

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 9:56 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/27/2017 Time: 9:56 am

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 COMMUNITY HOSPITAL OF INDIANA, INC. (15-0074) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-263,574	42,403	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-263,574	42,403	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 9:44 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:						1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		COMMUNITY HOSPITAL OF INDIANA, INC.		150074	26900	1	07/01/1966	N	P	P
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an 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.			2,036	1,768	2	51	21,675	33		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 9:44 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	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.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			32.85	29.67	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)		25.63	26.26			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)		33.76	33.76			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)		25.33	26.14			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).		33.76	33.76			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)		8.43	7.62			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)	2.81	2.54				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.	FAMILY MEDICINE	1350	5.60	4.79		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)					Y	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)			0.17	3.25	0.049708	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)	FAMILY MEDICINE	1350	3.92	25.07	0.135219	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)	1.43	5.11	0.218654		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)	FAMILY PRACTICE	1350	5.98	27.78	0.177133 67.00	
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)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
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		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
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	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,320,557		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
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: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 9:44 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0720			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101		141.00	
142.00	Street: 1500 N RITTER	PO Box: SERVICES				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 9:44 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2015	12/31/2015	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 9:44 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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	02/23/2017	Y	02/23/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 9:44 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	SHIRLEY		BISHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 9:44 am
		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.	NETWORK DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 9:44 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	264	96,360	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)		264	96,360	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		315	114,975	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		315				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 9:44 am

