE/SENIOR CARE CLINIC	444,346	5,101,592	0.087099	0	0
91.00	09100	EMERGENCY	4,818,189	174,005,981	0.027690	224,227	6,209
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	724,888	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	352,873	8,953,687	0.039411	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 9:53 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	33,416,195	1,269,875,365		450,117	8,921	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	50,755	0	50,755	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
				Title XIX		Subprovider - IPF	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50-199)	0	0	50,755	0	50,755	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am		
		Component CCN: 15-S024	Title XIX		Subprovider - IPF	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
		6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	98,526,630	0.000000	0.000000	0
51.00	05100	RECOVERY ROOM	0	0.000000	0.000000	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0.000000	0.000000	0
53.00	05300	ANESTHESIOLOGY	30,531,845	0.000000	0.000000	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,046,779	0.000000	0.000000	11,644
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0.000000	0.000000	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0.000000	0.000000	0
56.00	05600	RADIOISOTOPE	4,482,727	0.000000	0.000000	0
57.00	05700	CT SCAN	78,296,135	0.000000	0.000000	16,073
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0.000000	0.000000	0
59.00	05900	CARDIAC CATHETERIZATION	0	0.000000	0.000000	0
60.00	06000	LABORATORY	184,192,520	0.000000	0.000000	109,772
60.01	06001	BLOOD LABORATORY	0	0.000000	0.000000	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0.000000	0.000000	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0.000000	0.000000	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,680,594	0.000000	0.000000	0
64.00	06400	INTRAVENOUS THERAPY	0	0.000000	0.000000	0
65.00	06500	RESPIRATORY THERAPY	82,110,706	0.000000	0.000000	0
65.01	03560	PULMONARY FUNCTION TESTING	1,372,941	0.000000	0.000000	0
66.00	06600	PHYSICAL THERAPY	17,416,556	0.000000	0.000000	1,885
67.00	06700	OCCUPATIONAL THERAPY	10,439,518	0.000000	0.000000	0
68.00	06800	SPEECH PATHOLOGY	2,640,999	0.000000	0.000000	720
69.00	06900	ELECTROCARDIOLOGY	19,861,805	0.000000	0.000000	2,330
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0.000000	0.000000	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,872,186	0.000000	0.000000	56
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,992,808	0.000000	0.000000	0
73.00	07300	DRUGS CHARGED TO PATIENTS	50,755	148,871,432	0.000341	83,230
73.01	07301	RETAIL PHARMACIES	0	44,251,231	0.000000	38
74.00	07400	RENAL DIALYSIS	0	6,727,160	0.000000	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0.000000	0.000000	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0.000000	0.000000	0
90.00	09000	CLINIC	0	0.000000	0.000000	0
90.01	09001	MEDICINE CLINIC	7,461,689	0.000000	0.000000	0
90.02	09002	OB/GYN CLINIC	5,704,478	0.000000	0.000000	0
90.03	09003	ORTHO CLINIC	0	0.000000	0.000000	0
90.04	09004	PEDIATRICS CLINIC	0	0.000000	0.000000	0
90.05	09005	DENTISTRY CLINIC	0	0.000000	0.000000	0
90.06	09006	DERMATOLOGY CLINIC	0	0.000000	0.000000	0
90.07	09007	OPHTHALMOLOGY CLINIC	5,253,609	0.000000	0.000000	0
90.08	09008	ENT CLINIC	0	0.000000	0.000000	0
90.09	09009	GERIATRIC CLINIC	0	0.000000	0.000000	0
90.10	09010	SPECIALTY CLINIC	14,027,362	0.000000	0.000000	0
90.11	09011	NEUROLOGY CLINIC	0	0.000000	0.000000	0
90.12	09012	ENDOSCOPY CLINIC	21,838,403	0.000000	0.000000	0
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,416,957	0.000000	0.000000	0
90.14	09014	URGENT VISIT CLINIC	0	0.000000	0.000000	0
90.15	09015	SENIOR CARE CLINIC	0	0.000000	0.000000	0
90.16	09016	WOMENS VISIT CLINIC	0	0.000000	0.000000	0
90.17	09017	CHC CLINIC	17,001,835	0.000000	0.000000	0
90.18	09018	PSYCHIATRIC CLINIC	45,380,460	0.000000	0.000000	0
90.19	09019	ORAL SURGERY CLINIC	0	0.000000	0.000000	0
90.20	09020	DIETARY CLINIC	0	0.000000	0.000000	0
90.21	09021	CENTER OF EXCELLENCE	270	0.000000	0.000000	0
90.22	09022	OP BURN CLINIC	1,576,124	0.000000	0.000000	0
90.23	09023	BARITRIC CLINIC	0	0.000000	0.000000	0
90.24	09024	PLASTICS CLINIC	99,074	0.000000	0.000000	0
90.25	09025	WOUND/OSTOMY CLINIC	14,384	0.000000	0.000000	142
90.26	09026	WCOE/SENIOR CARE CLINIC	5,101,592	0.000000	0.000000	0
91.00	09100	EMERGENCY	174,005,981	0.000000	0.000000	224,227
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	724,888	0.000000	0.000000	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	8,953,687	0.000000	0.000000	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0.000000	0.000000	0
95.00	09500	AMBULANCE SERVICES	0	0.000000	0.000000	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0.000000	0.000000	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0.000000	0.000000	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
			Title XIX		Subprovider - IPF		PPS	
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	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	50,755	1,269,875,365			450,117	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am
Title XIX			Subprovider - IPF	PPS
Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	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 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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 PATIENTS	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	28	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	90.26
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 9:53 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			11.00	12.00	13.00			
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00		Total (lines 50-199)	28	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,906	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,906	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)		44,708	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)		10,041	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		63,820,758	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)		63,820,758	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		63,820,758	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,332.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,376,721	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)		13,376,721	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	29,774,451	17,101	1,741.09	4,617	8,038,613	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	8,657,734	2,929	2,955.87	584	1,726,228	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	8,233,375	5,692	1,446.48	0	0	46.01
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)					29,315,464	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,457,026	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)					3,326,470	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,681,942	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,008,412	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,448,614	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,198	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,332.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,260,408	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am	
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	9,646,720	63,820,758	0.151153	4,260,408	643,973	90.00
91.00	Nursing School cost	0	63,820,758	0.000000	4,260,408	0	91.00
92.00	Allied health cost	0	63,820,758	0.000000	4,260,408	0	92.00
93.00	All other Medical Education	0	63,820,758	0.000000	4,260,408	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,924	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)		6,924	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)		2,005	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,845,056	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)		6,845,056	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,845,056	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		988.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,982,143	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,982,143	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-S024		Date/Time Prepared: 5/31/2017 9:53 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					388,523		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,370,666		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					302,154		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,098		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					329,252		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,041,414		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,043,478	6,845,056	0.152443	0	0	90.00
91.00	Nursing School cost	0	6,845,056	0.000000	0	0	91.00
92.00	Allied health cost	0	6,845,056	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,845,056	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,906	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,906	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)		44,708	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)		7,743	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)		4,226	15.00
16.00	Nursery days (title V or XIX only)		4,046	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		63,820,758	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)		63,820,758	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		63,820,758	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,332.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,315,302	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,315,302	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	42.00
NURSERY (title V & XIX only)						
Intensive Care Type Inpatient Hospital Units						
43.00	4,324,303	4,226	1,023.26	4,046	4,140,110	43.00
44.00	29,774,451	17,101	1,741.09	115	200,225	44.00
45.00	0	0	0.00	0	0	45.00
46.00	8,657,734	2,929	2,955.87	231	682,806	46.00
47.00	0	0	0.00	0	0	47.00
48.00	8,233,375	5,692	1,446.48	1,802	2,606,557	48.00
OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				38,863,294	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				56,808,294	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)				2,776,691	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,875,323	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				5,652,014	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				51,156,280	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				3,198	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,332.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,260,408	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,646,720	63,820,758	0.151153	4,260,408	643,973	90.00
91.00	Nursing School cost	0	63,820,758	0.000000	4,260,408	0	91.00
92.00	Allied health cost	0	63,820,758	0.000000	4,260,408	0	92.00
93.00	All other Medical Education	0	63,820,758	0.000000	4,260,408	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,924 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,924 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)			6,924 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)			661 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)			4,226 15.00
16.00	Nursery days (title V or XIX only)			4,046 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,845,056 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)			6,845,056 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,845,056 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			988.60 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			653,465 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)			653,465 41.00



COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-S024		Date/Time Prepared: 5/31/2017 9:53 am	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					88,671	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					742,136	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					99,613	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,949	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					108,562	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					633,574	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 9:53 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,043,478	6,845,056	0.152443	0	0	90.00
91.00	Nursing School cost	0	6,845,056	0.000000	0	0	91.00
92.00	Allied health cost	0	6,845,056	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,845,056	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,563,743	30.00
31.00	03100	INTENSIVE CARE UNIT		19,293,419	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		5,540,639	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565	11,513,251	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	1,775,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	11,334,014	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354909	240,265	56.00
57.00	05700	CT SCAN	0.045521	6,662,026	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.117547	19,736,384	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	1,904,599	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	19,473,785	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	2,027,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	1,597,737	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	493,720	68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	2,513,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	8,847,154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	6,379,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	19,275,714	73.00
73.01	07301	RETAIL PHARMACIES	0.787295	0	73.01
74.00	07400	RENAL DIALYSIS	0.379645	1,653,148	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	26,548	90.01
90.02	09002	OB/GYN CLINIC	0.564433	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	222,242	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	562,111	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.961870	22,606	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	685	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	90.21
90.22	09022	OP BURN CLINIC	0.715795	0	90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	0	90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	0	0	90.26
91.00	09100	EMERGENCY	0.200301	13,235,183	2,651,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	724,888	4,260,408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		130,221,571	29,315,464	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)		130,221,571		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		48,430	30.00
31.00	03100	INTENSIVE CARE UNIT		82,070	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		3,122,074	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565	40,944	13,453 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.114346	7,107	813 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	51,117	10,075 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.354909	0	0 56.00
57.00	05700	CT SCAN	0.045521	42,113	1,917 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.117547	311,761	36,647 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	19,137	2,964 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	123,103	12,386 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.307769	8,386	2,581 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	1,078	334 67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	4,104	1,526 68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	10,968	3,164 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	23,190	957 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	130	55 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	865,242	233,383 73.00
73.01	07301	RETAIL PHARMACIES	0.787295	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.379645	7,865	2,986 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	MEDICINE CLINIC	0.773440	0	0 90.01
90.02	09002	OB/GYN CLINIC	0.564433	0	0 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	0	0 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.474539	1,138	540 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	2,344	694 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	0.961870	10,157	9,770 90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	330	298 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0 90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	0 90.21
90.22	09022	OP BURN CLINIC	0.715795	0	0 90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0 90.23
90.24	09024	PLASTICS CLINIC	3.251620	0	0 90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
			Title XVIII	Subprovider - IPF	PPS	
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	
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	0	0	90.26
91.00	09100	EMERGENCY	0.200301	269,496	53,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,799,710	388,523	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,799,710		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		18,817,307	30.00
31.00	03100	INTENSIVE CARE UNIT		9,721,432	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,851,535	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		4,686,227	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565	20,587,666	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	8,406,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	15,394,057	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354909	227,741	56.00
57.00	05700	CT SCAN	0.045521	9,632,689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.117547	25,701,208	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	6,986,530	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	27,055,019	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	92,342	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	2,742,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	2,507,969	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	547,452	68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	2,550,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	15,268,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	12,541,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	34,960,685	73.00
73.01	07301	RETAIL PHARMACIES	0.787295	1,319	73.01
74.00	07400	RENAL DIALYSIS	0.379645	2,462,805	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	10,706	90.01
90.02	09002	OB/GYN CLINIC	0.564433	30,489	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	21,540	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	750,881	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	1,098,675	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.961870	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	90.21
90.22	09022	OP BURN CLINIC	0.715795	23,560	90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	1,200	90.24
90.25	09025	WOUND/OSTOMY CLINIC	26.944383	6,764	90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.255897	6,581	8,265	90.26
91.00	09100	EMERGENCY	0.200301	4,132,421	827,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	418,007	133,403	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		194,167,581	38,863,294	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)		194,167,581		202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-S024		Date/Time Prepared: 5/31/2017 9:53 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		719,372	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.328565	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114346	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197095	11,644	2,295 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354909	0	56.00
57.00	05700	CT SCAN	0.045521	16,073	732 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.117547	109,772	12,903 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.154881	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100614	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.356884	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307769	1,885	580 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309764	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.371790	720	268 68.00
