

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 3:27 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/22/2016 Time: 3:27 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST VINCENT ANDERSON REGIONAL HOSPITAL (150088) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	199,386	90,127	-101,784	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	11,298	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	210,684	90,127	-101,784	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:25 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2015 JACKSON STREET		PO Box:									
2.00 City: ANDERSON		State: IN		Zip Code: 46016-		County: MADISON					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST VINCENT ANDERSON REGIONAL HOSPITAL		150088	11300	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		BENNETT REHAB. CENTER		15T088	11300	5	06/01/1989	N	P	0	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
10.01 ICF/IID											10.01
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)							07/01/2015	06/30/2016		20.00	
21.00 Type of Control (see instructions)							1			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)							N	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				3,304	1,377	0	13	2,933	75	24.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.				127	144	0	0	130		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:25 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00 2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	505,940	0		0	118.01
					1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:25 pm	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	Y	N	N	N
156.00	Subprovider - I PF	Y	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	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	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
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)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:25 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		06/30/2015	09/30/2015	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 3:25 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2016	Y	11/01/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 3:25 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHY		ZAMBOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT ANDERSON REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-646-8128		KATHY.ZAMBOS@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 3:25 pm
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-BUDGET & 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: 150088

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	101	36,966	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)		101	36,966	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,686	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	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		122	44,652	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,758		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
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
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)		135				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: 150088

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,621	873	22,539			1.00
2.00 HMO and other (see instructions)	3,302	6,042				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	336	373				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,621	873	22,539			7.00
8.00 INTENSIVE CARE UNIT	3,513	27	6,079			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		685	816			13.00
14.00 Total (see instructions)	13,134	1,585	29,434	0.00	705.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,189	28	2,520	0.00	12.30	17.00
18.00 SUBPROVIDER		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	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE		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.)				0.00	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)				0.00	717.70	27.00
28.00 Observation Bed Days		86	976			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	75	122			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: 150088

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,386	1,438	6,441	1.00
2.00 HMO and other (see instructions)				588	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,386	1,438	6,441		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	99	25	214		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
20.01 ICF/MR	0.00	0	0	0	0	0	20.01
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)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/22/2016 3:25 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	59,039,233	0	59,039,233	1,627,030.00	36.29	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		846,170	0	846,170	4,692.00	180.34	4.01
5.00	Physician-Part B		2,640,245	0	2,640,245	15,598.00	169.27	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,621,412	1,278,132	7,899,544	378,835.00	20.85	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		922,430	0	922,430	12,838.95	71.85	11.00
12.00	Contract labor: Top level management and other management and administrative services		24,690	0	24,690	1,619.43	15.25	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		19,391,229	0	19,391,229	408,855.00	47.43	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,500,157	0	13,500,157			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,443,596	0	2,443,596			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	788,281	0	788,281	16,654.00	47.33	26.00
27.00	Administrative & General	5.00	13,732,610	-98,900	13,633,710	168,352.00	80.98	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	401,715	0	401,715	21,174.00	18.97	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	46,154	-24,904	21,250	540.00	39.35	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	24,904	24,904	1,835.00	13.57	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	661,776	0	661,776	17,122.00	38.65	38.00
39.00	Central Services and Supply	14.00	446,537	0	446,537	21,168.00	21.09	39.00
40.00	Pharmacy	15.00	2,918,296	-146,800	2,771,496	74,887.00	37.01	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2016 3:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 752,200	0	752,200	28,514.00	26.38	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: 150088

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2016 3:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,552,818	0	55,552,818	1,606,740.00	34.57	1.00
2.00	Excluded area salaries (see instructions)	6,621,412	1,278,132	7,899,544	378,835.00	20.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,931,406	-1,278,132	47,653,274	1,227,905.00	38.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,338,349	0	20,338,349	423,313.38	48.05	4.00
5.00	Subtotal wage-related costs (see inst.)	13,500,157	0	13,500,157	0.00	28.33	5.00
6.00	Total (sum of lines 3 thru 5)	82,769,912	-1,278,132	81,491,780	1,651,218.38	49.35	6.00
7.00	Total overhead cost (see instructions)	19,747,569	-245,700	19,501,869	350,246.00	55.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2016 3:25 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,312,050	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		148,602	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		797,609	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		9,858,432	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		157,548	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		104,337	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)		422,690	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		288,603	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,775,735	17.00
18.00	Medicare Taxes - Employers Portion Only		856,069	18.00
19.00	Unemployment Insurance		14,888	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,736,563	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150088

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

Worksheet S-3
Part V
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	24,690	0	1.00
2.00	Hospital	24,690	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
9.01	Hospital-Based NF	0	0	9.01
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: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/22/2016 3:25 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.268201		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		37,001,178		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		119,750,495		6.00
7.00	Medicaid cost (line 1 times line 6)		32,117,203		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)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,398,763	0	18,398,763	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,934,567	0	4,934,567	21.00
22.00	Partial payment by patients approved for charity care	430,531	0	430,531	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,504,036	0	4,504,036	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)		6,900,296		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		478,931		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,421,365		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,722,217		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,226,253		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,226,253		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/22/2016 3:25 pm			
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	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,855,008	1,855,008	737,808	2,592,816	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	788,281	10,916,829	11,705,110	0	11,705,110	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,732,610	35,654,748	49,387,358	-403,888	48,983,470	5.00
6.00	00600	MAINTENANCE & REPAIRS	401,715	7,970,156	8,371,871	15,758	8,387,629	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	563,542	563,542	0	563,542	8.00
9.00	00900	HOUSEKEEPING	0	2,455,325	2,455,325	0	2,455,325	9.00
10.00	01000	DIETARY	46,154	2,892,527	2,938,681	-1,585,687	1,352,994	10.00
11.00	01100	CAFETERIA	0	0	0	1,585,687	1,585,687	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	661,776	346,317	1,008,093	0	1,008,093	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	446,537	261,443	707,980	-263,898	444,082	14.00
15.00	01500	PHARMACY	2,918,296	21,049,325	23,967,621	-20,392,290	3,575,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	752,200	620,510	1,372,710	0	1,372,710	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	100,294	16,317	116,611	-47	116,564	23.00
23.01	02301	SCH OF RADIOLOGY	72,715	15,841	88,556	83,844	172,400	23.01
23.02	02302	PHARMACY RESIDENCY	82,812	15,334	98,146	146,800	244,946	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,960,507	3,458,150	16,418,657	-3,065,720	13,352,937	30.00
31.00	03100	INTENSIVE CARE UNIT	3,249,362	1,631,310	4,880,672	-331,170	4,549,502	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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	864,318	288,811	1,153,129	-20,006	1,133,123	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	739,919	739,919	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,553,759	21,314,958	22,868,717	-8,800,227	14,068,490	50.00
50.01	05001	SURGERY CENTER	0	116,611	116,611	-116,611	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	110,625	110,625	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,060,913	1,060,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,940,873	2,486,190	5,427,063	-723,439	4,703,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	912,334	1,511,210	2,423,544	-85,868	2,337,676	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	431,444	103,420	534,864	0	534,864	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	267,244	616,567	883,811	-8,075	875,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	34,363	6,613,277	6,647,640	-1,123,215	5,524,425	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	463,856	463,856	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,171,097	423,372	1,594,469	-196,971	1,397,498	65.00
66.00	06600	PHYSICAL THERAPY	1,431,553	556,001	1,987,554	-32,882	1,954,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,094,677	89,218	1,183,895	-2,075	1,181,820	67.00
68.00	06800	SPEECH PATHOLOGY	157,592	160,295	317,887	-142,585	175,302	68.00
69.00	06900	ELECTROCARDIOLOGY	1,774,399	721,488	2,495,887	-278,711	2,217,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,435	262,964	661,399	-10,251	651,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,954,048	6,954,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,933,346	4,933,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,674,909	22,674,909	73.00
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
76.00	03190	CHEMOTHERAPY	856,716	3,124,769	3,981,485	-2,933,809	1,047,676	76.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	718,667	718,667	90.01
91.00	09100	EMERGENCY	3,435,897	2,052,451	5,488,348	-445,470	5,042,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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	867	8,560	9,427	0	9,427	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		470,840	470,840	-470,840		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	-1,357	12,537	11,180	0	11,180	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,537,470	130,656,221	184,193,691	-1,207,555	182,986,136	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	109,997	59,687	169,684	0	169,684	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,154,449	1,631,952	4,786,401	-17,656	4,768,745	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	125,824	109,542	235,366	0	235,366	194.00
194.02	07951	CHILDREN'S CLINIC	259,891	135,128	395,019	0	395,019	194.02
194.04	07952	HEALTH RESOURCE CENTER	64,895	5,680	70,575	0	70,575	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	0	0	1,206,241	1,206,241	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	307,501	158,183	465,684	0	465,684	194.07
194.10	07955	DME	1,479,206	3,682,843	5,162,049	1,806	5,163,855	194.10
194.12	07956	MED ONE/TWO	0	-4,601	-4,601	0	-4,601	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	-480	-480	0	-480	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	25,175	25,175	194.15
194.16	07960	MOB	0	987	987	-50	937	194.16
194.17	07961	ASB	0	10,275	10,275	-7,820	2,455	194.17
194.18	07962	MAB	0	575	575	-141	434	194.18
200.00		TOTAL (SUM OF LINES 118-199)	59,039,233	136,445,992	195,485,225	0	195,485,225	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-640,638	1,952,178	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,996,819	14,701,929	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,880,655	39,102,815	5.00
6.00	00600	MAINTENANCE & REPAIRS	-732,750	7,654,879	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-761	562,781	8.00
9.00	00900	HOUSEKEEPING	-7,115	2,448,210	9.00
10.00	01000	DIETARY	-806,286	546,708	10.00
11.00	01100	CAFETERIA	0	1,585,687	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,575	1,006,518	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-19	444,063	14.00
15.00	01500	PHARMACY	-782	3,574,549	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-38,789	1,333,921	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM	-358	116,206	23.00
23.01	02301	SCH OF RADIOLOGY	0	172,400	23.01
23.02	02302	PHARMACY RESIDENCY	0	244,946	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-49,289	13,303,648	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,549,502	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-5,149	1,127,974	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	739,919	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,361	14,065,129	50.00
50.01	05001	SURGERY CENTER	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	110,625	52.00
53.00	05300	ANESTHESIOLOGY	0	1,060,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,188	4,693,436	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,333	2,332,343	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-1,214	533,650	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-9,331	866,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-59,526	5,464,899	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 STORAGE, PROCESSING & TRANS.	0	463,856	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-57,025	1,340,473	65.00
66.00	06600	PHYSICAL THERAPY	-1,853	1,952,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,181,820	67.00
68.00	06800	SPEECH PATHOLOGY	-11,584	163,718	68.00
69.00	06900	ELECTROCARDIOLOGY	-73	2,217,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-143,622	507,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,954,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,933,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,674,909	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	1,047,676	76.00
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	ANDERSON CENTER OP CLINIC	0	718,667	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-998,061	4,044,817	92.00
OTHER REIMBURSABLE COST CENTERS					
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
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
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	-9,427	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	-11,180	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,489,125	172,497,011	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-27,699	141,985	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-283,458	4,485,287	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	FOUNDATION	-145	235,221	194.00
194.02	07951	CHILDREN'S CLINIC	-17,701	377,318	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	70,575	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	1,206,241	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	465,684	194.07
194.10	07955	DME	-294,807	4,869,048	194.10
194.12	07956	MED ONE/TWO	0	-4,601	194.12
194.13	07957	UNUSED SPACE	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	1,055,097	1,054,617	194.14
194.15	07959	PHYSICIANS RECRUITING	0	25,175	194.15
194.16	07960	MOB	-50,964	-50,027	194.16
194.17	07961	ASB	0	2,455	194.17
194.18	07962	MAB	0	434	194.18
200.00		TOTAL (SUM OF LINES 118-199)	-10,108,802	185,376,423	200.00

RECLASSIFICATIONS

Provider CCN: 150088

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:25 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - PHARMACY/IV RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,674,909	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	22,674,909	
B - ANESTHESIA RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	1,060,913	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,037	2.00
	TOTALS		0	1,086,950	
C - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	113,154	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	17,734	2.00
	TOTALS		0	130,888	
D - CAFETERIA/CLASSIC CATERING RECLASS					
1.00	CAFETERIA	11.00	24,904	1,560,783	1.00
	TOTALS		24,904	1,560,783	
E - MAB OTHER EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	58	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	41	4.00
	TOTALS		0	141	
F - MAB DEPRECIATION EXPENSE					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,700	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,700	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,126	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	2,630	4.00
	TOTALS		0	38,156	
G - MOB OTHER EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41	2.00
	TOTALS		0	50	
I - PROPERTY TAX RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	65,000	1.00
	TOTALS		0	65,000	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	470,840	1.00
	TOTALS		0	470,840	
K - ANDERSON CENTER OUTPATIENT RECLASS					
1.00	ANDERSON CENTER OP CLINIC	90.01	624,083	94,584	1.00
	TOTALS		624,083	94,584	
L - WHOLE BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	463,856	1.00
	TOTALS		0	463,856	
M - CAPITAL RELATED DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,967,076	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	1,967,076	
N - ADOLESCENT RESIDENTIAL RECLASS					
1.00	ADOLESCENT RESIDENTIAL	194.05	1,047,488	158,753	1.00
	TOTALS		1,047,488	158,753	
P - PHYSICIAN RECRUITMENT					
1.00	PHYSICIANS RECRUITING	194.15	0	25,175	1.00
	TOTALS		0	25,175	
R - ASB OTHER EXPENSE					
1.00	DME	194.10	0	709	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	709	