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)	18,395	3,408	58,129			1.00
2.00	HMO and other (see instructions)	8,632	20,274				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,395	3,408	58,129			7.00
8.00	INTENSIVE CARE UNIT	2,373	0	6,351			8.00
9.00	CORONARY CARE UNIT	2,180	0	6,213			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		1,850	3,787			13.00
14.00	Total (see instructions)	22,948	5,258	74,480	38.87	2,509.56	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	311			24.10
25.00	CMHC - CMHC						25.00
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)				38.87	2,509.56	27.00
28.00	Observation Bed Days		1,910	5,654			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			519			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	33	315			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 9:44 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,029	1,014	16,241	1.00
2.00 HMO and other (see instructions)			1,813	3,624		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	5,029	1,014	16,241	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	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: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 2/27/2017 9:44 am	
	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	160,401,575	-811,108	159,590,467	5,219,891.00	30.57	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		792,045	0	792,045	6,336.00	125.01	4.00
4.01	Physicians - Part A - Teaching		663,084	0	663,084	6,762.00	98.06	4.01
5.00	Physician and Non-Physician-Part B		4,018,878	0	4,018,878	71,997.00	55.82	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	3,105,665	3,105,665	106,933.00	29.04	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 and/or related organization 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)		3,941,813	232,993	4,174,806	182,186.00	22.92	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,968,802	0	1,968,802	18,573.00	106.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		1,495,648	0	1,495,648	13,061.00	114.51	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,205,240	0	4,205,240	26,473.00	158.85	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		47,243,560	0	47,243,560	1,130,606.00	41.79	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
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)		198,231,230	0	198,231,230			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,354,276	0	7,354,276			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		271,592	0	271,592			22.00
22.01	Physician Part A - Teaching		289,852	0	289,852			22.01
23.00	Physician Part B		3,079,290	0	3,079,290			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		684,298	0	684,298			25.00
25.50	Home office wage-related		742,081	0	742,081			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	463,028	-3,708	459,320	11,751.00	39.09	26.00
27.00	Administrative & General	5.00	9,761,580	-9,151	9,752,429	283,465.00	34.40	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 9:44 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		17,626,167	0	17,626,167	190,845.00	92.36	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,544,066	-18,152	2,525,914	107,497.00	23.50	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,797,045	-16,784	2,780,261	184,344.00	15.08	32.00
33.00	Housekeeping under contract (see instructions)		642,025	0	642,025	14,293.00	44.92	33.00
34.00	Dietary	10.00	2,522,348	-1,770,779	751,569	42,993.00	17.48	34.00
35.00	Dietary under contract (see instructions)		442,698	0	442,698	12,456.00	35.54	35.00
36.00	Cafeteria	11.00	0	1,754,744	1,754,744	105,774.00	16.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,621,984	-5,050	2,616,934	72,537.00	36.08	38.00
39.00	Central Services and Supply	14.00	131,125	-1,083	130,042	6,843.00	19.00	39.00
40.00	Pharmacy	15.00	4,592,475	-241,039	4,351,436	109,868.00	39.61	40.00
41.00	Medical Records & Medical Records Library	16.00	889,586	-12,257	877,329	30,590.00	28.68	41.00
42.00	Social Service	17.00	2,545,913	-8,578	2,537,335	69,458.00	36.53	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 9:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	174,430,503	-3,916,773	170,513,730	5,251,793.00	32.47	1.00
2.00	Excluded area salaries (see instructions)	3,941,813	232,993	4,174,806	182,186.00	22.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	170,488,690	-4,149,766	166,338,924	5,069,607.00	32.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	54,913,250	0	54,913,250	1,188,713.00	46.20	4.00
5.00	Subtotal wage-related costs (see inst.)	199,244,903	0	199,244,903	0.00	119.78	5.00
6.00	Total (sum of lines 3 thru 5)	424,646,843	-4,149,766	420,497,077	6,258,320.00	67.19	6.00
7.00	Total overhead cost (see instructions)	47,580,040	-331,837	47,248,203	1,242,714.00	38.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 9:44 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,415,035	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		171,450,750	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)		14,772,688	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		5,582,452	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		242,524	8.02
8.03	Health Insurance (Purchased)		74,350	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,330,673	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		281,028	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		11,653,987	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		0	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		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		107,051	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		209,910,538	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: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 9:44 am
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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)			0.303991	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			77,537,943	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			30,959,786	5.00	
6.00	Medicaid charges			351,181,334	6.00	
7.00	Medicaid cost (line 1 times line 6)			106,755,965	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	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)			1,721,387	1,621,266	3,342,653
21.00	Cost of patients approved for charity care (line 1 times line 20)			523,286	492,850	1,016,136
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			523,286	492,850	1,016,136
				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)			39,571,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,166,767		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			38,404,233		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			11,674,541		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,690,677		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,690,677		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	15,608,146	15,608,146	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	20,929,922	20,929,922	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	463,028	171,576,597	172,039,625	-171,194,993	844,632	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	9,761,580	195,101,520	204,863,100	5,245,824	210,108,924	5.00
7.00 00700 OPERATION OF PLANT	2,544,066	14,244,746	16,788,812	1,865,022	18,653,834	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	912,322	912,322	-100	912,222	8.00
9.00 00900 HOUSEKEEPING	2,797,045	2,214,289	5,011,334	2,975,335	7,986,669	9.00
10.00 01000 DIETARY	2,522,348	2,952,514	5,474,862	-3,159,799	2,315,063	10.00
11.00 01100 CAFETERIA	0	23	23	5,784,638	5,784,661	11.00
13.00 01300 NURSING ADMINISTRATION	2,621,984	835,769	3,457,753	2,781,242	6,238,995	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	131,125	1,952,827	2,083,952	-2,729,692	-645,740	14.00
15.00 01500 PHARMACY	4,592,475	15,052,391	19,644,866	-7,261,134	12,383,732	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	889,586	919,891	1,809,477	943,380	2,752,857	16.00
17.00 01700 SOCIAL SERVICE	2,545,913	726,990	3,272,903	2,728,241	6,001,144	17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,118,389	7,118,389	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,094,985	2,286,972	10,381,957	1,485,569	11,867,526	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	752,076	752,076	30,411	782,487	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	655,417	655,417	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	92,197	92,197	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	32,222,380	15,762,604	47,984,984	24,476,893	72,461,877	30.00
31.00 03100 INTENSIVE CARE UNIT	5,136,433	2,339,119	7,475,552	4,914,028	12,389,580	31.00
32.00 03200 CORONARY CARE UNIT	2,975,405	1,101,326	4,076,731	3,054,246	7,130,977	32.00
43.00 04300 NURSERY	0	0	0	5,277,292	5,277,292	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,046,022	27,887,767	32,933,789	-12,441,741	20,492,048	50.00
51.00 05100 RECOVERY ROOM	998,062	315,733	1,313,795	1,067,649	2,381,444	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	455,913	789,400	1,245,313	2,570,736	3,816,049	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,136,586	2,649,212	6,785,798	1,047,721	7,833,519	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,468,321	1,750,506	3,218,827	1,628,183	4,847,010	55.00