69.00	06900	ELECTROCARDIOLOGY	0.288520	2,330	672 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041287	56	2 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421223	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269731	83,230	22,450 73.00
73.01	07301	RETAIL PHARMACIES	0.787295	38	30 73.01
74.00	07400	RENAL DIALYSIS	0.379645	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.773440	0	90.01
90.02	09002	OB/GYN CLINIC	0.564433	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.336927	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.474539	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.295996	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.445374	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.961870	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.903487	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	4.681481	0	90.21
90.22	09022	OP BURN CLINIC	0.715795	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	3.251620	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 9:53 am	
		Title XIX	Subprovider - IPF	PPS	
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	
90.25	09025 WOUND/OSTOMY CLINIC	26.944383	142	3,826	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.255897	0	0	90.26
91.00	09100 EMERGENCY	0.200301	224,227	44,913	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5.877333	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CDU	0.319141	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		450,117	88,671	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)		450,117		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,223,444	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,746,430	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)		4,696,888	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		4,969,334	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		306.40	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		149.07	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)		149.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		195.28	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.49	11.00
12.00	Current year allowable FTE (see instructions)		150.56	12.00
13.00	Total allowable FTE count for the prior year.		150.47	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.		158.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		153.07	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		153.07	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.499576	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.504860	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.499576	21.00
22.00	IME payment adjustment (see instructions)		7,455,904	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,196,352	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		46.21	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)		7,455,904	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,196,352	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		56.04	31.00
32.00	Sum of lines 30 and 31		71.55	32.00
33.00	Allowable disproportionate share percentage (see instructions)		48.24	33.00
34.00	Disproportionate share adjustment (see instructions)		3,734,967	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.001075286	0.001087382	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,888,438	6,499,807	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	5,156,919	1,638,309	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,795,228		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	53,652,861		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		54,849,213	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,583,334	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).		2,334,881	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		6,573	58.00
59.00	Total (sum of amounts on lines 49 through 58)		61,776,072	59.00
60.00	Primary payer payments		22,870	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		61,753,202	61.00
62.00	Deductibles billed to program beneficiaries		2,828,123	62.00
63.00	Coinurance billed to program beneficiaries		136,042	63.00
64.00	Allowable bad debts (see instructions)		1,220,408	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		793,265	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		946,065	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		59,582,302	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-73,142	70.93
70.94	HRR adjustment amount (see instructions)		-113,429	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			592,480	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			58,803,251	71.00
71.01	Sequestration adjustment (see instructions)			1,176,065	71.01
72.00	Interim payments			59,579,173	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)			-1,951,987	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,378,352	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2017 9:53 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,223,444	0	22,223,444		22,223,444	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,746,430	0		30,640,752	30,640,752	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,696,888	0	0	4,696,888	4,696,888	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,969,334	0	0	4,969,334	4,969,334	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.499576	0.499576	0.499576	0.499576		5.00
6.00	IME payment adjustment (see instructions)	22.00	7,455,904	0	5,350,227	2,105,677	7,455,904	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,196,352	0	1,196,352	0	1,196,352	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,455,904	0	5,350,227	2,105,677	7,455,904	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,196,352	0	1,196,352	0	1,196,352	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4824	0.4824	0.4824	0.4824		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,734,967	0	2,680,147	1,054,820	3,734,967	11.00
11.01	Uncompensated care payments	36.00	6,795,228	0	6,795,228	0	6,795,228	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	53,652,861	0	37,049,046	16,603,815	53,652,861	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,849,213	0	38,245,398	16,603,815	54,849,213	15.00
16.00	Payment for inpatient program capital	50.00	4,583,334	0	0	4,583,334	4,583,334	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	0	2,071	2,071	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/31/2017 9:53 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
19.00	SUBTOTAL		0	38,245,398	21,189,220	59,434,618	19.00	
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,463,803	0	0	2,463,803	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	1,124,894	0	0	1,124,894	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.2478	0.2478	0.2478	0.2478	22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	610,530	0	0	610,530	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1559	0.1559	0.1559	0.1559	24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	384,107	0	0	384,107	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,583,334	0	0	4,583,334	26.00	
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			0	0	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2017 9:53 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,223,444	22,223,444		22,223,444	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,746,430		8,746,430	8,746,430	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,696,888	0	4,696,888	4,696,888	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,969,334	0	4,969,334	4,969,334	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.499576	0.499576	0.499576		5.00
6.00	IME payment adjustment (see instructions)	22.00	7,455,904	5,350,227	2,105,677	7,455,904	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,196,352	0	1,196,352	1,196,352	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,455,904	5,350,227	2,105,677	7,455,904	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,196,352	0	1,196,352	1,196,352	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4824	0.4824	0.4824		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,734,967	2,680,147	1,054,820	3,734,967	11.00
11.01	Uncompensated care payments	36.00	6,795,228	5,156,919	1,638,309	6,795,228	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	53,652,861	35,410,737	18,242,124	53,652,861	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,849,213	35,410,737	19,438,476	54,849,213	15.00
16.00	Payment for inpatient program capital	50.00	4,583,334	0	4,583,334	4,583,334	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			35,410,737	24,023,881	59,434,618	19.00



HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/31/2017 9:53 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,463,803	0	2,463,803	2,463,803	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,124,894	0	1,124,894	1,124,894	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2478	0.2478	0.2478		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	610,530	0	610,530	610,530	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1559	0.1559	0.1559		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	384,107	0	384,107	384,107	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,583,334	0	4,583,334	4,583,334	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-73,142	0	-73,142	-73,142	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-113,429	0	-113,429	-113,429	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		354,107	238,373	592,480	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		122,228	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,681,245	2.00
3.00	PPS payments		17,928,916	3.00
4.00	Outlier payment (see instructions)		598,786	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		3,248	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		122,228	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		444,530	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)		444,530	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		444,530	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		322,302	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)		122,228	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)		18,530,950	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,898	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,055,241	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)		14,593,039	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,099,479	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)		15,692,518	30.00
31.00	Primary payer payments		818	31.00
32.00	Subtotal (line 30 minus line 31)		15,691,700	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,513,388	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		983,702	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,241,064	36.00
37.00	Subtotal (see instructions)		16,675,402	37.00
38.00	MSP-LCC reconciliation amount from PS&R		20	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,675,382	40.00
40.01	Sequestration adjustment (see instructions)		333,508	40.01
41.00	Interim payments		17,121,708	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-779,834	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,307 2.00
3.00	PPS payments			2,633 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			1 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 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)			2,634 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			527 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)			2,107 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			2,107 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			2,107 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			2,107 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			2,107 40.00
40.01	Sequestration adjustment (see instructions)			42 40.01
41.00	Interim payments			2,064 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