RECLASSIFICATIONS

Provider CCN: 150088

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:25 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
S - ASB DEPRECIATION EXPENSE						
1.00	OPERATING ROOM	50.00	0	615	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,712	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,412	3.00	
4.00	PHYSICAL THERAPY	66.00	0	1,154	4.00	
5.00	CHEMOTHERAPY	76.00	0	411	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	318	6.00	
7.00	DME	194.10	0	1,097	7.00	
	TOTALS		0	7,719		
T - PHYSICIAN						
1.00	ADULTS & PEDIATRICS	30.00	86,400	0	1.00	
	TOTALS		86,400	0		
U - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	102,840	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	102,840		
V - RAD TECH PARAMED						
1.00	SCH OF RADIOLOGY	23.01	83,844	0	1.00	
	TOTALS		83,844	0		
Y - INFECTION CONTROL						
1.00	ADULTS & PEDIATRICS	30.00	12,500	0	1.00	
	TOTALS		12,500	0		
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,814,857	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,915,612	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
	TOTALS		0	11,730,469		
AD - NURSERY & DELIVERY RM						
1.00	NURSERY	43.00	585,427	154,492	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	87,527	23,098	2.00	
	TOTALS		672,954	177,590		
AE - PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	146,800	0	1.00	
	TOTALS		146,800	0		
AF - SURGERY CTR - SURGERY PAVILION						
1.00	OPERATING ROOM	50.00	0	116,611	1.00	
	TOTALS		0	116,611		
500.00	Grand Total: Increases		2,698,973	40,873,099	500.00	

RECLASSIFICATIONS

Provider CCN: 150088

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:25 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PHARMACY/IV RECLASS							
1.00	PHARMACY	15.00	0	19,912,835	0		1.00
2.00	CHEMOTHERAPY	76.00	0	2,762,074	0		2.00
	TOTALS		0	22,674,909			
B - ANESTHESIA RECLASS							
1.00	OPERATING ROOM	50.00	0	1,086,950	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,086,950			
C - MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	130,888	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	130,888			
D - CAFETERIA/CLASSIC CATERING RECLASS							
1.00	DIETARY	10.00	24,904	1,560,783	0		1.00
	TOTALS		24,904	1,560,783			
E - MAB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	141	0		4.00
	TOTALS		0	141			
F - MAB DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	38,156	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,156			
G - MOB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	50	0		2.00
	TOTALS		0	50			
I - PROPERTY TAX RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,000	9		1.00
	TOTALS		0	65,000			
J - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	470,840	11		1.00
	TOTALS		0	470,840			
K - ANDERSON CENTER OUTPATIENT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	624,083	94,584	0		1.00
	TOTALS		624,083	94,584			
L - WHOLE BLOOD RECLASS							
1.00	LABORATORY	60.00	0	463,856	0		1.00
	TOTALS		0	463,856			
M - CAPITAL RELATED DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,829,792	9		1.00
2.00	OPERATING ROOM	50.00	0	4,717	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	114,622	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,945	0		4.00
	TOTALS		0	1,967,076			
N - ADOLESCENT RESIDENTIAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,047,488	158,753	0		1.00
	TOTALS		1,047,488	158,753			
P - PHYSICIAN RECRUITMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,175	0		1.00
	TOTALS		0	25,175			
R - ASB OTHER EXPENSE							
1.00	OPERATING ROOM	50.00	0	56	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	222	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	106	0		4.00
5.00	CHEMOTHERAPY	76.00	0	38	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29	0		6.00
7.00	ASB	194.17	0	101	0		7.00
	TOTALS		0	709			
S - ASB DEPRECIATION EXPENSE							
1.00		0.00	0	0	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	ASB	194.17	0	7,719	0		7.00

RECLASSIFICATIONS

Provider CCN: 150088

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:25 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	7,719			
T - PHYSICIAN							
1.00	ADMINISTRATIVE & GENERAL	5.00	86,400	0	0		1.00
	TOTALS		86,400	0			
U - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	102,840	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	102,840			
V - RAD TECH PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	83,844	0	0		1.00
	TOTALS		83,844	0			
Y - INFECTION CONTROL							
1.00	ADMINISTRATIVE & GENERAL	5.00	12,500	0	0		1.00
	TOTALS		12,500	0			
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,010	0		1.00
2.00	PHARMACY	15.00	0	332,655	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	389,168	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	331,170	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	20,006	0		5.00
6.00	OPERATING ROOM	50.00	0	7,825,730	0		6.00
7.00	PARAMED ED PRGM	23.00	0	47	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	649,923	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	88,058	0		9.00
10.00	EMERGENCY	91.00	0	445,470	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,075	0		11.00
12.00	LABORATORY	60.00	0	659,359	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	196,971	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	33,930	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	2,075	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	142,585	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	289,878	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,251	0		18.00
19.00	CHEMOTHERAPY	76.00	0	172,108	0		19.00
	TOTALS		0	11,730,469			
AD - NURSERY & DELIVERY RM							
1.00	ADULTS & PEDIATRICS	30.00	672,954	177,590	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		672,954	177,590			
AE - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	146,800	0	0		1.00
	TOTALS		146,800	0			
AF - SURGERY CTR - SURGERY PAVILION							
1.00	SURGERY CENTER	50.01	0	116,611	0		1.00
	TOTALS		0	116,611			
500.00	Grand Total: Decreases		2,698,973	40,873,099			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,292,602	0	0	0	0	1.00
2.00	Land Improvements	1,542,569	0	0	0	3,010	2.00
3.00	Buildings and Fixtures	63,727,422	1,327,417	0	1,327,417	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	34,273,497	0	0	0	3,781,596	5.00
6.00	Movable Equipment	47,687,536	2,117,688	0	2,117,688	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	152,523,626	3,445,105	0	3,445,105	3,784,606	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	152,523,626	3,445,105	0	3,445,105	3,784,606	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,292,602	0				1.00
2.00	Land Improvements	1,539,559	0				2.00
3.00	Buildings and Fixtures	65,054,839	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	30,491,901	0				5.00
6.00	Movable Equipment	49,805,224	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	152,184,125	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	152,184,125	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

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

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	NEW CAP REL COSTS-BLDG & FIXT	1,855,008	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	1,855,008	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	NEW CAP REL COSTS-BLDG & FIXT	0	1,855,008				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
3.00	Total (sum of lines 1-2)	0	1,855,008				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	66,810,752	0	66,810,752	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	66,810,752	0	66,810,752	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,378,498	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	1,378,498	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	NEW CAP REL COSTS-BLDG & FIXT	470,840	102,840	0	0	1,952,178	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	470,840	102,840	0	0	1,952,178	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 3:25 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-470,840	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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)	A	-110,081	ADMINISTRATIVE & GENERAL	5.00	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	-1,258,168			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	9,863,450			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-763,244	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-38,789	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-39,140	DIETARY	10.00	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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

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

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	
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 MI SC. INCOME	B	-43,011		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.04 MI SC. INCOME	B	-75		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.04
33.07 MI SC. INCOME	B	-11,584		SPEECH PATHOLOGY	68.00		0	33.07
33.11 MI SC. INCOME	B	-1,080		ELECTROENCEPHALOGRAPHY	70.00		0	33.11
33.14 MI SC. INCOME	B	-761		LAUNDRY & LINEN SERVICE	8.00		0	33.14
33.18 MI SC. INCOME	B	-27,699		RESEARCH	191.00		0	33.18
34.00 MI SC. INCOME	B	-1,214		CT SCAN	57.00		0	34.00
35.00 MI SC INCOME	B	-1,575		NURSING ADMINISTRATION	13.00		0	35.00
35.03 MI SC INCOME	B	-60,748		PHYSICIANS' PRIVATE OFFICES	192.00		0	35.03
35.08 MI SC INCOME	B	-358		PARAMEDICAL PRGM	23.00		0	35.08
35.09 MI SC INCOME	B	-37,698		ADULTS & PEDIATRICS	30.00		0	35.09
35.11 MI SC INCOME	B	-1,966		OPERATING ROOM	50.00		0	35.11
35.13 MI SC INCOME	B	-9,331		MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	35.13
35.14 MI SC INCOME	B	-6,946		RADIOLOGY-DIAGNOSTIC	54.00		0	35.14
35.16 MI SC INCOME	B	-9,780		LABORATORY	60.00		0	35.16
35.17 MI SC INCOME	B	-4,740		RESPIRATORY THERAPY	65.00		0	35.17
35.18 MI SC INCOME	B	-1,841		PHYSICAL THERAPY	66.00		0	35.18
35.20 MI SC INCOME	B	-11,919		CHILDREN'S CLINIC	194.02		0	35.20
35.21		0			0.00		0	35.21
35.22		0			0.00		0	35.22
35.23		0			0.00		0	35.23
35.24 HOME HEALTH CARE	A	-9,427		HOME HEALTH AGENCY	101.00		0	35.24
35.25 HOSPICE	A	-11,180		HOSPICE	116.00		0	35.25
35.26		0			0.00		0	35.26
35.27		0			0.00		0	35.27
36.00 PHYSICIANS' PHONE SERVICE	A	-13,490		ADMINISTRATIVE & GENERAL	5.00		0	36.00
36.01 BAD DEBT & RECOVERIES	A	-8,049,441		ADMINISTRATIVE & GENERAL	5.00		0	36.01
36.02 BAD DEBT & RECOVERIES	A	-294,747		DME	194.10		0	36.02
36.03 BAD DEBT & RECOVERIES	A	-2,963		ADULTS & PEDIATRICS	30.00		0	36.03
36.04 BAD DEBT & RECOVERIES	A	-5,782		CHILDREN'S CLINIC	194.02		0	36.04
36.05 BAD DEBT & RECOVERIES	A	-144,218		PHYSICIANS' PRIVATE OFFICES	192.00		0	36.05
36.06		0			0.00		0	36.06
36.07 AHA-IHA LOBBYING DUES	A	-4,085		ADMINISTRATIVE & GENERAL	5.00		0	36.07
36.08 STARP	A	-697,512		ADMINISTRATIVE & GENERAL	5.00		0	36.08
36.10		0			0.00		0	36.10
36.11 INCOME/SALES TAX	A	-6,854		ADMINISTRATIVE & GENERAL	5.00		0	36.11
36.12 INCOME/SALES TAX	A	-19		CENTRAL SERVICES & SUPPLY	14.00		0	36.12
36.13 INCOME/SALES TAX	A	-3,902		DIETARY	10.00		0	36.13
36.15 INCOME/SALES TAX	A	-13		SUBPROVIDER - IRF	41.00		0	36.15
36.16 INCOME/SALES TAX	A	-120		RESPIRATORY THERAPY	65.00		0	36.16
36.17 INCOME/SALES TAX	A	-1,166		ADULTS & PEDIATRICS	30.00		0	36.17
36.18		0			0.00		0	36.18
36.19 INCOME/SALES TAX	A	-120		RESPIRATORY THERAPY	65.00		0	36.19
36.20 INCOME/SALES TAX	A	-509		OPERATING ROOM	50.00		0	36.20
36.21 INCOME/SALES TAX	A	-228		PHYSICIANS' PRIVATE OFFICES	192.00		0	36.21
36.22 INCOME/SALES TAX	A	-145		FOUNDATION	194.00		0	36.22
37.00 PROVIDER TAX	A	-6,739,054		ADMINISTRATIVE & GENERAL	5.00		0	37.00
37.01 CARRYFORWARD ADJUSTMENTS	A	-10,542		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.01
37.03 PHYSICIAN OFFICE DEPRECIATION	A	-7,472		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.03
37.04		0			0.00		0	37.04
37.09 MAB DEPRECIATION IN CAP REL	A	-118,146		NEW CAP REL COSTS-BLDG & FIXT	1.00		9	37.09
38.00		0			0.00		0	38.00
38.04		0			0.00		0	38.04
38.06 ADVERTISING & MARKETING	A	-2,060		ADULTS & PEDIATRICS	30.00		0	38.06
38.07 ADVERTISING & MARKETING	A	-118,757		ADMINISTRATIVE & GENERAL	5.00		0	38.07
38.09 A&G MI SC	A	-157,890		ADMINISTRATIVE & GENERAL	5.00		0	38.09
38.10 A&G DUES & MEMBERSHIP	A	-739		ADMINISTRATIVE & GENERAL	5.00		0	38.10
39.00 A&G PURCHASED SERVICES	A	-38,020		ADMINISTRATIVE & GENERAL	5.00		0	39.00
39.01 CORPORATION ADMINISTRATION TRAVEL &	A	-36,740		ADMINISTRATIVE & GENERAL	5.00		0	39.01