57.00 05700 CT SCAN	790,844	1,009,558	1,800,402	1,954,246	3,754,648	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	484,562	671,265	1,155,827	350,067	1,505,894	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,433,889	18,282,360	20,716,249	-14,561,014	6,155,235	59.00
60.00 06000 LABORATORY	1,189	12,014,555	12,015,744	-33,909	11,981,835	60.00
64.00 06400 INTRAVENOUS THERAPY	257,802	98,159	355,961	272,541	628,502	64.00
65.00 06500 RESPIRATORY THERAPY	3,353,292	1,745,836	5,099,128	3,293,395	8,392,523	65.00
66.00 06600 PHYSICAL THERAPY	4,626,813	2,756,344	7,383,157	1,134,241	8,517,398	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,171,984	2,171,984	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	742,549	742,549	68.00
69.00 06900 ELECTROCARDIOLOGY	2,409,278	765,620	3,174,898	2,248,902	5,423,800	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	611,609	436,156	1,047,765	479,438	1,527,203	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,676,708	14,676,708	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,766,742	21,766,742	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	70,610,391	70,610,391	73.00
74.00 07400 RENAL DIALYSIS	0	1,178,836	1,178,836	-1,738	1,177,098	74.00
76.00 03330 ENDOSCOPY	268,775	322,733	591,508	73,190	664,698	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,099,903	21,643,232	41,743,135	9,451,854	51,194,989	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	6,844,341	4,759,529	11,603,870	6,120,480	17,724,350	76.03
76.04 03952 WOUND CARE CENTER	673,706	2,322,061	2,995,767	-250,656	2,745,111	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	8,367,139	66,213,777	74,580,916	-41,729,862	32,851,054	76.05
76.06 03953 IMAGING CENTERS	2,164,051	4,377,393	6,541,444	1,108,615	7,650,059	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	1,352,557	1,352,557	-128	1,352,429	76.07
76.97 07697 CARDIAC REHABILITATION	580,723	313,534	894,257	478,190	1,372,447	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	907,478	907,478	76.98
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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,729,090	797,452	2,526,542	1,693,711	4,220,253	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	376,676	12,324,601	12,701,277	-11,762,018	939,259	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	1,423,682	3,149,660	4,573,342	560,393	5,133,735	90.07
90.08 09004 PALLIATIVE CARE	10,747	758	11,505	11,560	23,065	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	9,548,394	7,173,392	16,721,786	9,858,442	26,580,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,459,762	625,833,962	782,293,724	-2,881,186	779,412,538	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	373,492	129,772	503,264	398,937	902,201	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	122,602	811,256	933,858	-128,115	805,743	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	22,713	2,375	25,088	24,431	49,519	194.03
194.04	07954	SMO-NON PROVIDER BASED	505,201	173,979	679,180	535,536	1,214,716	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	1,920,539	2,222,011	4,142,550	1,119,607	5,262,157	194.05
194.07	07957	LIFECHECK	267,576	111,121	378,697	265,479	644,176	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	729,690	477,837	1,207,527	675,553	1,883,080	194.08
194.09	07959	SURGERY CENTER EAST	0	10,242	10,242	-10,242	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	160,401,575	629,772,555	790,174,130	0	790,174,130	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,297,713	13,310,433	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-10,555,358	10,374,564	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,693,770	8,538,402	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-87,681,870	122,427,054	5.00
7.00	00700	OPERATION OF PLANT	690,569	19,344,403	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	912,222	8.00
9.00	00900	HOUSEKEEPING	-27	7,986,642	9.00
10.00	01000	DIETARY	-671,621	1,643,442	10.00
11.00	01100	CAFETERIA	-201,900	5,582,761	11.00
13.00	01300	NURSING ADMINISTRATION	3,197,707	9,436,702	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,457,735	1,811,995	14.00
15.00	01500	PHARMACY	-2,025,058	10,358,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,962,484	7,715,341	16.00
17.00	01700	SOCIAL SERVICE	0	6,001,144	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-837,850	6,280,539	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,502,150	10,365,376	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-204,732	577,755	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	655,417	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	92,197	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,493,805	67,968,072	30.00
31.00	03100	INTENSIVE CARE UNIT	-382,149	12,007,431	31.00
32.00	03200	CORONARY CARE UNIT	-152,393	6,978,584	32.00
43.00	04300	NURSERY	0	5,277,292	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-488,978	20,003,070	50.00
51.00	05100	RECOVERY ROOM	0	2,381,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-664,173	3,151,876	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,956	8,157,475	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,847,010	55.00
57.00	05700	CT SCAN	0	3,754,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,505,894	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,155,235	59.00
60.00	06000	LABORATORY	-1,050,891	10,930,944	60.00
64.00	06400	INTRAVENOUS THERAPY	0	628,502	64.00
65.00	06500	RESPIRATORY THERAPY	-9	8,392,514	65.00
66.00	06600	PHYSICAL THERAPY	307,400	8,824,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,171,984	67.00
68.00	06800	SPEECH PATHOLOGY	0	742,549	68.00
69.00	06900	ELECTROCARDIOLOGY	86,827	5,510,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,567	1,642,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,676,708	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,766,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	964,321	71,574,712	73.00
74.00	07400	RENAL DIALYSIS	0	1,177,098	74.00
76.00	03330	ENDOSCOPY	0	664,698	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-38,107,561	13,087,428	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-15,916,398	1,807,952	76.03
76.04	03952	WOUND CARE CENTER	-9,364	2,735,747	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,967,786	38,818,840	76.05
76.06	03953	IMAGING CENTERS	-51	7,650,008	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	1,352,429	76.07
76.97	07697	CARDIAC REHABILITATION	-65,296	1,307,151	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	907,478	76.98
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	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	246,710	4,466,963	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	939,259	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-83,947	5,049,788	90.07
90.08	09004	PALLIATIVE CARE	0	23,065	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	-9,619	26,570,609	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-140,388,081	639,024,457	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	902,201	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-3,144	802,599	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	49,519	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	1,214,716	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	-309,217	4,952,940	194.05
194.07	07957 LI FECHECK	-9,089	635,087	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,883,080	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-140,709,531	649,464,599	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Labor and Delivery Salary						
1.00	NURSERY	43.00	2,082,582	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	822,836	0	2.00	
			2,905,418	0		
B - Labor and Delivery Other						
1.00	NURSERY	43.00		954,642	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		377,183	2.00	
			0	1,331,825		
C - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,676,708	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
	TOTALS		0	14,676,708		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	18,886,391	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
42.00	0.00	0	0	0	42.00
E - Radiology Support Salary					
1.00	55.00	344,076	0	0	1.00
2.00	57.00	181,231	0	0	2.00
3.00	58.00	44,187	0	0	3.00
4.00	76.06	99,932	0	0	4.00
TOTALS		669,426	0	0	
F - Radiology Support Other					
1.00	55.00		110,005		1.00
2.00	57.00		57,942		2.00
3.00	58.00		14,127		3.00
4.00	76.06		31,949		4.00
TOTALS		0	214,023		
G - Capital Insurance Costs					
1.00	1.00	0	271,667		1.00
TOTALS		0	271,667		
H - Implantable Device Recl ass					
1.00	72.00	0	21,766,742		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	21,766,742		
I - Interest Expense					
1.00	1.00	0	7,008,240		1.00
TOTALS		0	7,008,240		
J - Residents Costs					
1.00	21.00	3,105,665	672,207		1.00
TOTALS		3,105,665	672,207		
K - Other Capital Rental					
1.00	2.00	0	10,371,770		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2016