		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		59,579,173		17,121,708	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)		59,579,173		17,121,708	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,951,987		779,834	6.02	
7.00	Total Medicare program liability (see instructions)		57,627,186		16,341,874	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024  
Component CCN: 15-S024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2017 9:53 am

Title XVIII

Subprovider -  
IPF

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					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		1,649,760		2,064	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)		1,649,760		2,064	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		14,743		0	6.02
7.00	Total Medicare program liability (see instructions)		1,635,017		2,065	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		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,645,450 1.00
2.00	Net IPF PPS Outlier Payments			275,642 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			4.96 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			18.918033 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,921,092 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,921,092 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,921,092 18.00
19.00	Deductibles			164,808 19.00
20.00	Subtotal (line 18 minus line 19)			1,756,284 20.00
21.00	Coinsurance			91,070 21.00
22.00	Subtotal (line 20 minus line 21)			1,665,214 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,424 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			2,876 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,024 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,668,090 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			295 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,668,385 31.00
31.01	Sequestration adjustment (see instructions)			33,368 31.01
32.00	Interim payments			1,649,760 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			-14,743 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			275,642 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/31/2017 9:53 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			149.29	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)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			198.05	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	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.	83.81	105.80	189.61	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.	63.18	79.75	142.93	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.49		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	63.18	81.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.16	84.28		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.03	86.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	61.46	84.10		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	61.46	84.10		17.00
18.00	Per resident amount	96,583.26	91,455.84		18.00
19.00	Approved amount for resident costs	5,936,007	7,691,436	13,627,443	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)			48.76	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)			13,627,443	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	17,247	2,905		26.00
27.00	Total Inpatient Days (see instructions)	78,334	78,334		27.00
28.00	Ratio of inpatient days to total inpatient days	0.220173	0.037085		28.00
29.00	Program direct GME amount	3,000,395	505,374		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		71,409		30.00
31.00	Net Program direct GME amount			3,434,360	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		6,727,160	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		54,827,692	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		22,870	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		54,804,822	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		25,808,029	42.00
43.00	Primary payer payments (see instructions)		818	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,807,211	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		80,612,033	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.679859	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.320141	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		3,434,360	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,334,881	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,099,479	50.00