Provider CCN: 150088

Period:
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 To 06/30/2016

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		Wkst. A-7 Ref.	Ref.	
			Cost Center	Line #			
			1.00	2.00			3.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	40.00
41.00		0			0.00		41.00
42.00 MISC REVENUE LEASED BLDGS	B	-6,714	ADMINISTRATIVE & GENERAL	5.00	0	0	42.00
43.00 MISC REVENUE LEASED BLDGS	B	-50,964	MOB	194.16	0	0	43.00
44.00 MISC REVENUE LEASED BLDGS	B	-440,498	MAINTENANCE & REPAIRS	6.00	0	0	44.00
44.03 MISC REVENUE LEASED BLDGS	B	-7,115	HOUSEKEEPING	9.00	0	0	44.03
44.04 MISC REVENUE LEASED BLDGS	B	-768	PHARMACY	15.00	0	0	44.04
45.00		0		0.00	0	0	45.00
45.01		0		0.00	0	0	45.01
45.02 MISC REVENUE LEASED BLDGS	B	-78,264	PHYSICIANS' PRIVATE OFFICES	192.00	0	0	45.02
45.03		0		0.00	0	0	45.03
45.04		0		0.00	0	0	45.04
45.05		0		0.00	0	0	45.05
45.06		0		0.00	0	0	45.06
45.07		0		0.00	0	0	45.07
45.08		0		0.00	0	0	45.08
45.09		0		0.00	0	0	45.09
45.10		0		0.00	0	0	45.10
45.11		0		0.00	0	0	45.11
45.12		0		0.00	0	0	45.12
45.13		0		0.00	0	0	45.13
45.14		0		0.00	0	0	45.14
45.15		0		0.00	0	0	45.15
45.16		0		0.00	0	0	45.16
45.17		0		0.00	0	0	45.17
45.18		0		0.00	0	0	45.18
45.19		0		0.00	0	0	45.19
45.20		0		0.00	0	0	45.20
45.21		0		0.00	0	0	45.21
45.22		0		0.00	0	0	45.22
45.23		0		0.00	0	0	45.23
45.24		0		0.00	0	0	45.24
45.25		0		0.00	0	0	45.25
45.26		0		0.00	0	0	45.26
45.27		0		0.00	0	0	45.27
45.28		0		0.00	0	0	45.28
45.29		0		0.00	0	0	45.29
45.30		0		0.00	0	0	45.30
45.31		0		0.00	0	0	45.31
45.32		0		0.00	0	0	45.32
45.33		0		0.00	0	0	45.33
45.34		0		0.00	0	0	45.34
45.35		0		0.00	0	0	45.35
45.36		0		0.00	0	0	45.36
45.37		0		0.00	0	0	45.37
45.38		0		0.00	0	0	45.38
45.39		0		0.00	0	0	45.39
45.40		0		0.00	0	0	45.40
45.41		0		0.00	0	0	45.41
45.42		0		0.00	0	0	45.42
45.43		0		0.00	0	0	45.43
45.44		0		0.00	0	0	45.44
45.45		0		0.00	0	0	45.45
45.46		0		0.00	0	0	45.46
45.47		0		0.00	0	0	45.47
45.48		0		0.00	0	0	45.48
45.49		0		0.00	0	0	45.49
45.50		0		0.00	0	0	45.50
45.51		0		0.00	0	0	45.51
45.52		0		0.00	0	0	45.52
45.53		0		0.00	0	0	45.53
45.54		0		0.00	0	0	45.54
45.55		0		0.00	0	0	45.55
45.56		0		0.00	0	0	45.56
45.57		0		0.00	0	0	45.57
45.58		0		0.00	0	0	45.58
45.59		0		0.00	0	0	45.59
45.60		0		0.00	0	0	45.60
45.61		0		0.00	0	0	45.61

Provider CCN: 150088

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

Worksheet A-8

Date/Time Prepared:
 11/22/2016 3:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
45.62		0		0.00	0	45.62
45.63		0		0.00	0	45.63
45.64		0		0.00	0	45.64
45.65		0		0.00	0	45.65
45.66		0		0.00	0	45.66
45.67		0		0.00	0	45.67
45.68		0		0.00	0	45.68
45.69		0		0.00	0	45.69
45.70		0		0.00	0	45.70
45.71		0		0.00	0	45.71
45.72		0		0.00	0	45.72
45.73		0		0.00	0	45.73
45.74		0		0.00	0	45.74
45.75		0		0.00	0	45.75
45.76		0		0.00	0	45.76
45.77		0		0.00	0	45.77
45.78		0		0.00	0	45.78
45.79		0		0.00	0	45.79
45.80		0		0.00	0	45.80
45.81		0		0.00	0	45.81
45.82		0		0.00	0	45.82
45.83		0		0.00	0	45.83
45.84		0		0.00	0	45.84
45.85		0		0.00	0	45.85
45.86		0		0.00	0	45.86
45.87		0		0.00	0	45.87
45.88		0		0.00	0	45.88
45.89		0		0.00	0	45.89
45.90		0		0.00	0	45.90
45.91		0		0.00	0	45.91
45.92		0		0.00	0	45.92
45.93		0		0.00	0	45.93
45.94		0		0.00	0	45.94
45.95		0		0.00	0	45.95
45.96		0		0.00	0	45.96
45.97		0		0.00	0	45.97
45.98		0		0.00	0	45.98
45.99		0		0.00	0	45.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-10,108,802				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: 150088

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2016 3:25 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	ASCENSION HEALTH - INTEREST	428,827	462,465	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ASCENSION HEALTH - INTEREST	7,766	8,375	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ASCENSION HEALTH - PENSION	2,341,379	1,148,509	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. VINCENT SELF INSURANCE	9,224,230	7,420,152	4.00
4.01	0.00			0	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	21,447,395	15,305,484	4.02
4.03	194.14	ADVERTISING AND MARKETING	HOME OFFICE	1,055,097	0	4.03
4.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - CHARGEBACK	374,034	374,034	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	SVH - CHARGEBACK	6,671,560	6,671,560	4.19
4.20	7.00	OPERATION OF PLANT	SVH - CHARGEBACK	-2,085	-2,085	4.20
4.21	15.00	PHARMACY	SVH - CHARGEBACK	-20,000	-20,000	4.21
4.22	16.00	MEDICAL RECORDS & LIBRARY	SVH - CHARGEBACK	590,882	590,882	4.22
4.33	23.01	SCH OF RADIOLOGY	SVH - CHARGEBACK	10,460	10,460	4.33
4.34	30.00	ADULTS & PEDIATRICS	SVH - CHARGEBACK	616,988	616,988	4.34
4.35	50.00	OPERATING ROOM	SVH - CHARGEBACK	137,729	137,729	4.35
4.36	54.00	RADIOLOGY-DIAGNOSTIC	SVH - CHARGEBACK	58,773	58,773	4.36
4.37	55.00	RADIOLOGY-THERAPEUTIC	SVH - CHARGEBACK	6,000	6,000	4.37
4.38	69.00	ELECTROCARDIOLOGY	SVH - CHARGEBACK	110,300	110,300	4.38
4.39	70.00	ELECTROENCEPHALOGRAPHY	SVH - CHARGEBACK	-2,340	-2,340	4.39
4.40	116.00	HOSPICE	SVH - CHARGEBACK	15,318	15,318	4.40
4.41	192.00	PHYSICIANS' PRIVATE OFFICES	SVH - CHARGEBACK	865,074	865,074	4.41
4.42	194.10	DME	SVH-CHARGEBACK	461,638	461,638	4.42
4.43	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRIMEDX	941	995	4.43
4.44	5.00	ADMINISTRATIVE & GENERAL	TRIMEDX	-7,555	-7,986	4.44
4.45	6.00	MAINTENANCE & REPAIRS	TRIMEDX	5,121,458	5,413,710	4.45
4.46	15.00	PHARMACY	TRIMEDX	241	255	4.46
4.47	50.00	OPERATING ROOM	TRIMEDX	15,517	16,403	4.47
4.48	54.00	RADIOLOGY-DIAGNOSTIC	TRIMEDX	56,807	60,049	4.48
4.49	65.00	RESPIRATORY THERAPY	TRIMEDX	1,698	1,795	4.49
4.50	66.00	PHYSICAL THERAPY	TRIMEDX	211	223	4.50
4.51	69.00	ELECTROCARDIOLOGY	TRIMEDX	1,277	1,350	4.51
4.52	194.10	DME	TRIMEDX	1,053	1,113	4.52
4.53	0.00			0	0	4.53
4.54	0.00			0	0	4.54
4.55	0.00			0	0	4.55
5.00	0			49,590,673	39,727,223	5.00

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

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

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

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

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

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

Provider CCN: 150088

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 3:25 pm

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

(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: 150088

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 3:25 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-33,638	9	1.00
2.00	-609	9	2.00
3.00	1,192,870	0	3.00
4.00	1,804,078	0	4.00
4.01	0	0	4.01
4.02	6,141,911	0	4.02
4.03	1,055,097	0	4.03
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	-54	0	4.43
4.44	431	0	4.44
4.45	-292,252	0	4.45
4.46	-14	0	4.46
4.47	-886	0	4.47
4.48	-3,242	0	4.48
4.49	-97	0	4.49
4.50	-12	0	4.50
4.51	-73	0	4.51
4.52	-60	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	0	0	4.55
5.00	9,863,450		5.00