Worksheet A-6
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
0			0	10,371,770		
M - Depreciation by CC						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,328,239	1.00	
0			0	8,328,239		
N - Cafeteria Salary						
1.00	CAFETERIA	11.00	1,754,744	0	1.00	
0			1,754,744	0		
O - Cafeteria Reclass						
1.00	CAFETERIA	11.00	0	2,142,455	1.00	
0			0	2,142,455		
R - Pharm Resident Costs						
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	172,790	0	1.00	
0			172,790	0		
S - Pharmacy Residency Reclass						
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	0	279,637	1.00	
0			0	279,637		
T - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	96	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,195	2.00	
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	70,610,391	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
0			0	70,611,682		
U - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	878,225	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	300,244	0	2.00	
0			1,178,469	0		
V - Therapy Other						
1.00	OCCUPATIONAL THERAPY	67.00	0	349,122	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	119,356	2.00	
0			0	468,478		
AA - HYPERBARIC OXYGEN THERAPY SALARY						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	179,330	0	1.00	
0			179,330	0		

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2016

Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AB - HBOT Other					
1.00	HYPERBARIC OXYGEN THERAPY	76.98		535,257	1.00
			0	535,257	
AE - EMS School Allied Health					
1.00	EMS TRAINING-ALLIED HEALTH	23.00	40,297		1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00			40,297	0	8.00
AF - EMS School Allied Health					
1.00	EMERGENCY	91.00		14,999	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00			0	14,999	9.00
AG - STD BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,708	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,751	2.00
3.00	OPERATION OF PLANT	7.00	0	18,152	3.00
4.00	HOUSEKEEPING	9.00	0	16,784	4.00
5.00	DIETARY	10.00	0	16,035	5.00
6.00	NURSING ADMINISTRATION	13.00	0	5,050	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,083	7.00
8.00	PHARMACY	15.00	0	23,830	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,257	9.00
10.00	SOCIAL SERVICE	17.00	0	8,578	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	64,480	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	162,977	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	27,868	13.00
14.00	CORONARY CARE UNIT	32.00	0	26,535	14.00
15.00	OPERATING ROOM	50.00	0	11,630	15.00
16.00	RECOVERY ROOM	51.00	0	1,090	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,524	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,734	18.00
19.00	CT SCAN	57.00	0	6,897	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,568	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	21,816	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	383	22.00
23.00	RESPIRATORY THERAPY	65.00	0	27,256	23.00
24.00	PHYSICAL THERAPY	66.00	0	16,809	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	11,141	25.00
26.00	ENDOSCOPY	76.00	0	4,299	26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	115,695	27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	33,777	28.00
29.00	WOUND CARE CENTER	76.04	0	915	29.00
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	29,312	30.00
31.00	IMAGING CENTERS	76.06	0	8,972	31.00
32.00	CARDIAC REHABILITATION	76.97	0	12,112	32.00
33.00	HEALTHY HEARTS CENTER	90.02	0	16,010	33.00
34.00	INFUSION CENTERS	90.05	0	4,017	34.00
35.00	EMERGENCY	91.00	0	35,550	35.00
36.00	RESEARCH	191.00	0	977	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	440	37.00
38.00	SMO-NON PROVIDER BASED	194.04	0	7,315	38.00
39.00	FAMILY PRACTICE MEDICINE	194.05	0	14,960	39.00
40.00	LIFECHECK	194.07	0	398	40.00
41.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	423	41.00
			0	811,108	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AI - PHARM RESIDENCY BRIDGES TO HEALTH						
1.00	PHARMACY RESIDENCY-BTH	23.03	44,419		1.00	
	ALLIED HEALTH			0		
			44,419			
AJ - PHARMACY RESIDENCY BRIDGES TO HEALTH						
1.00	PHARMACY RESIDENCY-ALLIED	23.02		17,134	1.00	
	HEALTH					
			0	17,134		
AK - IHH Cat Scan Salary Recl class						
1.00	CT_SCAN	57.00	500,888		1.00	
				0		
			500,888			
AL - IHH Cat Scan Other Recl class						
1.00	CT_SCAN	57.00		189,262	1.00	
				0		
				189,262		
AM - CBI ALLOCATIONS - GALLAHUE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,530,832	1.00	
	TOTALS		0	10,530,832		
AN - DEFINED BENEFIT PENSION RECLASS 1/2						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,489,914	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,716,925	2.00	
3.00	HOUSEKEEPING	9.00	0	2,990,506	3.00	
4.00	DIETARY	10.00	0	808,403	4.00	
5.00	CAFETERIA	11.00	0	1,887,439	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	2,814,828	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	139,876	7.00	
8.00	PHARMACY	15.00	0	4,680,494	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	943,673	9.00	
10.00	SOCIAL SERVICE	17.00	0	2,729,210	10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,340,517	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,297,260	12.00	
13.00	EMS TRAINING-ALLIED HEALTH	23.00	0	43,344	13.00	
14.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	0	185,856	14.00	
15.00	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03	0	47,778	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	31,357,987	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	5,494,878	17.00	
18.00	CORONARY CARE UNIT	32.00	0	3,171,385	18.00	
19.00	NURSERY	43.00	0	2,240,068	19.00	
20.00	OPERATING ROOM	50.00	0	5,415,096	20.00	
21.00	RECOVERY ROOM	51.00	0	1,072,364	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,373,219	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,167,432	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,943,284	24.00	
25.00	CT SCAN	57.00	0	1,576,931	25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	562,744	26.00	
27.00	CARDIAC CATHETERIZATION	59.00	0	2,593,025	27.00	
28.00	LABORATORY	60.00	0	1,279	28.00	
29.00	INTRAVENOUS THERAPY	64.00	0	276,885	29.00	
30.00	RESPIRATORY THERAPY	65.00	0	3,576,357	30.00	
31.00	PHYSICAL THERAPY	66.00	0	3,691,030	31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	944,637	32.00	
33.00	SPEECH PATHOLOGY	68.00	0	322,949	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	2,578,464	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	657,859	35.00	
36.00	ENDOSCOPY	76.00	0	284,476	36.00	
37.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	21,495,427	37.00	
38.00	LUTHERWOOD PARTNERSHIP	76.03	0	7,325,583	38.00	
39.00	WOUND CARE CENTER	76.04	0	530,777	39.00	
40.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	8,968,339	40.00	
41.00	IMAGING CENTERS	76.06	0	2,425,536	41.00	
42.00	CARDIAC REHABILITATION	76.97	0	611,610	42.00	
43.00	HYPERBARIC OXYGEN THERAPY	76.98	0	192,891	43.00	
44.00	HEALTHY HEARTS CENTER	90.02	0	1,842,624	44.00	
45.00	INFUSION CENTERS	90.05	0	400,840	45.00	
46.00	KNEE CENTER	90.07	0	1,531,342	46.00	
47.00	PALLIATIVE CARE	90.08	0	11,560	47.00	
48.00	EMERGENCY	91.00	0	10,196,318	48.00	
49.00	RESEARCH	191.00	0	400,685	49.00	
50.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	131,400	50.00	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
51.00	SCHOOL BASED CLINICS	194.03	0	24,431	51.00
	TOTALS		0	167,507,735	
AO - DEFINED BENEFIT PENSION RECLASS 2/2					
1.00	SMO-NON PROVIDER BASED	194.04	0	535,536	1.00
2.00	FAMILY PRACTICE MEDICINE	194.05	0	2,049,680	2.00
3.00	LIFE CHECK	194.07	0	287,382	3.00
4.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	784,415	4.00
	TOTALS		0	3,657,013	
500.00	Grand Total: Increases		10,551,446	340,293,404	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - Labor and Delivery Salary							
1.00	ADULTS & PEDIATRICS	30.00	2,905,418	0	0		1.00
2.00		0.00	0	0	0		2.00
			2,905,418	0			
B - Labor and Delivery Other							
1.00	ADULTS & PEDIATRICS	30.00		1,331,825			1.00
2.00							2.00
			0	1,331,825			
C - Chargeable Medical Supplies							
1.00	ADULTS & PEDIATRICS	30.00	0	465,590	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	395,097	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	69,152	0		3.00
4.00	OPERATING ROOM	50.00	0	5,841,795	0		4.00
5.00	RECOVERY ROOM	51.00	0	63	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,903	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	400,069	0		7.00
8.00	CT SCAN	57.00	0	169,617	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,643	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	6,391,693	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	2,923	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	87,563	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	25	0		13.00
14.00	ENDOSCOPY	76.00	0	161,757	0		14.00
15.00	WOUND CARE CENTER	76.04	0	54,502	0		15.00
16.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	362,402	0		16.00
17.00	IMAGING CENTERS	76.06	0	99,496	0		17.00
18.00	HEALTHY HEARTS CENTER	90.02	0	641	0		18.00
19.00	EMERGENCY	91.00	0	106,075	0		19.00
20.00	SURGERY CENTER EAST	194.09	0	5,423	0		20.00
21.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,279	0		21.00
TOTALS			0	14,676,708			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,407	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,397,396	0		2.00
3.00	OPERATION OF PLANT	7.00	0	785,023	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	11,451	0		5.00
6.00	DIETARY	10.00	0	53,328	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	16,119	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,169	0		8.00
9.00	PHARMACY	15.00	0	34,993	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7,994	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,011,261	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	100,263	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	20,486	0		13.00
14.00	OPERATING ROOM	50.00	0	1,182,606	0		14.00
15.00	RECOVERY ROOM	51.00	0	1,432	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	421,038	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	253,721	0		17.00
18.00	CT SCAN	57.00	0	226,702	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	220,633	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	795,890	0		20.00
21.00	LABORATORY	60.00	0	34,901	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	646	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	161,390	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	95,586	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	173,801	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	122,221	0		26.00
27.00	RENAL DIALYSIS	74.00	0	503	0		27.00
28.00	ENDOSCOPY	76.00	0	41,341	0		28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	137,550	0		29.00
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	61,469	0		30.00
31.00	WOUND CARE CENTER	76.04	0	10,816	0		31.00
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,168,227	0		32.00
33.00	IMAGING CENTERS	76.06	0	1,019,188	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	28,492	0		34.00
35.00	HEALTHY HEARTS CENTER	90.02	0	33,680	0		35.00
36.00	INFUSION CENTERS	90.05	0	19,479	0		36.00
37.00	KNEE CENTER	90.07	0	933,440	0		37.00
38.00	EMERGENCY	91.00	0	127,459	0		38.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	55,985	0	39.00
40.00	FAMILY PRACTICE MEDICINE	194.05	0	53,657	0	40.00
41.00	LIFECHECK	194.07	0	1,456	0	41.00
42.00	GROUP HOMES AND MISC. N_R	194.08	0	32,092	0	42.00
	CTRS					
	0		0	18,886,391		
E - Radiology Support Salary						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	669,426	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
	TOTALS		669,426	0		
F - Radiology Support Other						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		214,023		1.00
2.00						2.00
3.00						3.00
4.00						4.00
			0	214,023		
G - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	271,667	12	1.00
	0		0	271,667		
H - Implantable Device Recl ass						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,485,405	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	45,124	0	2.00
3.00	OPERATING ROOM	50.00	0	10,233,246	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	106,228	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	9,884,292	0	5.00
6.00	ENDOSCOPY	76.00	0	7,628	0	6.00
7.00	SURGERY CENTER EAST	194.09	0	4,819	0	7.00
	0		0	21,766,742		
I - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,008,240	11	1.00
	0		0	7,008,240		
J - Residents Costs						
1.00	I&R SERVICES-OTHER PRGM	22.00	3,105,665	672,207	0	1.00
	COSTS APPRVD					
	0		3,105,665	672,207		
K - Other Capital Rental						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,838	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,097,232	0	2.00
3.00	OPERATION OF PLANT	7.00	0	66,880	0	3.00
4.00	HOUSEKEEPING	9.00	0	3,712	0	4.00
5.00	DIETARY	10.00	0	17,661	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,867	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,303,596	0	7.00
8.00	PHARMACY	15.00	0	693,460	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	293	0	9.00
10.00	SOCIAL SERVICE	17.00	0	969	0	10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	25,825	0	11.00
	COSTS APPRVD					
12.00	EMS TRAINING-ALLIED HEALTH	23.00	0	41,117	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	29,305	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	588	0	14.00
15.00	CORONARY CARE UNIT	32.00	0	165	0	15.00
16.00	OPERATING ROOM	50.00	0	472,111	0	16.00
17.00	RECOVERY ROOM	51.00	0	1,327	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,611	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	584	0	19.00
20.00	CT SCAN	57.00	0	173	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	346	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3,611	0	22.00
23.00	LABORATORY	60.00	0	206	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	0	418	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	28,253	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	812,689	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	136,425	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	57,370	0	28.00
29.00	RENAL DIALYSIS	74.00	0	298	0	29.00
30.00	ENDOSCOPY	76.00	0	550	0	30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,326,931	0	31.00
32.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,115,197	0	32.00
33.00	WOUND CARE CENTER	76.04	0	86	0	33.00