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

Provider CCN: 15-0024

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

Worksheet G

Date/Time Prepared:  
5/31/2017 9:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	39,211,821	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	79,111,232	0	0	0	4.00
5.00	Other receivable	11,867,548	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,528,250	0	0	0	7.00
8.00	Prepaid expenses	7,856,170	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	143,575,021	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,722,914	0	0	0	12.00
13.00	Land improvements	77,358,682	0	0	0	13.00
14.00	Accumulated depreciation	-16,552,120	0	0	0	14.00
15.00	Buildings	431,082,935	0	0	0	15.00
16.00	Accumulated depreciation	-66,666,235	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	239,707,190	0	0	0	19.00
20.00	Accumulated depreciation	-56,002,746	0	0	0	20.00
21.00	Automobiles and trucks	12,865,270	0	0	0	21.00
22.00	Accumulated depreciation	-9,718,228	0	0	0	22.00
23.00	Major movable equipment	108,391,719	0	0	0	23.00
24.00	Accumulated depreciation	-47,175,967	0	0	0	24.00
25.00	Minor equipment depreciable	141,290,626	0	0	0	25.00
26.00	Accumulated depreciation	-59,523,389	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)	764,780,651	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	109,862,834	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	109,862,834	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,018,218,506	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	66,041,537	0	0	0	37.00
38.00	Salaries, wages, and fees payable	170,069,467	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	76,391,748	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	312,502,752	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	312,502,752	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	705,715,754				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)	705,715,754	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,018,218,506	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0024

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

Worksheet G-1

Date/Time Prepared:  
5/31/2017 9:53 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		739,097,575		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-29,966,611			2.00
3.00	Total (sum of line 1 and line 2)		709,130,964		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)		709,130,964		0	11.00
12.00	CURRENT YEAR ENTRY TO PR PERIOD	3,415,209		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)		3,415,209		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		705,715,755		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	CURRENT YEAR ENTRY TO PR PERIOD		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0024

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2017 9:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	108,426,885		108,426,885	1.00
2.00	SUBPROVIDER - IPF	11,359,142		11,359,142	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	119,786,027		119,786,027	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	74,433,449		74,433,449	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	23,868,304		23,868,304	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	15,859,387		15,859,387	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	114,161,140		114,161,140	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	233,947,167		233,947,167	17.00
18.00	Ancillary services	490,760,819	469,553,753	960,314,572	18.00
19.00	Outpatient services	58,152,139	251,408,654	309,560,793	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	158,772,102	158,772,102	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	782,860,125	879,734,509	1,662,594,634	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		651,412,675		29.00
30.00	UNMAPPED EXPENSES	8,734,304			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)		8,734,304		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)		660,146,979		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0024

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

Worksheet G-3

Date/Time Prepared:  
5/31/2017 9:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,662,594,634	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,331,968,355	2.00
3.00	Net patient revenues (line 1 minus line 2)	330,626,279	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	660,146,979	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-329,520,700	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER REVENUE	-4,111,895	24.01
24.02	MENTAL HEALTH TAX	692,833	24.02
24.03	H&H SUPPORT	216,391,167	24.03
24.04	PRO FEES	29,577,786	24.04
24.05	NEGATIVE REV ADJ	461,452	24.05
24.06	NRCC / UNMAPPED	55,338,719	24.06
24.07	IMMATERIAL ADJ	1	24.07
25.00	Total other income (sum of lines 6-24)	298,350,063	25.00
26.00	Total (line 5 plus line 25)	-31,170,637	26.00
27.00	ACCELERATED DEPR	-1,204,026	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1,204,026	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-29,966,611	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0024	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/31/2017 9:53 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,463,803	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,124,894	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)		195.11	3.00
4.00	Number of interns & residents (see instructions)		153.07	4.00
5.00	Indirect medical education percentage (see instructions)		24.78	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)		610,530	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		56.04	8.00
9.00	Sum of lines 7 and 8		71.55	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.59	10.00
11.00	Disproportionate share adjustment (see instructions)		384,107	11.00
12.00	Total prospective capital payments (see instructions)		4,583,334	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00