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

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

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

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

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

6.00	HEALTH SYSTEM	6.00
7.00	HEALTH SYSTEM	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 150088

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

Worksheet A-8-1
Date/Time Prepared:
11/22/2016 3:25 pm

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

(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: 150088

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2016 3:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	113,250	0	113,250	171,400	1,312	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	8,751	0	8,751	136,700	52	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	152,400	135,000	17,400	136,700	150	4.00
5.00	91.00	EMERGENCY	1,067,250	998,061	69,189	171,400	908	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,500	0	12,500	136,700	108	6.00
7.00	65.00	RESPIRATORY THERAPY	99,413	0	99,413	171,400	576	7.00
8.00	60.00	LABORATORY	77,763	0	77,763	171,400	340	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			1,531,327	1,133,061	398,266		3,446	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	0.00		0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	108,114	5,406	0	0	0	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	3,418	171	0	0	0	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	9,858	493	0	0	0	4.00
5.00	91.00	EMERGENCY	74,823	3,741	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	7,098	355	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	47,465	2,373	0	0	0	7.00
8.00	60.00	LABORATORY	28,017	1,401	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			278,793	13,940	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	0.00		0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	108,114	5,136	5,136	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	0	3,418	5,333	5,333	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	0	9,858	7,542	142,542	4.00
5.00	91.00	EMERGENCY	0	74,823	0	998,061	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	7,098	5,402	5,402	6.00
7.00	65.00	RESPIRATORY THERAPY	0	47,465	51,948	51,948	7.00
8.00	60.00	LABORATORY	0	28,017	49,746	49,746	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	278,793	125,107	1,258,168	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,952,178	1,952,178				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	14,701,929	29,788	0	14,731,717		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	39,102,815	0	0	3,472,948	42,575,763	5.00
6.00 00600 MAINTENANCE & REPAIRS	7,654,879	268,136	0	101,593	8,024,608	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	562,781	37,859	0	0	600,640	8.00
9.00 00900 HOUSEKEEPING	2,448,210	47,988	0	0	2,496,198	9.00
10.00 01000 DIETARY	546,708	133,883	0	5,374	685,965	10.00
11.00 01100 CAFETERIA	1,585,687	0	0	6,298	1,591,985	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,006,518	23,491	0	167,362	1,197,371	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	444,063	76,285	0	112,929	633,277	14.00
15.00 01500 PHARMACY	3,574,549	22,698	0	738,034	4,335,281	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,333,921	25,079	0	190,231	1,549,231	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	116,206	625	0	25,364	142,195	23.00
23.01 02301 SCH OF RADIOLOGY	172,400	529	0	39,594	212,523	23.01
23.02 02302 PHARMACY RESIDENCY	244,946	481	0	20,943	266,370	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,303,648	367,329	0	2,854,961	16,525,938	30.00
31.00 03100 INTENSIVE CARE UNIT	4,549,502	70,513	0	821,760	5,441,775	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
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	1,127,974	48,099	0	218,585	1,394,658	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	739,919	4,771	0	0	744,690	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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	14,065,129	97,275	0	392,944	14,555,348	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	110,625	79,950	0	0	190,575	52.00
53.00 05300 ANESTHESIOLOGY	1,060,913	0	0	0	1,060,913	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,693,436	74,096	0	722,540	5,490,072	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,332,343	0	0	230,728	2,563,071	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	533,650	2,650	0	109,112	645,412	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	866,405	4,824	0	67,586	938,815	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,464,899	60,335	0	8,690	5,533,924	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.	463,856	0	0	0	463,856	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,340,473	34,333	0	296,169	1,670,975	65.00
66.00 06600 PHYSICAL THERAPY	1,952,819	45,857	0	362,038	2,360,714	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,181,820	30,418	0	276,843	1,489,081	67.00
68.00 06800 SPEECH PATHOLOGY	163,718	0	0	39,855	203,573	68.00
69.00 06900 ELECTROCARDIOLOGY	2,217,103	41,182	0	448,744	2,707,029	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	507,526	56,006	0	100,764	664,296	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,954,048	0	0	0	6,954,048	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,933,346	0	0	0	4,933,346	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,674,909	0	0	0	22,674,909	73.00
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
76.00 03190 CHEMOTHERAPY	1,047,676	0	0	216,663	1,264,339	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00			
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 ANDERSON CENTER OP CLINIC	718,667	16,835	0	157,830	893,332	90.01
91.00 09100 EMERGENCY	4,044,817	108,246	0	868,935	5,021,998	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
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
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						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)	172,497,011	1,809,561	0	13,075,417	170,698,094	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,052	0	0	9,052	190.00
191.00 19100 RESEARCH	141,985	0	0	27,818	169,803	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,485,287	8,797	0	797,757	5,291,841	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	235,221	3,059	0	31,821	270,101	194.00
194.02 07951 CHILDREN'S CLINIC	377,318	0	0	65,726	443,044	194.02
194.04 07952 HEALTH RESOURCE CENTER	70,575	2,660	0	16,412	89,647	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	1,206,241	48,536	0	264,909	1,519,686	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	465,684	13,684	0	77,767	557,135	194.07
194.10 07955 DME	4,869,048	44,674	0	374,090	5,287,812	194.10
194.12 07956 MED ONE/TWO	-4,601	0	0	0	-4,601	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	1,054,617	12,155	0	0	1,066,772	194.14
194.15 07959 PHYSICIANS RECRUITING	25,175	0	0	0	25,175	194.15
194.16 07960 MOB	-50,027	0	0	0	-50,027	194.16
194.17 07961 ASB	2,455	0	0	0	2,455	194.17
194.18 07962 MAB	434	0	0	0	434	194.18
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)	185,376,423	1,952,178	0	14,731,717	185,376,423	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 3:25 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
				5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,575,763					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,391,606	10,416,214				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,011	238,311	0	1,017,962		8.00
9.00	00900	HOUSEKEEPING	743,952	302,075	0	1,060	3,543,285	9.00
10.00	01000	DIETARY	204,441	842,764	0	0	0	10.00
11.00	01100	CAFETERIA	474,466	0	0	0	61,457	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	356,857	147,874	0	0	3,322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	188,738	480,195	0	44,999	20,928	14.00
15.00	01500	PHARMACY	1,292,061	145,906	0	0	11,959	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	461,724	157,865	0	0	6,644	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	42,379	3,936	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	63,339	3,330	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	79,387	3,028	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,925,291	2,312,266	0	377,439	1,411,174	30.00
31.00	03100	INTENSIVE CARE UNIT	1,621,834	443,863	0	124,593	322,232	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
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	415,656	302,771	0	45,786	206,627	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	221,943	30,035	0	17,984	83,780	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,337,989	612,325	0	77,888	530,519	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,798	503,267	0	1,313	12,557	52.00
53.00	05300	ANESTHESIOLOGY	316,188	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,636,228	466,419	0	80,204	141,516	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	763,882	0	0	18,031	11,627	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	192,355	16,683	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	279,799	30,368	0	0	6,644	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,649,298	379,796	0	0	113,612	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.	138,245	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	498,007	216,118	0	0	3,322	65.00
66.00	06600	PHYSICAL THERAPY	703,573	288,662	0	12,656	44,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	443,797	191,473	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	60,672	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	806,787	259,233	0	202	55,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	197,983	352,547	0	1,196	45,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,072,543	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,470,305	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,757,922	0	0	0	0	73.00
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
76.00	03190	CHEMOTHERAPY	376,816	0	0	26,017	0	76.00
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	ANDERSON CENTER OP CLINIC	266,243	105,970	0	0	0	90.01
91.00	09100	EMERGENCY	1,496,726	681,387	0	154,701	342,828	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	38,184,841	9,518,467	0	984,069	3,437,247	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,698	56,982	0	0	0	190.00
191.00	19100 RESEARCH	50,607	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,577,149	55,377	0	30,777	37,206	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	80,499	19,256	0	0	2,658	194.00
194.02	07951 CHILDREN'S CLINIC	132,042	0	0	1,155	43,186	194.02
194.04	07952 HEALTH RESOURCE CENTER	26,718	16,743	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	452,918	305,527	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	166,045	86,138	0	0	6,378	194.07
194.10	07955 DME	1,575,948	281,214	0	0	3,322	194.10
194.12	07956 MED ONE/TWO	0	0	0	1,371	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	317,934	76,510	0	0	3,322	194.14
194.15	07959 PHYSICIANS RECRUITING	7,503	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	3,322	194.16
194.17	07961 ASB	732	0	0	0	3,986	194.17
194.18	07962 MAB	129	0	0	590	2,658	194.18
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)	42,575,763	10,416,214	0	1,017,962	3,543,285	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,733,170					10.00
11.00	01100	CAFETERIA	0	2,127,908				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	28,355	0	1,733,779		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,055	0	0	1,403,192	14.00
15.00	01500	PHARMACY	0	119,334	0	0	42,185	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,220	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	5,617	0	0	10	23.00
23.01	02301	SCH OF RADIOLOGY	0	8,136	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	11,385	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,133,562	451,387	0	682,773	71,875	30.00
31.00	03100	INTENSIVE CARE UNIT	297,625	160,154	0	242,251	68,354	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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	123,378	42,357	0	64,069	4,244	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	39,951	27,301	0	41,297	8,549	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	73,263	0	110,819	654,688	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,973	4,082	0	6,175	1,278	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	164,471	0	248,781	129,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	42,039	0	63,588	18,370	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	22,559	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,567	0	0	1,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,153	0	0	140,000	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.	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	56,026	0	0	41,782	65.00
66.00	06600	PHYSICAL THERAPY	0	70,759	0	0	7,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45,776	0	0	424	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,043	0	0	30,229	68.00
69.00	06900	ELECTROCARDIOLOGY	0	81,191	0	0	45,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,290	0	0	2,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
76.00	03190	CHEMOTHERAPY	0	45,261	0	0	36,543	76.00
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	ANDERSON CENTER OP CLINIC	0	35,489	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	181,161	0	274,026	92,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	1,600,489	1,798,431	0	1,733,779	1,397,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,965	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	108,135	0	0	1,026	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	6,013	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	16,183	0	0	4,636	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	3,849	0	0	56	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	132,681	59,566	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	26,404	0	0	0	194.07
194.10	07955	DME	0	104,362	0	0	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,733,170	2,127,908	0	1,733,779	1,403,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
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	5,946,726				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,222,684			16.00
17.00 01700 SOCIAL SERVICE	0	0	0		17.00
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	0	0	0	0	23.00
23.01 02301 SCH OF RADIOLOGY	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	8,163	105,587	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,572	52,161	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	157	10,901	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	303	3,453	0	0	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
45.01 04510 ICF/MR	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	12,312	372,954	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	45	12,955	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	32,409	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,600	154,517	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	60	97,229	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	17,213	50,429	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	14,920	13,830	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	784	221,992	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	9,214	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	133	55,115	0	0	65.00
66.00 06600 PHYSICAL THERAPY	110	25,080	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	20,898	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,537	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	421	88,571	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	19	18,200	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	65,123	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	47,141	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,866,413	457,811	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	10,562	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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 ANDERSON CENTER OP CLINIC	0	6,680	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.00	09100	EMERGENCY	4,014	231,965	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	5,931,239	2,167,314	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,692	13,862	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	2,793	2,226	0	0	0	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	7,448	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	0	0	0	0	194.07
194.10	07955	DME	0	31,834	0	0	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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)	5,946,726	2,222,684	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	PHARMACY RESIDENCY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			194,137			23.00
23.01 02301 SCH OF RADIOLOGY				287,328		23.01
23.02 02302 PHARMACY RESIDENCY					360,170	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 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
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	0	50.01
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	202,932	0	54.00
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	66,232	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,164	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
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 PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	360,170	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	0	0	0	0	76.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
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To 06/30/2016

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Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	194,137	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	0	0	194,137	287,328	360,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	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
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	0	0	0	0	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	0	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	0	0	0	0	194.07
194.10	07955	DME	0	0	0	0	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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	194,137	287,328	360,170	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
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				23.00
23.01	02301	SCH OF RADIOLOGY				23.01
23.02	02302	PHARMACY RESIDENCY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,005,455	0	28,005,455	30.00
31.00	03100	INTENSIVE CARE UNIT	8,779,414	0	8,779,414	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,610,604	0	2,610,604	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	1,219,286	0	1,219,286	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,338,105	0	21,338,105	50.00
50.01	05001	SURGERY CENTER	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	795,018	0	795,018	52.00
53.00	05300	ANESTHESIOLOGY	1,409,510	0	1,409,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,716,450	0	8,716,450	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,577,897	0	3,577,897	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,010,883	0	1,010,883	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,315,822	0	1,315,822	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	8,041,559	0	8,041,559	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.	611,315	0	611,315	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,541,478	0	2,541,478	65.00
66.00	06600	PHYSICAL THERAPY	3,513,597	0	3,513,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,191,449	0	2,191,449	67.00
68.00	06800	SPEECH PATHOLOGY	303,054	0	303,054	68.00
69.00	06900	ELECTROCARDIOLOGY	4,045,222	0	4,045,222	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,302,551	0	1,302,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,091,714	0	9,091,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,450,792	0	6,450,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,117,225	0	36,117,225	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	1,759,538	0	1,759,538	76.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	1,307,714	0	1,307,714	90.01
91.00	09100	EMERGENCY	8,675,109	0	8,675,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
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
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	164,730,761	0	164,730,761	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,732	0	68,732	190.00
191.00	19100	RESEARCH	225,377	0	225,377	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,128,065	0	7,128,065	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	FOUNDATION	378,527	0	378,527	194.00
194.02	07951	CHILDREN'S CLINIC	645,265	0	645,265	194.02
194.04	07952	HEALTH RESOURCE CENTER	137,013	0	137,013	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	2,477,826	0	2,477,826	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	842,100	0	842,100	194.07
194.10	07955	DME	7,284,492	0	7,284,492	194.10
194.12	07956	MED ONE/TWO	-3,230	0	-3,230	194.12
194.13	07957	UNUSED SPACE	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	1,464,538	0	1,464,538	194.14
194.15	07959	PHYSICIANS RECRUITING	32,678	0	32,678	194.15
194.16	07960	MOB	-46,705	0	-46,705	194.16
194.17	07961	ASB	7,173	0	7,173	194.17
194.18	07962	MAB	3,811	0	3,811	194.18
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	185,376,423	0	185,376,423	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,771	29,788	0	32,559	32,559 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	3,333,749	0	0	3,333,749	7,673 5.00
6.00 00600	MAINTENANCE & REPAIRS	45,259	268,136	0	313,395	225 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,359	37,859	0	39,218	0 8.00
9.00 00900	HOUSEKEEPING	3,811	47,988	0	51,799	0 9.00
10.00 01000	DIETARY	2,330	133,883	0	136,213	12 10.00
11.00 01100	CAFETERIA	2,731	0	0	2,731	14 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	178,147	23,491	0	201,638	370 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	47,419	76,285	0	123,704	250 14.00
15.00 01500	PHARMACY	459,409	22,698	0	482,107	1,631 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,957	25,079	0	31,036	420 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
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 PRGM	0	625	0	625	56 23.00
23.01 02301	SCH OF RADIOLOGY	0	529	0	529	88 23.01
23.02 02302	PHARMACY RESIDENCY	0	481	0	481	46 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	192,574	367,329	0	559,903	6,311 30.00
31.00 03100	INTENSIVE CARE UNIT	260,894	70,513	0	331,407	1,816 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
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	23,704	48,099	0	71,803	483 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	9,608	4,771	0	14,379	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
45.01 04510	ICF/MR	0	0	0	0	0 45.01
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,169,994	97,275	0	2,267,269	869 50.00
50.01 05001	SURGERY CENTER	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	73,190	79,950	0	153,140	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	774,211	74,096	0	848,307	1,597 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	605,013	0	0	605,013	510 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	3,312	2,650	0	5,962	241 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	451,715	4,824	0	456,539	149 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	21,616	60,335	0	81,951	19 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	52,744	34,333	0	87,077	655 65.00
66.00 06600	PHYSICAL THERAPY	221,485	45,857	0	267,342	800 66.00
67.00 06700	OCCUPATIONAL THERAPY	707	30,418	0	31,125	612 67.00
68.00 06800	SPEECH PATHOLOGY	2,356	0	0	2,356	88 68.00
69.00 06900	ELECTROCARDIOLOGY	249,503	41,182	0	290,685	992 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	49,151	56,006	0	105,157	223 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
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
76.00 03190	CHEMOTHERAPY	70,844	0	0	70,844	479 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
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 ANDERSON CENTER OP CLINIC	2,209	16,835	0	19,044	349	90.01
91.00 09100 EMERGENCY	29,954	108,246	0	138,200	1,921	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
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
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						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)	9,347,726	1,809,561	0	11,157,287	28,899	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,052	0	9,052	0	190.00
191.00 19100 RESEARCH	25,784	0	0	25,784	61	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	127,058	8,797	0	135,855	1,763	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	121	3,059	0	3,180	70	194.00
194.02 07951 CHILDREN'S CLINIC	9,209	0	0	9,209	145	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	2,660	0	2,660	36	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	3,708	48,536	0	52,244	586	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	17,814	13,684	0	31,498	172	194.07
194.10 07955 DME	82,124	44,674	0	126,798	827	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	12,155	0	12,155	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	3,595	0	0	3,595	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
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)	9,617,139	1,952,178	0	11,569,317	32,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,341,422			5.00
6.00	00600	MAINTENANCE & REPAIRS	187,696	501,316		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,049	11,470	64,737	8.00
9.00	00900	HOUSEKEEPING	58,386	14,538	67	124,790
10.00	01000	DIETARY	16,045	40,561	0	0
11.00	01100	CAFETERIA	37,237	0	0	2,164
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	28,007	7,117	0	117
14.00	01400	CENTRAL SERVICES & SUPPLY	14,812	23,111	2,862	737
15.00	01500	PHARMACY	101,402	7,022	0	421
16.00	01600	MEDICAL RECORDS & LIBRARY	36,237	7,598	0	234
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM	3,326	189	0	0
23.01	02301	SCH OF RADIOLOGY	4,971	160	0	0
23.02	02302	PHARMACY RESIDENCY	6,230	146	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	386,542	111,287	0	24,003
31.00	03100	INTENSIVE CARE UNIT	127,283	21,362	0	7,923
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	32,621	14,572	2,912	7,277
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	17,418	1,446	0	1,144
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	340,450	29,470	0	4,953
50.01	05001	SURGERY CENTER	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,458	24,221	0	83
53.00	05300	ANESTHESIOLOGY	24,815	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,413	22,448	0	5,101
55.00	05500	RADIOLOGY-THERAPEUTIC	59,950	0	0	1,147
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	15,096	803	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,959	1,462	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	234
60.00	06000	LABORATORY	129,438	18,279	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,850	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	39,084	10,401	0	0
66.00	06600	PHYSICAL THERAPY	55,217	13,893	0	805
67.00	06700	OCCUPATIONAL THERAPY	34,830	9,215	0	0
68.00	06800	SPEECH PATHOLOGY	4,762	0	0	0
69.00	06900	ELECTROCARDIOLOGY	63,317	12,476	0	13
70.00	07000	ELECTROENCEPHALOGRAPHY	15,538	16,968	0	76
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	162,655	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	115,391	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	530,400	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03190	CHEMOTHERAPY	29,573	0	0	1,655
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	ANDERSON CENTER OP CLINIC	20,895	5,100	0	0
91.00	09100	EMERGENCY	117,465	32,794	0	9,838