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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7	Ref.		
6.00	7.00	8.00	9.00	10.00				
34.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	423,651	0		34.00	
35.00	IMAGING CENTERS	76.06	0	281,614	0		35.00	
36.00	CARDIAC REHABILITATION	76.97	0	104,928	0		36.00	
37.00	HEALTHY HEARTS CENTER	90.02	0	114,444	0		37.00	
38.00	INFUSION CENTERS	90.05	0	136,109	0		38.00	
39.00	KNEE CENTER	90.07	0	1,993	0		39.00	
40.00	EMERGENCY	91.00	0	1,389	0		40.00	
41.00	RESEARCH	191.00	0	1,748	0		41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	201,760	0		42.00	
43.00	FAMILY PRACTICE MEDICINE	194.05	0	696,223	0		43.00	
44.00	LIFECHECK	194.07	0	20,447	0		44.00	
45.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	76,770	0		45.00	
			0	10,371,770				
M - Depreciation by CC								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,328,239		9	1.00	
			0	8,328,239				
N - Cafeteria Salary								
1.00	DIETARY	10.00	1,754,744				1.00	
			1,754,744	0				
O - Cafeteria Recl ass								
1.00	DIETARY	10.00		2,142,455			1.00	
			0	2,142,455				
R - Pharm Resident Costs								
1.00	PHARMACY	15.00	172,790				1.00	
			172,790	0				
S - Pharmacy Residency Recl ass								
1.00	PHARMACY	15.00		279,637			1.00	
			0	279,637				
T - Drugs Charges to Pat								
1.00	HOUSEKEEPING	9.00	0	8	0		1.00	
2.00	DIETARY	10.00	0	14	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	15,600	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,119	0		4.00	
5.00	PHARMACY	15.00	0	10,699,195	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	136,975	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	39,778	0		7.00	
8.00	CORONARY CARE UNIT	32.00	0	26,796	0		8.00	
9.00	OPERATING ROOM	50.00	0	125,629	0		9.00	
10.00	RECOVERY ROOM	51.00	0	1,893	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,560	0		11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,580	0		12.00	
13.00	CT SCAN	57.00	0	155,516	0		13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46,369	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	76,924	0		15.00	
16.00	LABORATORY	60.00	0	81	0		16.00	
17.00	INTRAVENOUS THERAPY	64.00	0	357	0		17.00	
18.00	RESPIRATORY THERAPY	65.00	0	4,414	0		18.00	
19.00	PHYSICAL THERAPY	66.00	0	1,567	0		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	18,189	0		20.00	
21.00	RENAL DIALYSIS	74.00	0	937	0		21.00	
22.00	ENDOSCOPY	76.00	0	10	0		22.00	
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	48,260	0		23.00	
24.00	LUTHERWOOD PARTNERSHIP	76.03	0	28,437	0		24.00	
25.00	WOUND CARE CENTER	76.04	0	1,442	0		25.00	
26.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	46,743,921	0		26.00	
27.00	IMAGING CENTERS	76.06	0	48,504	0		27.00	
28.00	BREAST DIAGNOSTIC CENTER	76.07	0	128	0		28.00	
29.00	HEALTHY HEARTS CENTER	90.02	0	148	0		29.00	
30.00	INFUSION CENTERS	90.05	0	12,007,270	0		30.00	
31.00	KNEE CENTER	90.07	0	35,516	0		31.00	
32.00	EMERGENCY	91.00	0	84,582	0		32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,770	0		33.00	
34.00	FAMILY PRACTICE MEDICINE	194.05	0	180,193	0		34.00	
			0	70,611,682				
U - Therapy Salary								
1.00	PHYSICAL THERAPY	66.00	1,178,469	0	0		1.00	
2.00		0.00	0	0	0		2.00	
			1,178,469	0				

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
V - Therapy Other							
1.00	PHYSICAL THERAPY	66.00		468,478			1.00
2.00				0			2.00
AA - HYPERBARIC OXYGEN THERAPY SALARY							
1.00	WOUND CARE CENTER	76.04	179,330				1.00
			179,330	0			
AB - HBOT Other							
1.00	WOUND CARE CENTER	76.04		535,257			1.00
				0			
AE - EMS School Allied Health							
1.00	ADMINISTRATIVE & GENERAL	5.00	400				1.00
2.00	ADULTS & PEDIATRICS	30.00	596				2.00
3.00	CORONARY CARE UNIT	32.00	447				3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	2,073				4.00
5.00	CARDIAC CATHETERIZATION	59.00	1,349				5.00
6.00	RESPIRATORY THERAPY	65.00	1,112				6.00
7.00	ELECTROCARDIOLOGY	69.00	950				7.00
8.00	EMERGENCY	91.00	33,370				8.00
			40,297	0			
AF - EMS School Allied Health							
1.00	ADMINISTRATIVE & GENERAL	5.00		83			1.00
2.00	EMS TRAINING-ALLIED HEALTH	23.00		12,113			2.00
3.00	ADULTS & PEDIATRICS	30.00		124			3.00
4.00	CORONARY CARE UNIT	32.00		93			4.00
5.00	OPERATING ROOM	50.00		1,450			5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00		429			6.00
7.00	CARDIAC CATHETERIZATION	59.00		280			7.00
8.00	RESPIRATORY THERAPY	65.00		230			8.00
9.00	ELECTROCARDIOLOGY	69.00		197			9.00
				0			
AG - STD BENEFIT RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,708		0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	8,751		0	0	2.00
3.00	OPERATION OF PLANT	7.00	18,152		0	0	3.00
4.00	HOUSEKEEPING	9.00	16,784		0	0	4.00
5.00	DIETARY	10.00	16,035		0	0	5.00
6.00	NURSING ADMINISTRATION	13.00	5,050		0	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,083		0	0	7.00
8.00	PHARMACY	15.00	23,830		0	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	12,257		0	0	9.00
10.00	SOCIAL SERVICE	17.00	8,578		0	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	64,480		0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	162,977		0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	27,868		0	0	13.00
14.00	CORONARY CARE UNIT	32.00	26,535		0	0	14.00
15.00	OPERATING ROOM	50.00	11,630		0	0	15.00
16.00	RECOVERY ROOM	51.00	1,090		0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	21,524		0	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	5,734		0	0	18.00
19.00	CT SCAN	57.00	6,897		0	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,568		0	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	21,816		0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	383		0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	27,256		0	0	23.00
24.00	PHYSICAL THERAPY	66.00	16,809		0	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	11,141		0	0	25.00
26.00	ENDOSCOPY	76.00	4,299		0	0	26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	115,695		0	0	27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	33,777		0	0	28.00
29.00	WOUND CARE CENTER	76.04	915		0	0	29.00
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	29,312		0	0	30.00
31.00	IMAGING CENTERS	76.06	8,972		0	0	31.00
32.00	CARDIAC REHABILITATION	76.97	12,112		0	0	32.00
33.00	HEALTHY HEARTS CENTER	90.02	16,010		0	0	33.00
34.00	INFUSION CENTERS	90.05	4,017		0	0	34.00
35.00	EMERGENCY	91.00	35,550		0	0	35.00
36.00	RESEARCH	191.00	977		0	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	440		0	0	37.00
38.00	SMO-NON PROVIDER BASED	194.04	7,315		0	0	38.00
39.00	FAMILY PRACTICE MEDICINE	194.05	14,960		0	0	39.00

RECLASSIFICATIONS

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
40.00	LI FEHECK	194.07	398	0	0	0	40.00
41.00	GROUP HOMES AND MISC. N_R	194.08	423	0	0	0	41.00
	CTRS						
	0		811,108	0			
AI - PHARM RESIDENCY BRIDGES TO HEALTH							
1.00	PHARMACY	15.00	44,419	0			1.00
			44,419	0			
AJ - PHARMACY RESIDENCY BRIDGES TO HEALTH							
1.00	PHARMACY	15.00	0	17,134			1.00
			0	17,134			
AK - IHH Cat Scan Salary Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	500,888	0			1.00
			500,888	0			
AL - IHH Cat Scan Other Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189,262			1.00
			0	189,262			
AM - CBI ALLOCATIONS - GALLAHUE							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	10,530,832	0		1.00
	TOTALS		0	10,530,832			
AN - DEFINED BENEFIT PENSION RECLASS 1/2							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	167,507,735	0		1.00
2.00		0.00	0	0	0	0	2.00
3.00		0.00	0	0	0	0	3.00
4.00		0.00	0	0	0	0	4.00
5.00		0.00	0	0	0	0	5.00
6.00		0.00	0	0	0	0	6.00
7.00		0.00	0	0	0	0	7.00
8.00		0.00	0	0	0	0	8.00
9.00		0.00	0	0	0	0	9.00
10.00		0.00	0	0	0	0	10.00
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
16.00		0.00	0	0	0	0	16.00
17.00		0.00	0	0	0	0	17.00
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
26.00		0.00	0	0	0	0	26.00
27.00		0.00	0	0	0	0	27.00
28.00		0.00	0	0	0	0	28.00
29.00		0.00	0	0	0	0	29.00
30.00		0.00	0	0	0	0	30.00
31.00		0.00	0	0	0	0	31.00
32.00		0.00	0	0	0	0	32.00
33.00		0.00	0	0	0	0	33.00
34.00		0.00	0	0	0	0	34.00
35.00		0.00	0	0	0	0	35.00
36.00		0.00	0	0	0	0	36.00
37.00		0.00	0	0	0	0	37.00
38.00		0.00	0	0	0	0	38.00
39.00		0.00	0	0	0	0	39.00
40.00		0.00	0	0	0	0	40.00
41.00		0.00	0	0	0	0	41.00
42.00		0.00	0	0	0	0	42.00
43.00		0.00	0	0	0	0	43.00
44.00		0.00	0	0	0	0	44.00
45.00		0.00	0	0	0	0	45.00
46.00		0.00	0	0	0	0	46.00
47.00		0.00	0	0	0	0	47.00
48.00		0.00	0	0	0	0	48.00
49.00		0.00	0	0	0	0	49.00
50.00		0.00	0	0	0	0	50.00
51.00		0.00	0	0	0	0	51.00
	TOTALS		0	167,507,735			

Provider CCN: 15-0074

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
AO - DEFINED BENEFIT PENSION RECLASS 2/2							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,657,013	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	3,657,013			
500.00	Grand Total: Decreases		11,362,554	339,482,296			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	4,453,049	0	0	0	1.00
2.00	Land Improvements	4,244,094	0	0	-61,885	2.00
3.00	Buildings and Fixtures	287,466,918	0	0	-10,538,277	3.00
4.00	Building Improvements	10,335,114	2,018,828	0	1,485	4.00
5.00	Fixed Equipment	14,265,238	0	0	3,356,986	5.00
6.00	Movable Equipment	164,161,896	15,963	0	1,249,364	6.00
7.00	HIT designated Assets	516,000	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	485,442,309	2,034,791	0	-5,992,327	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	485,442,309	2,034,791	0	-5,992,327	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,453,049	0			1.00
2.00	Land Improvements	4,305,979	0			2.00
3.00	Buildings and Fixtures	298,005,195	0			3.00
4.00	Building Improvements	12,352,457	0			4.00
5.00	Fixed Equipment	10,908,252	0			5.00
6.00	Movable Equipment	162,928,495	0			6.00
7.00	HIT designated Assets	516,000	0			7.00
8.00	Subtotal (sum of lines 1-7)	493,469,427	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	493,469,427	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	298,005,194	0	298,005,194	0.646525	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	162,928,495	0	162,928,495	0.353475	0	2.00
3.00	Total (sum of lines 1-2)	460,933,689	0	460,933,689	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,364,990	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,374,564	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,739,554	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,673,776	271,667	0	0	13,310,433	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,374,564	2.00
3.00	Total (sum of lines 1-2)	4,673,776	271,667	0	0	23,684,997	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-177,840				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,786,016				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-637,238	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			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY (3))			0		0.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	Misc Revenue	B	-45,379	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	Misc Revenue	B	-332,025	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	Misc Revenue	B	-706,783	OPERATION OF PLANT	7.00	0 33.03
33.04	Misc Revenue	B	-27	HOUSEKEEPING	9.00	0 33.04
33.05	Misc Revenue	B	-34,383	DIETARY	10.00	0 33.05
33.06	Misc Revenue	B	-1	CENTRAL SERVICES & SUPPLY	14.00	0 33.06
33.07	Misc Revenue	B	-1,804,893	PHARMACY	15.00	0 33.07
33.08	Misc Revenue	B	-49,125	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
33.09	Misc Revenue	B	-27,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.09
33.10	Misc Revenue	B	-26	ADULTS & PEDIATRICS	30.00	0 33.10
33.11	Misc Revenue	B	-17	OPERATING ROOM	50.00	0 33.11
33.12	Misc Revenue	B	-136,403	RADIOLOGY-DIAGNOSTIC	54.00	0 33.12
33.13	Misc Revenue	B	-1,050,891	LABORATORY	60.00	0 33.13
33.14	Misc Revenue	B	-9	RESPIRATORY THERAPY	65.00	0 33.14
33.15	Misc Revenue	B	-40,526	PHYSICAL THERAPY	66.00	0 33.15
33.16	Misc Revenue	B	-38	ELECTROENCEPHALOGRAPHY	70.00	0 33.16
33.17	Misc Revenue	B	-1,461,243	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 33.17
33.18	Misc Revenue	B	-718,097	LUTHERWOOD PARTNERSHIP	76.03	0 33.18
33.19	Misc Revenue	B	-17	WOUND CARE CENTER	76.04	0 33.19
33.20	Misc Revenue	B	-9	ONCOLOGY-CANCER CARE CENTER	76.05	0 33.20
33.21	Misc Revenue	B	-51	IMAGING CENTERS	76.06	0 33.21
33.22	Misc Revenue	B	-65,296	CARDIAC REHABILITATION	76.97	0 33.22
33.23	Misc Revenue	B	-2,617	KNEE CENTER	90.07	0 33.23
33.24	Misc Revenue	B	-138	EMERGENCY	91.00	0 33.24
33.25	Purchased Discounts	B	-12,422	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.27	Trustee Fund Interest Income (33763)	B	-199,323	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	Investment Income	B	-70,967	ADMINISTRATIVE & GENERAL	5.00	0 33.28
34.00	HAF Tax Offset	A	-8,035,069	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01	00 Non-Allow Interest Expense	A	-20,259	CAP REL COSTS-BLDG & FIXT	1.00	11 34.01
34.02	LOC Non-Allow Interest Expense	A	-50,669	CAP REL COSTS-BLDG & FIXT	1.00	11 34.02
34.03	12A Non-Allow Interest Expense	A	-1,861,962	CAP REL COSTS-BLDG & FIXT	1.00	11 34.03
34.04	12B Non-Allow Interest Expense	A	-101,964	CAP REL COSTS-BLDG & FIXT	1.00	11 34.04
34.05	50 BMO Loan Non-Allow Interest Expense	A	-181,250	CAP REL COSTS-BLDG & FIXT	1.00	11 34.05
34.06	50 BMO Loan Non-Allow Interest Expense	A	-59,340	ADMINISTRATIVE & GENERAL	5.00	0 34.06
34.07	16A 16B Non-Allow Interest Expense	A	-118,360	CAP REL COSTS-BLDG & FIXT	1.00	11 34.07
36.02	Non Allow Marketing Expense	A	-354,108	ADMINISTRATIVE & GENERAL	5.00	0 36.02
36.07	A-8 Allied Health Program Expense -CH&V	A	-204,732	EMS TRAINING-ALLIED HEALTH	23.00	0 36.07
36.08	Accelerated Depreciation - WV	A	-15,753,507	CAP REL COSTS-MVBLE EQUIP	2.00	9 36.08
36.10	Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT	1.00	9 36.10
36.11	Depreciation Carryforward	A	22,538	CAP REL COSTS-MVBLE EQUIP	2.00	9 36.11
36.12	Meals on Wheels Cost	A	-201,900	CAFETERIA	11.00	0 36.12
36.19	GALLAHUE PROFESSIONAL FEE	A	-333,527	ADMINISTRATIVE & GENERAL	5.00	0 36.19
36.20	GALLAHUE PROFESSIONAL FEE	A	-2,144,491	ADULTS & PEDIATRICS	30.00	0 36.20
36.21	GALLAHUE PROFESSIONAL FEE	A	-15,681,103	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 36.21
36.22	GALLAHUE PROFESSIONAL FEE	A	-6,721,573	LUTHERWOOD PARTNERSHIP	76.03	0 36.22
38.00	Bad Debt Expense	A	-40,403,345	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01	Bad Debt Expense	A	-10,508	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 38.01
38.02	Bad Debt Expense	A	-276,271	ADULTS & PEDIATRICS	30.00	0 38.02
38.03	Bad Debt Expense	A	-13,916	PHYSICAL THERAPY	66.00	0 38.03
38.04	Bad Debt Expense	A	-79,007	ELECTROCARDIOLOGY	69.00	0 38.04
38.05	Bad Debt Expense	A	-25,748	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 38.05
38.06	Bad Debt Expense	A	-3,144	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.06
38.07	Bad Debt Expense	A	-309,217	FAMILY PRACTICE MEDICINE	194.05	0 38.07
38.08	Bad Debt Expense	A	-9,089	LIFECHECK	194.07	0 38.08
38.09	Pavilions	A	-1,899,467	ADMINISTRATIVE & GENERAL	5.00	0 38.09
38.10	PHYSICIAN ASSISTANT	A	-183,244	ADULTS & PEDIATRICS	30.00	0 38.10
38.15	OB Laborist Loss	A	-649,773	DELIVERY ROOM & LABOR ROOM	52.00	0 38.15
38.16	Nurse Practitioner Offset	A	-5,049	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.16
38.17	Nurse Practitioner Offset	A	-9,400	ADMINISTRATIVE & GENERAL	5.00	0 38.17