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm			
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	2,996,818	458,109	0	62,582	121,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	212	2,742	0	0	0	190.00
191.00	19100 RESEARCH	3,972	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	123,776	2,665	0	1,957	1,310	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	6,318	927	0	0	94	194.00
194.02	07951 CHILDREN'S CLINIC	10,363	0	0	73	1,521	194.02
194.04	07952 HEALTH RESOURCE CENTER	2,097	806	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	35,545	14,705	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	13,031	4,146	0	0	225	194.07
194.10	07955 DME	123,682	13,534	0	0	117	194.10
194.12	07956 MED ONE/TWO	0	0	0	87	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	24,952	3,682	0	0	117	194.14
194.15	07959 PHYSICIANS RECRUITING	589	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	117	194.16
194.17	07961 ASB	57	0	0	0	140	194.17
194.18	07962 MAB	10	0	0	38	94	194.18
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)	3,341,422	501,316	0	64,737	124,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	192,831					10.00
11.00	01100	CAFETERIA	0	42,146				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	562	0	237,811		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	694	0	0	166,170	14.00
15.00	01500	PHARMACY	0	2,364	0	0	4,996	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	935	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	111	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	161	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	226	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,118	8,938	0	93,652	8,512	30.00
31.00	03100	INTENSIVE CARE UNIT	33,114	3,172	0	33,228	8,095	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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,727	839	0	8,788	503	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,445	541	0	5,664	1,012	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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,451	0	15,200	77,528	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	665	81	0	847	151	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,258	0	34,124	15,361	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	833	0	8,722	2,175	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	447	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	229	0	0	203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	43	0	0	16,579	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	1,110	0	0	4,948	65.00
66.00	06600	PHYSICAL THERAPY	0	1,401	0	0	852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	907	0	0	50	67.00
68.00	06800	SPEECH PATHOLOGY	0	120	0	0	3,580	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,608	0	0	5,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	402	0	0	258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
76.00	03190	CHEMOTHERAPY	0	896	0	0	4,328	76.00
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	ANDERSON CENTER OP CLINIC	0	703	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	3,588	0	37,586	10,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	178,069	35,620	0	237,811	165,492	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	98	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,142	0	0	122	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	119	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	321	0	0	549	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	76	0	0	7	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	14,762	1,180	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	523	0	0	0	194.07
194.10	07955	DME	0	2,067	0	0	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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)	192,831	42,146	0	237,811	166,170	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	599,943				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76,460			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
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	0	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	824	3,640	0		30.00
31.00	03100	INTENSIVE CARE UNIT	461	1,798	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	16	376	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	31	119	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,242	12,857	0		50.00
50.01	05001	SURGERY CENTER	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	447	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,117	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161	5,327	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6	3,352	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	1,737	1,738	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,505	477	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	79	7,653	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	318	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	13	1,900	0		65.00
66.00	06600	PHYSICAL THERAPY	11	865	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	720	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	87	0		68.00
69.00	06900	ELECTROCARDIOLOGY	43	3,053	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	627	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,245	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,625	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	591,840	15,619	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03190	CHEMOTHERAPY	0	364	0		76.00
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	ANDERSON CENTER OP CLINIC	0	230	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

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

Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
91.00	09100	EMERGENCY	405	7,997	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
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
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	598,381	74,551	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,280	478	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	FOUNDATION	0	0	0			194.00
194.02	07951	CHILDREN'S CLINIC	282	77	0			194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	07953	ADOLESCENT RESIDENTIAL	0	257	0			194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	0	0	0			194.07
194.10	07955	DME	0	1,097	0			194.10
194.12	07956	MED ONE/TWO	0	0	0			194.12
194.13	07957	UNUSED SPACE	0	0	0			194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0			194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0			194.15
194.16	07960	MOB	0	0	0			194.16
194.17	07961	ASB	0	0	0			194.17
194.18	07962	MAB	0	0	0			194.18
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)	599,943	76,460	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	PHARMACY RESIDENCY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			4,308			23.00
23.01 02301 SCH OF RADIOLOGY				5,909		23.01
23.02 02302 PHARMACY RESIDENCY					7,129	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
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
40.00 04000 SUBPROVIDER - I PF						40.00
41.00 04100 SUBPROVIDER - I RF						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
45.01 04510 ICF/MR						45.01
46.00 04600 OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
50.01 05001 SURGERY CENTER						50.01
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
55.00 05500 RADIOLOGY-THERAPEUTIC						55.00
56.00 05600 RADIOISOTOPE						56.00
57.00 05700 CT SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
60.01 06001 BLOOD LABORATORY						60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 06400 INTRAVENOUS THERAPY						64.00
65.00 06500 RESPIRATORY THERAPY						65.00
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
75.00 07500 ASC (NON-DISTINCT PART)						75.00
76.00 03190 CHEMOTHERAPY						76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

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

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Cost Center Description			INTERNS & RESIDENTS			PARAMED PRGM	SCH OF RADIOLOGY	PHARMACY RESIDENCY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS							
			21.00	22.00	23.00					23.01	23.02
90.01	09001	ANDERSON CENTER OP CLINIC							90.01		
91.00	09100	EMERGENCY							91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00		
OTHER REIMBURSABLE COST CENTERS											
94.00	09400	HOME PROGRAM DIALYSIS							94.00		
95.00	09500	AMBULANCE SERVICES							95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED							96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD							97.00		
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		
SPECIAL PURPOSE COST CENTERS											
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		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00		
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190.00		
191.00	19100	RESEARCH							191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES							192.00		
193.00	19300	NONPAID WORKERS							193.00		
194.00	07950	FOUNDATION							194.00		
194.02	07951	CHILDREN'S CLINIC							194.02		
194.04	07952	HEALTH RESOURCE CENTER							194.04		
194.05	07953	ADOLESCENT RESIDENTIAL							194.05		
194.07	07954	COMMUNITY BENEFIT/MISSION							194.07		
194.10	07955	DME							194.10		
194.12	07956	MED ONE/TWO							194.12		
194.13	07957	UNUSED SPACE							194.13		
194.14	07958	ADVERTISING AND MARKETING							194.14		
194.15	07959	PHYSICIANS RECRUITING							194.15		
194.16	07960	MOB							194.16		
194.17	07961	ASB							194.17		
194.18	07962	MAB							194.18		
200.00		Cross Foot Adjustments	0	0	4,308	5,909	7,129		200.00		
201.00		Negative Cost Centers	0	0	0	0	0		201.00		
202.00		TOTAL (sum lines 118-201)	0	0	4,308	5,909	7,129		202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
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	PARAMEDICAL PRGM			23.00
23.01	02301	SCH OF RADIOLOGY			23.01
23.02	02302	PHARMACY RESIDENCY			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,379,430	0	1,379,430
31.00	03100	INTENSIVE CARE UNIT	581,008	0	581,008
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	153,917	0	153,917
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	49,150	0	49,150
44.00	04400	SKILLED NURSING FACILITY	0	0	0
45.00	04500	NURSING FACILITY	0	0	0
45.01	04510	ICF/MR	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,769,973	0	2,769,973
50.01	05001	SURGERY CENTER	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	184,540	0	184,540
53.00	05300	ANESTHESIOLOGY	25,932	0	25,932
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,069,081	0	1,069,081
55.00	05500	RADIOLOGY-THERAPEUTIC	682,117	0	682,117
56.00	05600	RADIOISOTOPE	0	0	0
57.00	05700	CT SCAN	26,024	0	26,024
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	482,757	0	482,757
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	258,042	0	258,042
60.01	06001	BLOOD LABORATORY	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,168	0	11,168
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	145,305	0	145,305
66.00	06600	PHYSICAL THERAPY	342,765	0	342,765
67.00	06700	OCCUPATIONAL THERAPY	77,459	0	77,459
68.00	06800	SPEECH PATHOLOGY	10,993	0	10,993
69.00	06900	ELECTROCARDIOLOGY	379,598	0	379,598
70.00	07000	ELECTROENCEPHALOGRAPHY	140,866	0	140,866
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,900	0	164,900
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	117,016	0	117,016
73.00	07300	DRUGS CHARGED TO PATIENTS	1,137,859	0	1,137,859
74.00	07400	RENAL DIALYSIS	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
76.00	03190	CHEMOTHERAPY	108,139	0	108,139
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

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

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Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	46,321	0	46,321	90.01
91.00	09100	EMERGENCY	372,783	0	372,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
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
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,717,143	0	10,717,143	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,006	0	12,006	190.00
191.00	19100	RESEARCH	29,915	0	29,915	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	271,348	0	271,348	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	FOUNDATION	10,708	0	10,708	194.00
194.02	07951	CHILDREN'S CLINIC	22,540	0	22,540	194.02
194.04	07952	HEALTH RESOURCE CENTER	5,682	0	5,682	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	119,279	0	119,279	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	49,595	0	49,595	194.07
194.10	07955	DME	268,122	0	268,122	194.10
194.12	07956	MED ONE/TWO	87	0	87	194.12
194.13	07957	UNUSED SPACE	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	40,906	0	40,906	194.14
194.15	07959	PHYSICIANS RECRUITING	589	0	589	194.15
194.16	07960	MOB	117	0	117	194.16
194.17	07961	ASB	3,792	0	3,792	194.17
194.18	07962	MAB	142	0	142	194.18
200.00		Cross Foot Adjustments	17,346	0	17,346	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,569,317	0	11,569,317	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	405,869	0			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	58,251,442		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	13,732,610	-42,575,763	142,855,288
6.00 00600	MAINTENANCE & REPAIRS	55,747	0	401,715	0	8,024,608
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	600,640
9.00 00900	HOUSEKEEPING	9,977	0	0	0	2,496,198
10.00 01000	DIETARY	27,835	0	21,250	0	685,965
11.00 01100	CAFETERIA	0	0	24,904	0	1,591,985
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,884	0	661,776	0	1,197,371
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	446,537	0	633,277
15.00 01500	PHARMACY	4,719	0	2,918,296	0	4,335,281
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	752,200	0	1,549,231
17.00 01700	SOCIAL SERVICE	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	130	0	100,294	0	142,195
23.01 02301	SCH OF RADIOLOGY	110	0	156,559	0	212,523
23.02 02302	PHARMACY RESIDENCY	100	0	82,812	0	266,370
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,370	0	11,288,936	0	16,525,938
31.00 03100	INTENSIVE CARE UNIT	14,660	0	3,249,362	0	5,441,775
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
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	10,000	0	864,318	0	1,394,658
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	992	0	0	0	744,690
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
45.01 04510	ICF/MR	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,224	0	1,553,759	0	14,555,348
50.01 05001	SURGERY CENTER	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,622	0	0	0	190,575
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,060,913
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,405	0	2,857,029	0	5,490,072
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	912,334	0	2,563,071
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	551	0	431,444	0	645,412
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	267,244	0	938,815
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	12,544	0	34,363	0	5,533,924
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	463,856
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	7,138	0	1,171,097	0	1,670,975
66.00 06600	PHYSICAL THERAPY	9,534	0	1,431,553	0	2,360,714
67.00 06700	OCCUPATIONAL THERAPY	6,324	0	1,094,677	0	1,489,081
68.00 06800	SPEECH PATHOLOGY	0	0	157,592	0	203,573
69.00 06900	ELECTROCARDIOLOGY	8,562	0	1,774,399	0	2,707,029
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	398,435	0	664,296
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,954,048
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,933,346
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,674,909
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DIAGNOSTIC PART)	0	0	0	0	0
76.00 03190	CHEMOTHERAPY	0	0	856,716	0	1,264,339