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	
38.18	Nurse Practitioner Offset	A	-16,121	NURSING ADMINISTRATION	13.00	0 38.18
38.19	Nurse Practitioner Offset	A	-106,072	PHARMACY	15.00	0 38.19
38.20	Nurse Practitioner Offset	A	-226,303	ADULTS & PEDIATRICS	30.00	0 38.20
38.21	Nurse Practitioner Offset	A	-184,113	INTENSIVE CARE UNIT	31.00	0 38.21
38.22	Nurse Practitioner Offset	A	-141,679	OPERATING ROOM	50.00	0 38.22
38.24	Nurse Practitioner Offset	A	-3,000	WOUND CARE CENTER	76.04	0 38.24
38.25	Loss on Assets	A	-35	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.25
38.26	Loss on Assets	A	-1,670,939	ADMINISTRATIVE & GENERAL	5.00	0 38.26
38.27	Loss on Assets	A	-4,077	OPERATION OF PLANT	7.00	0 38.27
38.28	Loss on Assets	A	-289,245	OPERATING ROOM	50.00	0 38.28
38.29	Loss on Assets	A	-149,838	RADIOLOGY-DIAGNOSTIC	54.00	0 38.29
38.30	Loss on Assets	A	-9,601	ELECTROCARDIOLOGY	69.00	0 38.30
38.31	Loss on Assets	A	-81,330	KNEE CENTER	90.07	0 38.31
38.32	Loss on Assets	A	-9,481	EMERGENCY	91.00	0 38.32
39.00	PENSION ALLOC RELATED TO SALARY A8	A	-540,466	ADMINISTRATIVE & GENERAL	5.00	0 39.00
39.01	PENSION ALLOC RELATED TO SALARY A8	A	-17,340	NURSING ADMINISTRATION	13.00	0 39.01
39.02	PENSION ALLOC RELATED TO SALARY A8	A	-114,093	PHARMACY	15.00	0 39.02
39.03	PENSION ALLOC RELATED TO SALARY A8	A	-2,386,155	ADULTS & PEDIATRICS	30.00	0 39.03
39.04	PENSION ALLOC RELATED TO SALARY A8	A	-198,036	INTENSIVE CARE UNIT	31.00	0 39.04
39.05	PENSION ALLOC RELATED TO SALARY A8	A	-152,393	CORONARY CARE UNIT	32.00	0 39.05
39.06	PENSION ALLOC RELATED TO SALARY A8	A	-15,668,294	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 39.06
39.07	PENSION ALLOC RELATED TO SALARY A8	A	-6,716,083	LUTHERWOOD PARTNERSHIP	76.03	0 39.07
39.08	PENSION ALLOC RELATED TO SALARY A8	A	-3,227	WOUND CARE CENTER	76.04	0 39.08
39.09	GALLAHUE OVERHEAD ADJUSTMENT	A	-5,260,462	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 39.09
39.10	LUTHERWOOD OVERHEAD ADJUSTMENT	A	-1,760,645	LUTHERWOOD PARTNERSHIP	76.03	0 39.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-140,709,531			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0074

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

Worksheet A-8-1

Date/Time Prepared: 2/27/2017 9:44 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	CHNW RESIDENT COSTS	0	837,850 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	CHNW OTHER RESIDENT COSTS	0	1,464,642 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	176,758	143,446 3.00
3.01	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	157,719	128,013 3.01
3.02	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	57,756	46,878 3.02
3.03	76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	7250 CLEARVISTA	23,031	20,447 3.03
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	5,175,611	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	7,744,233	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	68,128,030	101,883,502 4.02
4.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	1,368,117	0 4.03
4.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	3,231,168	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	2,457,736	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	5,011,609	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	805,673	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	610,197	0 4.08
4.09	66.00	PHYSICAL THERAPY	CHNW - HOME OFFICE	361,842	0 4.09
4.10	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	175,435	0 4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	104,727	0 4.11
4.12	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	964,321	0 4.12
4.13	76.05	ONCOLOGY-CANCER CARE CENTER	CHNW - HOME OFFICE	5,938,089	0 4.13
4.14	90.02	HEALTHY HEARTS CENTER	CHNW - HOME OFFICE	246,710	0 4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			102,738,762	104,524,778 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	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0074