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
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 ANDERSON CENTER OP CLINIC	3,500	0	624,083	0	893,332	90.01
91.00 09100 EMERGENCY	22,505	0	3,435,897	0	5,021,998	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	376,218	0	51,702,191	-42,575,763	128,122,331	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	9,052	190.00
191.00 19100 RESEARCH	0	0	109,997	0	169,803	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	3,154,449	0	5,291,841	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	636	0	125,824	0	270,101	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	259,891	0	443,044	194.02
194.04 07952 HEALTH RESOURCE CENTER	553	0	64,895	0	89,647	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	10,091	0	1,047,488	0	1,519,686	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	2,845	0	307,501	0	557,135	194.07
194.10 07955 DME	9,288	0	1,479,206	0	5,287,812	194.10
194.12 07956 MED ONE/TWO	0	0	0	4,601	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	2,527	0	0	0	1,066,772	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	25,175	194.15
194.16 07960 MOB	0	0	0	50,027	0	194.16
194.17 07961 ASB	0	0	0	0	2,455	194.17
194.18 07962 MAB	0	0	0	0	434	194.18
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)	1,952,178	0	14,731,717		42,575,763	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.809872	0.000000	0.252899		0.298034	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			32,559		3,341,422	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000559		0.023390	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	344,029				6.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	0	977,927		8.00
9.00	00900	HOUSEKEEPING	9,977	0	1,018	53,331	9.00
10.00	01000	DIETARY	27,835	0	0	0	35,400 10.00
11.00	01100	CAFETERIA	0	0	0	925	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	0	50	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	0	43,229	315	0 14.00
15.00	01500	PHARMACY	4,819	0	0	180	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	100	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
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	130	0	0	0	0 23.00
23.01	02301	SCH OF RADIOLOGY	110	0	0	0	0 23.01
23.02	02302	PHARMACY RESIDENCY	100	0	0	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,370	0	362,594	21,240	23,153 30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	0	119,693	4,850	6,079 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
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I RF	10,000	0	43,985	3,110	2,520 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	992	0	17,277	1,261	816 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
45.01	04510	ICF/MR	0	0	0	0	0 45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,224	0	74,825	7,985	0 50.00
50.01	05001	SURGERY CENTER	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,622	0	1,261	189	122 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,405	0	77,050	2,130	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	17,322	175	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	551	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	0	100	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	12,544	0	0	1,710	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	7,138	0	0	50	0 65.00
66.00	06600	PHYSICAL THERAPY	9,534	0	12,158	675	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	6,324	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	8,562	0	194	840	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	1,149	690	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 PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03190	CHEMOTHERAPY	0	0	24,994	0	0 76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
90.01	09001 ANDERSON CENTER OP CLINIC	3,500	0	0	0	0	90.01
91.00	09100 EMERGENCY	22,505	0	148,617	5,160	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	314,378	0	945,366	51,735	32,690	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	29,567	560	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	636	0	0	40	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	1,110	650	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	553	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	10,091	0	0	0	2,710	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	2,845	0	0	96	0	194.07
194.10	07955 DME	9,288	0	0	50	0	194.10
194.12	07956 MED ONE/TWO	0	0	1,317	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	2,527	0	0	50	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	50	0	194.16
194.17	07961 ASB	0	0	0	60	0	194.17
194.18	07962 MAB	0	0	567	40	0	194.18
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)	10,416,214	0	1,017,962	3,543,285	1,733,170	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.277139	0.000000	1.040939	66.439500	48.959605	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	501,316	0	64,737	124,790	192,831	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.457191	0.000000	0.066198	2.339915	5.447203	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.00	00500						5.00
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	1,284,937					11.00
12.00	01200	0	0				12.00
13.00	01300	17,122	0	692,142			13.00
14.00	01400	21,168	0	0	6,608,556		14.00
15.00	01500	72,060	0	0	198,677	22,986,199	15.00
16.00	01600	28,514	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
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	3,392	0	0	47	0	23.00
23.01	02301	4,913	0	0	0	0	23.01
23.02	02302	6,875	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	272,570	0	272,570	338,506	31,553	30.00
31.00	03100	96,709	0	96,709	321,923	17,671	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	25,577	0	25,577	19,989	607	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	16,486	0	16,486	40,265	1,170	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	44,240	0	44,240	3,083,361	47,591	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,465	0	2,465	6,020	175	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	99,316	0	99,316	610,887	6,184	54.00
55.00	05500	25,385	0	25,385	86,518	231	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	13,622	0	0	0	66,534	57.00
58.00	05800	6,985	0	0	8,075	57,672	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,300	0	0	659,352	3,030	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	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	33,831	0	0	196,778	516	65.00
66.00	06600	42,728	0	0	33,890	425	66.00
67.00	06700	27,642	0	0	1,996	0	67.00
68.00	06800	3,649	0	0	142,367	0	68.00
69.00	06900	49,027	0	0	216,547	1,629	69.00
70.00	07000	12,252	0	0	10,251	74	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	22,675,760	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03190	27,331	0	0	172,104	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description			CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
			11.00	12.00	13.00	14.00	15.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	21,430	0	0	0	0	90.01
91.00	09100	EMERGENCY	109,394	0	109,394	434,071	15,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	1,085,983	0	692,142	6,581,624	22,926,338	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,998	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,297	0	0	4,832	49,058	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	3,631	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	9,772	0	0	21,836	10,796	194.02
194.04	07952	HEALTH RESOURCE CENTER	2,324	0	0	262	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	35,969	0	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	15,944	0	0	2	0	194.07
194.10	07955	DME	63,019	0	0	0	1	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,127,908	0	1,733,779	1,403,192	5,946,726	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.656041	0.000000	2.504947	0.212330	0.258709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	42,146	0	237,811	166,170	599,943	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.032800	0.000000	0.343587	0.025145	0.026100	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	633,270,054					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	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				22.00
23.00 02300 PARAMED ED PRGM	0	0				23.00
23.01 02301 SCH OF RADIOLOGY	0	0				23.01
23.02 02302 PHARMACY RESIDENCY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30,081,632	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,860,613	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
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	3,105,712	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	983,892	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
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	106,254,834	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,690,913	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	9,233,379	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,021,867	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	27,700,671	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	14,367,104	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,940,053	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	63,245,725	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						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.	2,624,960	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	15,702,272	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,145,375	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,953,976	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	722,892	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	25,233,986	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,185,302	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,553,516	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,430,360	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	130,457,322	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DIAGNOSTIC PART)	0	0	0	0	0	75.00
76.00 03190 CHEMOTHERAPY	3,009,190	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
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 ANDERSON CENTER OP CLINIC	1,903,139	0	0	0	0	90.01
91.00 09100 EMERGENCY	66,086,802	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
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						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)	617,495,487	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,949,184	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	634,117	0	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	2,121,875	0	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	0	194.07
194.10 07955 DME	9,069,391	0	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	0	0	0	0	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,222,684	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.003510	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	76,460	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000121	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	PHARMACY RESIDENCY (PARA MED)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
		22.00	23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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		100			23.00
23.01	02301	SCH OF RADIOLOGY			62,329,024		23.01
23.02	02302	PHARMACY RESIDENCY				100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	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	0	0	0	0	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
45.01	04510	ICF/MR	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	50.01
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	44,021,867	0	54.00
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	14,367,104	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,940,053	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
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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (PARA MED)	SCH OF RADIOLOGY (PARA MED)	PHARMACY RESIDENCY (PARA MED)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	22.00				
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 ANDERSON CENTER OP CLINIC	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	100	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
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
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	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	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	115.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	100	62,329,024	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	194.07
194.10 07955 DME	0	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	194.16
194.17 07961 ASB	0	0	0	0	194.17
194.18 07962 MAB	0	0	0	0	194.18
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	194,137	287,328	360,170	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,941.370000	0.004610	3,601.700000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	4,308	5,909	7,129	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	43.080000	0.000095	71.290000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,005,455		28,005,455	5,402	28,010,857	30.00
31.00	03100 INTENSIVE CARE UNIT	8,779,414		8,779,414	0	8,779,414	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	2,610,604		2,610,604	5,136	2,615,740	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,219,286		1,219,286	0	1,219,286	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
45.01	04510 ICF/MR	0		0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,338,105		21,338,105	0	21,338,105	50.00
50.01	05001 SURGERY CENTER	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	795,018		795,018	0	795,018	52.00
53.00	05300 ANESTHESIOLOGY	1,409,510		1,409,510	0	1,409,510	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,716,450		8,716,450	0	8,716,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,577,897		3,577,897	5,333	3,583,230	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	1,010,883		1,010,883	0	1,010,883	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,315,822		1,315,822	0	1,315,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	8,041,559		8,041,559	49,746	8,091,305	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.	611,315		611,315	0	611,315	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,541,478	0	2,541,478	51,948	2,593,426	65.00
66.00	06600 PHYSICAL THERAPY	3,513,597	0	3,513,597	0	3,513,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,191,449	0	2,191,449	0	2,191,449	67.00
68.00	06800 SPEECH PATHOLOGY	303,054	0	303,054	0	303,054	68.00
69.00	06900 ELECTROCARDIOLOGY	4,045,222		4,045,222	0	4,045,222	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,302,551		1,302,551	7,542	1,310,093	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,091,714		9,091,714	0	9,091,714	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,450,792		6,450,792	0	6,450,792	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,117,225		36,117,225	0	36,117,225	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03190 CHEMOTHERAPY	1,759,538		1,759,538	0	1,759,538	76.00
OUTPATIENT SERVICE COST CENTERS							
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 ANDERSON CENTER OP CLINIC	1,307,714		1,307,714	0	1,307,714	90.01
91.00	09100 EMERGENCY	8,675,109		8,675,109	0	8,675,109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,162,601		1,162,601	0	1,162,601	92.00
OTHER REIMBURSABLE COST CENTERS							
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
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	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

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	
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)	165,893,362	0	165,893,362	125,107	166,018,469	200.00
201.00		Less Observation Beds	1,162,601		1,162,601		1,162,601	201.00
202.00		Total (see instructions)	164,730,761	0	164,730,761	125,107	164,855,868	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
				Title XVII I	Hospital	PPS
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient				
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,850,184		24,850,184	30.00
31.00	03100	INTENSIVE CARE UNIT	14,886,212		14,886,212	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	3,105,712		3,105,712	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	983,892		983,892	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
45.01	04510	ICF/MR	0		0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,842,635	83,412,199	106,254,834	50.00
50.01	05001	SURGERY CENTER	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007,165	683,748	3,690,913	52.00
53.00	05300	ANESTHESIOLOGY	1,848,960	9,384,419	11,233,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,693,108	36,328,759	44,021,867	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	893,555	26,807,116	27,700,671	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	3,245,433	11,121,671	14,367,104	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	810,564	3,129,489	3,940,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	23,227,795	40,017,930	63,245,725	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.	1,083,646	1,541,314	2,624,960	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,687,089	1,015,183	15,702,272	65.00
66.00	06600	PHYSICAL THERAPY	27,750	7,117,625	7,145,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,371,122	667,242	6,038,364	67.00
68.00	06800	SPEECH PATHOLOGY	1,087	721,805	722,892	68.00
69.00	06900	ELECTROCARDIOLOGY	6,451,988	15,034,670	21,486,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	281,852	4,656,842	4,938,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,382,888	11,170,628	18,553,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,651,822	6,778,538	13,430,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,732,324	97,724,998	130,457,322	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	96,270	2,912,920	3,009,190	76.00
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	ANDERSON CENTER OP CLINIC	0	1,902,744	1,902,744	90.01
91.00	09100	EMERGENCY	13,198,565	52,528,634	65,727,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	180,446	4,006,010	4,186,456	92.00
OTHER REIMBURSABLE COST CENTERS						
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
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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088			Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm	
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	195,542,064	418,664,484	614,206,548				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	195,542,064	418,664,484	614,206,548				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
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
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			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
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.200820		50.00
50.01	05001 SURGERY CENTER	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.215399		52.00
53.00	05300 ANESTHESIOLOGY	0.125475		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198003		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129355		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.070361		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.333960		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.127934		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.	0.232885		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.165162		65.00
66.00	06600 PHYSICAL THERAPY	0.491730		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.362921		67.00
68.00	06800 SPEECH PATHOLOGY	0.419224		68.00
69.00	06900 ELECTROCARDIOLOGY	0.188267		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265271		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.480314		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276851		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03190 CHEMOTHERAPY	0.584721		76.00
OUTPATIENT SERVICE COST CENTERS				
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 ANDERSON CENTER OP CLINIC	0.687278		90.01
91.00	09100 EMERGENCY	0.131987		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.277705		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
SPECIAL PURPOSE COST CENTERS				
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

		Title XIX		Hospital		Cost	
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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,005,455		28,005,455	5,402	28,010,857	30.00
31.00	03100 INTENSIVE CARE UNIT	8,779,414		8,779,414	0	8,779,414	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	2,610,604		2,610,604	5,136	2,615,740	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,219,286		1,219,286	0	1,219,286	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
45.01	04510 ICF/MR	0		0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,338,105		21,338,105	0	21,338,105	50.00
50.01	05001 SURGERY CENTER	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	795,018		795,018	0	795,018	52.00
53.00	05300 ANESTHESIOLOGY	1,409,510		1,409,510	0	1,409,510	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,716,450		8,716,450	0	8,716,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,577,897		3,577,897	5,333	3,583,230	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	1,010,883		1,010,883	0	1,010,883	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,315,822		1,315,822	0	1,315,822	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	8,041,559		8,041,559	49,746	8,091,305	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.	611,315		611,315	0	611,315	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,541,478	0	2,541,478	51,948	2,593,426	65.00
66.00	06600 PHYSICAL THERAPY	3,513,597	0	3,513,597	0	3,513,597	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,191,449	0	2,191,449	0	2,191,449	67.00
68.00	06800 SPEECH PATHOLOGY	303,054	0	303,054	0	303,054	68.00
69.00	06900 ELECTROCARDIOLOGY	4,045,222		4,045,222	0	4,045,222	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,302,551		1,302,551	7,542	1,310,093	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,091,714		9,091,714	0	9,091,714	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,450,792		6,450,792	0	6,450,792	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,117,225		36,117,225	0	36,117,225	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03190 CHEMOTHERAPY	1,759,538		1,759,538	0	1,759,538	76.00
OUTPATIENT SERVICE COST CENTERS							
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 ANDERSON CENTER OP CLINIC	1,307,714		1,307,714	0	1,307,714	90.01
91.00	09100 EMERGENCY	8,675,109		8,675,109	0	8,675,109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,162,601		1,162,601	0	1,162,601	92.00
OTHER REIMBURSABLE COST CENTERS							
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
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	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

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		
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)	165,893,362	0	165,893,362	125,107		166,018,469	200.00
201.00		Less Observation Beds	1,162,601		1,162,601			1,162,601	201.00
202.00		Total (see instructions)	164,730,761	0	164,730,761	125,107		164,855,868	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
				Title XIX	Hospital	Cost
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient				
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,850,184		24,850,184	30.00
31.00	03100	INTENSIVE CARE UNIT	14,886,212		14,886,212	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	3,105,712		3,105,712	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	983,892		983,892	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
45.01	04510	ICF/MR	0		0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,842,635	83,412,199	106,254,834	0.200820
50.01	05001	SURGERY CENTER	0	0	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007,165	683,748	3,690,913	0.215399
53.00	05300	ANESTHESIOLOGY	1,848,960	9,384,419	11,233,379	0.125475
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,693,108	36,328,759	44,021,867	0.198003
55.00	05500	RADIOLOGY-THERAPEUTIC	893,555	26,807,116	27,700,671	0.129163
56.00	05600	RADIOISOTOPE	0	0	0	0.000000
57.00	05700	CT SCAN	3,245,433	11,121,671	14,367,104	0.070361
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	810,564	3,129,489	3,940,053	0.333960
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000
60.00	06000	LABORATORY	23,227,795	40,017,930	63,245,725	0.127148
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,083,646	1,541,314	2,624,960	0.232885
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	14,687,089	1,015,183	15,702,272	0.161854
66.00	06600	PHYSICAL THERAPY	27,750	7,117,625	7,145,375	0.491730
67.00	06700	OCCUPATIONAL THERAPY	5,371,122	667,242	6,038,364	0.362921
68.00	06800	SPEECH PATHOLOGY	1,087	721,805	722,892	0.419224
69.00	06900	ELECTROCARDIOLOGY	6,451,988	15,034,670	21,486,658	0.188267
70.00	07000	ELECTROENCEPHALOGRAPHY	281,852	4,656,842	4,938,694	0.263744
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,382,888	11,170,628	18,553,516	0.490026
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,651,822	6,778,538	13,430,360	0.480314
73.00	07300	DRUGS CHARGED TO PATIENTS	32,732,324	97,724,998	130,457,322	0.276851
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000
76.00	03190	CHEMOTHERAPY	96,270	2,912,920	3,009,190	0.584721
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	0.000000
90.01	09001	ANDERSON CENTER OP CLINIC	0	1,902,744	1,902,744	0.687278
91.00	09100	EMERGENCY	13,198,565	52,528,634	65,727,199	0.131987
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	180,446	4,006,010	4,186,456	0.277705
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000
99.00	09900	CMHC	0	0	0	0.000000
99.10	09910	CORF	0	0	0	0.000000
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000
106.00	10600	HEART ACQUISITION	0	0	0	0.000000
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000
113.00	11300	INTEREST EXPENSE	0	0	0	0.000000
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0.000000
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088			Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm	
			Title XIX			Hospital		Cost	
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		
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	195,542,064	418,664,484	614,206,548				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	195,542,064	418,664,484	614,206,548				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
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
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			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
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SURGERY CENTER	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		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	0.000000		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.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03190 CHEMOTHERAPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
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 ANDERSON CENTER OP CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
SPECIAL PURPOSE COST CENTERS				
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
201.00	Less Observation Beds	11.00		201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/22/2016 3:25 pm
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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	1,379,430	0	1,379,430	23,515	58.66	30.00
31.00	INTENSIVE CARE UNIT	581,008		581,008	6,079	95.58	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	153,917	0	153,917	2,520	61.08	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	49,150		49,150	816	60.23	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
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (Lines 30-199)	2,163,505		2,163,505	32,930		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	9,621	564,368	30.00
31.00	INTENSIVE CARE UNIT	3,513	335,773	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	1,189	72,624	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
45.01	ICF/MR	0	0	45.01
200.00	Total (Lines 30-199)	14,323	972,765	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,769,973	106,254,834	0.026069	9,229,257	240,598	50.00
50.01	05001	SURGERY CENTER	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	184,540	3,690,913	0.049998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,932	11,233,379	0.002308	779,001	1,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,069,081	44,021,867	0.024285	3,433,420	83,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	682,117	27,700,671	0.024625	542,384	13,356	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	26,024	14,367,104	0.001811	1,633,453	2,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	482,757	3,940,053	0.122526	338,675	41,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	258,042	63,245,725	0.004080	11,900,796	48,555	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.	11,168	2,624,960	0.004255	569,299	2,422	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	145,305	15,702,272	0.009254	7,186,689	66,506	65.00
66.00	06600	PHYSICAL THERAPY	342,765	7,145,375	0.047970	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,459	6,038,364	0.012828	1,790,546	22,969	67.00
68.00	06800	SPEECH PATHOLOGY	10,993	722,892	0.015207	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	379,598	21,486,658	0.017667	4,002,967	70,720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,866	4,938,694	0.028523	106,911	3,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,900	18,553,516	0.008888	4,419,401	39,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	117,016	13,430,360	0.008713	3,274,581	28,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,137,859	130,457,322	0.008722	15,628,974	136,316	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03190	CHEMOTHERAPY	108,139	3,009,190	0.035936	12,316	443	76.00
OUTPATIENT SERVICE COST CENTERS								
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	ANDERSON CENTER OP CLINIC	46,321	1,902,744	0.024344	0	0	90.01
91.00	09100	EMERGENCY	372,783	65,727,199	0.005672	6,066,910	34,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	57,253	4,186,456	0.013676	153,876	2,104	92.00
OTHER REIMBURSABLE COST CENTERS								
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
200.00		Total (lines 50-199)	8,610,891	570,380,548		71,069,456	838,894	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description		Title XVIII					Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
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
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
		6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,515	0.00	9,621	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,079	0.00	3,513	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	2,520	0.00	1,189	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	816	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
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	32,930		14,323	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	50.01
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	202,932	0	202,932
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	66,232	0	66,232
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	18,164	0	18,164
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
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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	360,170	0	360,170
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
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	ANDERSON CENTER OP CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	194,137	0	194,137
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00		Total (lines 50-199)	0	0	841,635	0	841,635

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:25 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	106,254,834	0.000000	0.000000	9,229,257	50.00
50.01	05001 SURGERY CENTER	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,690,913	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	11,233,379	0.000000	0.000000	779,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	202,932	44,021,867	0.004610	0.004610	3,433,420	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	27,700,671	0.000000	0.000000	542,384	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	66,232	14,367,104	0.004610	0.004610	1,633,453	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	18,164	3,940,053	0.004610	0.004610	338,675	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	63,245,725	0.000000	0.000000	11,900,796	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	2,624,960	0.000000	0.000000	569,299	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,702,272	0.000000	0.000000	7,186,689	65.00
66.00	06600 PHYSICAL THERAPY	0	7,145,375	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,038,364	0.000000	0.000000	1,790,546	67.00
68.00	06800 SPEECH PATHOLOGY	0	722,892	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	21,486,658	0.000000	0.000000	4,002,967	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,938,694	0.000000	0.000000	106,911	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,553,516	0.000000	0.000000	4,419,401	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	13,430,360	0.000000	0.000000	3,274,581	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	360,170	130,457,322	0.002761	0.002761	15,628,974	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03190 CHEMOTHERAPY	0	3,009,190	0.000000	0.000000	12,316	76.00
OUTPATIENT SERVICE COST CENTERS							
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 ANDERSON CENTER OP CLINIC	0	1,902,744	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	194,137	65,727,199	0.002954	0.002954	6,066,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,186,456	0.000000	0.000000	153,876	92.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (Lines 50-199)	841,635	570,380,548			71,069,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150088

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	28,321,318	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,732	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,279,819	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,828	10,550,833	48,639	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,574,277	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	7,530	3,378,750	15,576	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,561	1,061,150	4,892	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	6,847,199	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	606,971	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	533,203	0	65.00
66.00	06600 PHYSICAL THERAPY	0	131,374	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,284	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	171,579	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,997,217	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,085,040	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,109,314	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,466,698	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	43,152	44,927,955	124,046	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0	1,447,744	0	76.00
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 ANDERSON CENTER OP CLINIC	0	363,516	0	90.01
91.00	09100 EMERGENCY	17,922	12,693,314	37,496	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,371,303	0	92.00
OTHER REIMBURSABLE COST CENTERS					
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
200.00	Total (Lines 50-199)	85,993	140,923,590	230,649	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.200820	28,321,318	0	0	5,687,487	50.00
50.01	05001	SURGERY CENTER	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	2,732	0	0	588	52.00
53.00	05300	ANESTHESIOLOGY	0.125475	2,279,819	0	0	286,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	10,550,833	0	0	2,089,097	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129163	12,574,277	0	0	1,624,131	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.070361	3,378,750	0	0	237,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	1,061,150	0	0	354,382	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.127148	6,847,199	1,025	0	870,608	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.	0.232885	606,971	0	0	141,354	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.161854	533,203	0	0	86,301	65.00
66.00	06600	PHYSICAL THERAPY	0.491730	131,374	0	0	64,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	2,284	0	0	829	67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	171,579	0	0	71,930	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	6,997,217	0	0	1,317,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.263744	1,085,040	0	0	286,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	3,109,314	0	0	1,523,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	2,466,698	0	0	1,184,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	44,927,955	0	58,258	12,438,349	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0.584721	1,447,744	0	0	846,526	76.00
OUTPATIENT SERVICE COST CENTERS								
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	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.687278	363,516	0	0	249,837	90.01
91.00	09100	EMERGENCY	0.131987	12,693,314	0	0	1,675,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	1,371,303	0	0	380,818	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		140,923,590	1,025	58,258	31,417,935	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		140,923,590	1,025	58,258	31,417,935	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:25 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SURGERY CENTER	0	0		50.01
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
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	130	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
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 PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,129		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03190 CHEMOTHERAPY	0	0		76.00
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 ANDERSON CENTER OP CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
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
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	130	16,129		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	130	16,129		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 3:25 pm		
		Title XVIIII		Subprovider - IRF		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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,769,973	106,254,834	0.026069	7,130	186	50.00
50.01	05001	SURGERY CENTER	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	184,540	3,690,913	0.049998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,932	11,233,379	0.002308	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,069,081	44,021,867	0.024285	24,034	584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	682,117	27,700,671	0.024625	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	26,024	14,367,104	0.001811	18,700	34	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	482,757	3,940,053	0.122526	2,850	349	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	258,042	63,245,725	0.004080	274,337	1,119	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.	11,168	2,624,960	0.004255	2,025	9	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	145,305	15,702,272	0.009254	174,837	1,618	65.00
66.00	06600	PHYSICAL THERAPY	342,765	7,145,375	0.047970	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,459	6,038,364	0.012828	1,155,800	14,827	67.00
68.00	06800	SPEECH PATHOLOGY	10,993	722,892	0.015207	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	379,598	21,486,658	0.017667	10,361	183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,866	4,938,694	0.028523	1,193	34	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,900	18,553,516	0.008888	62,483	555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	117,016	13,430,360	0.008713	3,036	26	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,137,859	130,457,322	0.008722	447,246	3,901	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03190	CHEMOTHERAPY	108,139	3,009,190	0.035936	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
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	ANDERSON CENTER OP CLINIC	46,321	1,902,744	0.024344	0	0	90.01
91.00	09100	EMERGENCY	372,783	65,727,199	0.005672	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,186,456	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
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
200.00		Total (lines 50-199)	8,553,638	570,380,548		2,184,032	23,425	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:25 pm
	Title XVIII	Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
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	202,932	0	202,932	54.00
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	66,232	0	66,232	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	18,164	0	18,164	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
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 PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	360,170	0	360,170	73.00
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
76.00	03190 CHEMOTHERAPY	0	0	0	0	0	76.00
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 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	194,137	0	194,137	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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
200.00	Total (lines 50-199)	0	0	841,635	0	841,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:25 pm		
		Title XVIII		Subprovider - IRF		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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	106,254,834	0.000000	0.000000	7,130	50.00
50.01	05001	SURGERY CENTER	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,690,913	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,233,379	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	202,932	44,021,867	0.004610	0.004610	24,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,700,671	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	66,232	14,367,104	0.004610	0.004610	18,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,164	3,940,053	0.004610	0.004610	2,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	63,245,725	0.000000	0.000000	274,337	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	2,624,960	0.000000	0.000000	2,025	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,702,272	0.000000	0.000000	174,837	65.00
66.00	06600	PHYSICAL THERAPY	0	7,145,375	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,038,364	0.000000	0.000000	1,155,800	67.00
68.00	06800	SPEECH PATHOLOGY	0	722,892	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,486,658	0.000000	0.000000	10,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,938,694	0.000000	0.000000	1,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,553,516	0.000000	0.000000	62,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,430,360	0.000000	0.000000	3,036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	360,170	130,457,322	0.002761	0.002761	447,246	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0	3,009,190	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
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	ANDERSON CENTER OP CLINIC	0	1,902,744	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	194,137	65,727,199	0.002954	0.002954	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,186,456	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
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
200.00		Total (lines 50-199)	841,635	570,380,548			2,184,032	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:25 pm
	Component CCN: 15T088	Title XVIII	Subprovider - IRF 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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	50.01
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	111	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	86	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	13	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
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 PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,235	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03190 CHEMOTHERAPY	0	0	0	76.00
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 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
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
200.00	Total (lines 50-199)	1,445	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:25 pm			
		Component CCN: 15T088	Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.200820	0	0	0	50.00
50.01	05001	SURGERY CENTER	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125475	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129163	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.070361	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.127148	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.232885	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.161854	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.491730	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.263744	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03190	CHEMOTHERAPY	0.584721	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
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	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.687278	0	0	0	90.01
91.00	09100	EMERGENCY	0.131987	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:25 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	50.01
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
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
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 PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03190 CHEMOTHERAPY	0	0	76.00
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 ANDERSON CENTER OP CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
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
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,515	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,515	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,539	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,621	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,010,857	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)		28,010,857	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,010,857	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,191.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,460,439	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)		11,460,439	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,779,414	6,079	1,444.22	3,513	5,073,545	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
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)				16,119,096		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				32,653,080		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)				900,141		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				924,887		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,825,028		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				30,828,052		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)				976		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,191.19		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,162,601		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,379,430	28,010,857	0.049246	1,162,601	57,253	90.00
91.00	Nursing School cost	0	28,010,857	0.000000	1,162,601	0	91.00
92.00	Allied health cost	0	28,010,857	0.000000	1,162,601	0	92.00
93.00	All other Medical Education	0	28,010,857	0.000000	1,162,601	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,520	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,520	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)		2,520	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,189	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,615,740	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)		2,615,740	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,615,740	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,037.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,234,170	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)		1,234,170	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 15T088				Date/Time Prepared: 11/22/2016 3:25 pm	
		Title XVIII		Subprovider - IRF		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	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
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)					650,532		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,884,702		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)					72,624		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,870		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					97,494		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,787,208		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)					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: 150088 Component CCN: 15T088		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm	
		Title XVIII		Subprovider - IRF		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	153,917	2,615,740	0.058843	0	0	90.00
91.00	Nursing School cost	0	2,615,740	0.000000	0	0	91.00
92.00	Allied health cost	0	2,615,740	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,615,740	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,515	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,515	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,539	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)		873	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)		816	15.00
16.00	Nursery days (title V or XIX only)		685	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,005,455	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)		28,005,455	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,005,455	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,190.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,039,708	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)		1,039,708	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)		1,219,286	816	1,494.22	685	1,023,541
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,779,414	6,079	1,444.22	27	38,994
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,848,896
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,951,139
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					976
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,190.96
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,162,377

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,379,430	28,005,455	0.049256	1,162,377	57,254	90.00
91.00	Nursing School cost	0	28,005,455	0.000000	1,162,377	0	91.00
92.00	Allied health cost	0	28,005,455	0.000000	1,162,377	0	92.00
93.00	All other Medical Education	0	28,005,455	0.000000	1,162,377	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,573,135	30.00
31.00	03100	INTENSIVE CARE UNIT		9,289,075	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
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200820	9,229,257	50.00
50.01	05001	SURGERY CENTER	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125475	779,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	3,433,420	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129355	542,384	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.070361	1,633,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	338,675	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.127934	11,900,796	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.	0.232885	569,299	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.165162	7,186,689	65.00
66.00	06600	PHYSICAL THERAPY	0.491730	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	1,790,546	67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	4,002,967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265271	106,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	4,419,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	3,274,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	15,628,974	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0.584721	12,316	76.00
OUTPATIENT SERVICE COST CENTERS					
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	ANDERSON CENTER OP CLINIC	0.687278	0	90.01
91.00	09100	EMERGENCY	0.131987	6,066,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	153,876	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		71,069,456	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)		71,069,456	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/22/2016 3:25 pm	
		Title XVIII	Subprovider - IRF	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,425,859	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200820	7,130	50.00
50.01	05001	SURGERY CENTER	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125475	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	24,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129355	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.070361	18,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	2,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.127934	274,337	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.	0.232885	2,025	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.165162	174,837	65.00
66.00	06600	PHYSICAL THERAPY	0.491730	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	1,155,800	67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	10,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265271	1,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	62,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	3,036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	447,246	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0.584721	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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	ANDERSON CENTER OP CLINIC	0.687278	0	90.01
91.00	09100	EMERGENCY	0.131987	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		2,184,032	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,184,032	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 3:25 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,298,464	30.00
31.00	03100	INTENSIVE CARE UNIT		2,061,048	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
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200820	3,516,777	706,239 50.00
50.01	05001	SURGERY CENTER	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.125475	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	1,054,954	208,884 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129163	84,966	10,974 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.070361	389,702	27,420 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	107,210	35,804 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.127148	3,721,427	473,172 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.	0.232885	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.161854	2,096,689	339,358 65.00
66.00	06600	PHYSICAL THERAPY	0.491730	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	101,976	37,009 67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	529	222 68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	806,073	151,757 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.263744	29,447	7,766 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	104,826	51,367 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	64,796	31,122 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	5,218,332	1,444,700 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03190	CHEMOTHERAPY	0.584721	399	233 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.687278	0	0 90.01
91.00	09100	EMERGENCY	0.131987	2,446,221	322,869 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	0	0 92.00
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
200.00		Total (sum of lines 50-94 and 96-98)		19,744,324	3,848,896 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		19,744,324	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/22/2016 3:25 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		433,998	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200820	0	50.00
50.01	05001	SURGERY CENTER	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215399	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125475	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198003	11,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129163	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.070361	15,901	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.333960	950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.127148	106,183	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.	0.232885	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.161854	48,775	65.00
66.00	06600	PHYSICAL THERAPY	0.491730	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362921	459,585	67.00
68.00	06800	SPEECH PATHOLOGY	0.419224	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188267	4,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.263744	1,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.490026	283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480314	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276851	174,320	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03190	CHEMOTHERAPY	0.584721	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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	ANDERSON CENTER OP CLINIC	0.687278	0	90.01
91.00	09100	EMERGENCY	0.131987	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.277705	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		823,271	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)		823,271	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,792,965	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,704,025	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)		1,936,088	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		119.33	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.06	31.00
32.00	Sum of lines 30 and 31		30.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.40	33.00
34.00	Disproportionate share adjustment (see instructions)		665,892	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000196905	0.000199669	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,505,860	1,279,110	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	379,560	957,585	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,337,145		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	22,436,115		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		22,436,115	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,618,072	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		19,357	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		85,993	58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,159,537	59.00
60.00	Primary payer payments		8,361	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,151,176	61.00
62.00	Deductibles billed to program beneficiaries		2,250,948	62.00
63.00	Coinurance billed to program beneficiaries		123,277	63.00
64.00	Allowable bad debts (see instructions)		149,076	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		96,899	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		87,595	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,873,850	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)		19,867	70.93
70.94	HRR adjustment amount (see instructions)		-391,198	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:25 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,502,519		71.00
71.01	Sequestration adjustment (see instructions)		430,050		71.01
72.00	Interim payments		20,873,083		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)		199,386		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		212,054		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150088

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2016 3:25 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,792,965	0	4,792,965		4,792,965	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,704,025	0		13,704,025	13,704,025	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	1,936,088	0	564,815	1,371,273	1,936,088	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1440	0.1440	0.1440	0.1440		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	665,892	0	172,547	493,345	665,892	11.00
11.01	Uncompensated care payments	36.00	1,337,145	0	0	1,321,117	1,321,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,436,115	0	5,530,327	16,905,788	22,436,115	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	22,436,115	0	5,530,327	16,905,788	22,436,115	15.00
16.00	Payment for inpatient program capital	50.00	1,618,072	0	415,680	1,202,392	1,618,072	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	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: 150088

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2016 3:25 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	5,946,007	18,108,180	24,054,187	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,482,401	0	383,303	1,099,098	1,482,401	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,242	0	7,961	33,281	41,242	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0637	0.0637	0.0637	0.0637		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,429	0	24,416	70,013	94,429	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,618,072	0	415,680	1,202,392	1,618,072	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: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,792,965	4,792,965		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,704,025		13,704,025	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	1,936,088	564,815	1,371,273	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
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	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1440	0.1440	0.1440	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	665,892	172,547	493,345	11.00	
11.01	Uncompensated care payments	36.00	1,337,145	445,213	1,321,117	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	22,436,115	5,975,540	16,460,575	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,436,115	5,975,540	16,460,575	15.00	
16.00	Payment for inpatient program capital	50.00	1,618,072	415,680	1,202,392	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			6,391,220	17,662,967	24,054,187	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,482,401	383,303	1,099,098	1,482,401	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	41,242	7,961	33,281	41,242	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0637	0.0637	0.0637		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,429	24,416	70,013	94,429	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,618,072	415,680	1,202,392	1,618,072	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	19,867	11,084	8,783	19,867	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	-391,198	-71,895	-319,303	-391,198	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,259	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,187,286	2.00
3.00	PPS payments		26,619,020	3.00
4.00	Outlier payment (see instructions)		64,329	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		12,662,038	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		230,649	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,259	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,283	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)		59,283	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		59,283	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,024	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)		16,259	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)		26,913,998	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,512,225	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)		21,418,032	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)		21,418,032	30.00
31.00	Primary payer payments		3,822	31.00
32.00	Subtotal (line 30 minus line 31)		21,414,210	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		587,741	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		382,032	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		414,022	36.00
37.00	Subtotal (see instructions)		21,796,242	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-76	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)		21,796,318	40.00
40.01	Sequestration adjustment (see instructions)		435,926	40.01
41.00	Interim payments		21,270,265	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		90,127	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 3:25 pm
		Component CCN: 15T088	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150088

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 3:25 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		20,764,183		21,270,265	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	01/11/2016	108,900		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)		108,900		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)		20,873,083		21,270,265	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		199,386		90,127	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		21,072,469		21,360,392	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: 150088
Component CCN: 15T088

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 3:25 pm
PPS

Title XVIII

Subprovider -
IRF

		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		1,828,178		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)		1,828,178		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		11,298		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,839,476		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150088

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

Worksheet E-1
Part II
Date/Time Prepared:
11/22/2016 3:25 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			6,441 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			13,134 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,302 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			28,618 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			614,206,548 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			18,398,763 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			905,440 8.00
9.00	Sequestration adjustment amount (see instructions)			18,109 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			887,331 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			989,115 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-101,784 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/22/2016 3:25 pm
		Component CCN: 15T088	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,782,363	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0248	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		98,208	3.00
4.00	Outlier Payments		15,524	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	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	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	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	7.00
8.00	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	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		6.885246	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		1,896,095	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		1,896,095	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,896,095	19.00
20.00	Deductibles		8,932	20.00
21.00	Subtotal (line 19 minus line 20)		1,887,163	21.00
22.00	Coinsurance		11,592	22.00
23.00	Subtotal (line 21 minus line 22)		1,875,571	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,875,571	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		1,445	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		1,877,016	32.00
32.01	Sequestration adjustment (see instructions)		37,540	32.01
33.00	Interim payments		1,828,178	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		11,298	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		7,308	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		15,524	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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet G Date/Time Prepared: 11/22/2016 3:25 pm		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,073	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	84,963,560	0	0	0	4.00
5.00	Other receivable	4,147,711	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-56,600,823	0	0	0	6.00
7.00	Inventory	4,149,229	0	0	0	7.00
8.00	Prepaid expenses	764,768	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)	37,443,518	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,539,559	0	0	0	13.00
14.00	Accumulated depreciation	-1,425,872	0	0	0	14.00
15.00	Buildings	96,049,052	0	0	0	15.00
16.00	Accumulated depreciation	-58,445,934	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	49,569,492	0	0	0	23.00
24.00	Accumulated depreciation	-39,413,440	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,165,459	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	54,591,483	4,287,390	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	760,122	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	55,351,605	4,287,390	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	145,960,582	4,287,390	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,908,113	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,788,010	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,220,626	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,849,478	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,766,227	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	14,820,781	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	1,107,370	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,928,151	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,694,378	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	109,266,204				52.00
53.00	Specific purpose fund		4,287,390			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)	109,266,204	4,287,390	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	145,960,582	4,287,390	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

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

Worksheet G-1

Date/Time Prepared:
11/22/2016 3:25 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		106,788,507		4,462,325		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,552,421				2.00
3.00	Total (sum of line 1 and line 2)		130,340,928		4,462,325		3.00
4.00	DONATIONS	0		475,552		0	4.00
5.00	INVESTMENT INCOME	0		0		0	5.00
6.00	TRANSFER TO AFFILIATES	0		0		0	6.00
7.00	OTHER	0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		475,552		10.00
11.00	Subtotal (line 3 plus line 10)		130,340,928		4,937,877		11.00
12.00	REIMBURSEMENT RESTRICTED	0		564,094		0	12.00
13.00	TRANSFER TO AFFILIATES	21,074,724		86,393		0	13.00
14.00	UNREALIZED LOSS	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		21,074,724		650,487		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		109,266,204		4,287,390		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	DONATIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	TRANSFER TO AFFILIATES		0				6.00
7.00	OTHER		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	REIMBURSEMENT RESTRICTED		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	UNREALIZED LOSS		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: 150088

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2016 3:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,847,036		27,847,036	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,102,508		3,102,508	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
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,949,544		30,949,544	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,336,250		14,336,250	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,336,250		14,336,250	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	45,285,794		45,285,794	17.00
18.00	Ancillary services	140,978,361	383,012,699	523,991,060	18.00
19.00	Outpatient services	13,558,167	52,528,634	66,086,801	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	0	0	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	1	0	1	26.00
27.00		0	0	0	27.00
27.01	ADOLESCENT SERVICES	2,011,619	0	2,011,619	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	201,833,942	435,541,333	637,375,275	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		195,485,225		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		195,485,225		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150088

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

Worksheet G-3

Date/Time Prepared:
11/22/2016 3:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	637,375,275	1.00
2.00	Less contractual allowances and discounts on patients' accounts	419,695,869	2.00
3.00	Net patient revenues (line 1 minus line 2)	217,679,406	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	195,485,225	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,194,181	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-1,599,048	7.00
8.00	Revenues from telephone and other miscellaneous communication services	13,490	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	650,024	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	38,789	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	MAB/MOB/ASC	714,230	24.00
24.01	GRANTS	435,989	24.01
24.02	DME	195,841	24.02
24.03	OTHER MISC INCOME	468,332	24.03
24.04	MEDICARE EHR	440,593	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	1,358,240	25.00
26.00	Total (line 5 plus line 25)	23,552,421	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,552,421	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/22/2016 3:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,482,401	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,242	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)		78.52	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.06	8.00
9.00	Sum of lines 7 and 8		30.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.37	10.00
11.00	Disproportionate share adjustment (see instructions)		94,429	11.00
12.00	Total prospective capital payments (see instructions)		1,618,072	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00