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 9:44 am

	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	-837,850	0		1.00
2.00	-1,464,642	0		2.00
3.00	33,312	0		3.00
3.01	29,706	0		3.01
3.02	10,878	0		3.02
3.03	2,584	0		3.03
4.00	5,175,611	9		4.00
4.01	7,744,233	0		4.01
4.02	-33,755,472	0		4.02
4.03	1,368,117	0		4.03
4.04	3,231,168	0		4.04
4.05	2,457,736	0		4.05
4.06	5,011,609	0		4.06
4.07	805,673	0		4.07
4.08	610,197	0		4.08
4.09	361,842	0		4.09
4.10	175,435	0		4.10
4.11	104,727	0		4.11
4.12	964,321	0		4.12
4.13	5,938,089	0		4.13
4.14	246,710	0		4.14
5.00	-1,786,016	0		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 9:44 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,000	6,000	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	82,988	82,988	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	58,037	58,037	0	246,400	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	14,400	14,400	0	271,900	0	4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,295	13,295	0	181,300	0	5.00
6.00	76.04	WOUND CARE CENTER	3,120	3,120	0	211,500	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	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			177,840	177,840	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	5.00
6.00	76.04	WOUND CARE CENTER	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	6,000		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	82,988		2.00
3.00	50.00	OPERATING ROOM	0	0	0	58,037		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	14,400		4.00
5.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	13,295		5.00
6.00	76.04	WOUND CARE CENTER	0	0	0	3,120		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		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	0	0	177,840		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	13,310,433	13,310,433				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	10,374,564		10,374,564			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	8,538,402	83,210	11,823	8,633,435		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	122,427,054	920,431	3,172,240	529,108	127,048,833	5.00
7.00 00700 OPERATION OF PLANT	19,344,403	2,163,278	331,470	137,041	21,976,192	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	912,222	2,783	39	0	915,044	8.00
9.00 00900 HOUSEKEEPING	7,986,642	218,166	5,927	150,840	8,361,575	9.00
10.00 01000 DIETARY	1,643,442	139,692	6,551	40,776	1,830,461	10.00
11.00 01100 CAFETERIA	5,582,761	462,506	21,198	95,202	6,161,667	11.00
13.00 01300 NURSING ADMINISTRATION	9,436,702	119,897	7,031	141,979	9,705,609	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,811,995	188,602	520,188	7,055	2,527,840	14.00
15.00 01500 PHARMACY	10,358,674	46,282	284,748	236,083	10,925,787	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,715,341	67,305	114	47,599	7,830,359	16.00
17.00 01700 SOCIAL SERVICE	6,001,144	8,022	379	137,661	6,147,206	17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,280,539	0	0	168,495	6,449,034	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,365,376	50,033	13,220	267,192	10,695,821	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	577,755	118,963	16,072	2,186	714,976	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	655,417	7,763	0	9,375	672,555	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	92,197	0	0	2,410	94,607	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	67,968,072	2,666,723	193,678	1,581,627	72,410,100	30.00
31.00 03100 INTENSIVE CARE UNIT	12,007,431	404,278	39,422	277,160	12,728,291	31.00
32.00 03200 CORONARY CARE UNIT	6,978,584	308,188	8,072	159,964	7,454,808	32.00
43.00 04300 NURSERY	5,277,292	265,554	21,971	112,988	5,677,805	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	20,003,070	999,423	638,888	273,136	21,914,517	50.00
51.00 05100 RECOVERY ROOM	2,381,444	169,740	1,078	54,090	2,606,352	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,151,876	104,925	8,681	69,265	3,334,747	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,157,475	588,540	178,804	159,764	9,084,583	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,847,010	145,657	101,461	98,019	5,192,147	55.00
57.00 05700 CT SCAN	3,754,648	66,665	89,766	79,540	3,990,619	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,505,894	90,212	86,643	28,385	1,711,134	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,155,235	278,780	312,520	130,791	6,877,326	59.00
60.00 06000 LABORATORY	10,930,944	106,982	13,723	65	11,051,714	60.00
64.00 06400 INTRAVENOUS THERAPY	628,502	8,956	416	13,966	651,840	64.00
65.00 06500 RESPIRATORY THERAPY	8,392,514	46,921	74,130	180,390	8,693,955	65.00
66.00 06600 PHYSICAL THERAPY	8,824,798	59,110	345,522	186,174	9,415,604	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,171,984	15,058	7,093	47,647	2,241,782	67.00
68.00 06800 SPEECH PATHOLOGY	742,549	5,152	2,425	16,289	766,415	68.00
69.00 06900 ELECTROCARDIOLOGY	5,510,627	22,129	121,265	130,057	5,784,078	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,642,770	0	70,201	33,182	1,746,153	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,676,708	0	0	0	14,676,708	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	21,766,742	0	0	0	21,766,742	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	71,574,712	0	0	0	71,574,712	73.00
74.00 07400 RENAL DIALYSIS	1,177,098	3,838	313	0	1,181,249	74.00
76.00 03330 ENDOSCOPY	664,698	0	16,375	14,349	695,422	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,087,428	74,739	572,457	1,084,223	14,818,847	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	1,807,952	0	459,951	369,500	2,637,403	76.03
76.04 03952 WOUND CARE CENTER	2,735,747	139,277	3,137	26,772	2,904,933	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	38,818,840	350,113	1,404,043	452,360	41,025,356	76.05
76.06 03953 IMAGING CENTERS	7,650,008	1,954	509,072	122,343	8,283,377	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	1,352,429	45,089	0	0	1,397,518	76.07
76.97 07697 CARDIAC REHABILITATION	1,307,151	130,305	52,153	30,849	1,520,458	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	907,478	50,517	1,125	9,729	968,849	76.98
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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	4,466,963	67,962	57,901	92,941	4,685,767	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	939,259	0	60,818	20,218	1,020,295	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	5,049,788	232,567	36,328	77,240	5,395,923	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.08 09004 PALLIATIVE CARE	23,065	0	0	583	23,648	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	26,570,609	693,344	50,366	514,299	27,828,618	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	639,024,457	12,739,631	9,930,798	8,420,907	637,797,361
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	902,201	10,892	683	20,210	933,986	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	802,599	0	98,843	6,628	908,070	192.00
194.00 07950 HOME OFFICE	0	559,910	0	0	559,910	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	49,519	0	0	1,232	50,751	194.03
194.04 07954 SMO-NON PROVIDER BASED	1,214,716	0	0	27,012	1,241,728	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	4,952,940	0	293,124	103,385	5,349,449	194.05
194.07 07957 LIFECHECK	635,087	0	8,562	14,495	658,144	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,883,080	0	42,554	39,566	1,965,200	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118-201)	649,464,599	13,310,433	10,374,564	8,633,435	649,464,599

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	127,048,833					5.00
7.00	00700	OPERATION OF PLANT	5,350,236	27,326,428				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	222,773	7,499	1,145,316			8.00
9.00	00900	HOUSEKEEPING	2,035,676	587,734	0	10,984,985		9.00
10.00	01000	DIETARY	445,637	376,328	0	154,649	2,807,075	10.00
11.00	01100	CAFETERIA	1,500,095	1,245,982	0	512,027	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,362,889	323,000	2,705	132,734	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	615,418	508,090	2,061	208,796	0	14.00
15.00	01500	PHARMACY	2,659,948	124,682	0	51,237	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,906,348	181,318	0	74,511	0	16.00
17.00	01700	SOCIAL SERVICE	1,496,574	21,611	0	8,881	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,570,056	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,603,962	134,789	0	55,391	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	174,065	320,485	0	131,701	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	163,738	20,912	0	8,594	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23,033	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,628,567	7,184,101	505,594	2,952,253	2,312,563	30.00
31.00	03100	INTENSIVE CARE UNIT	3,098,779	1,089,117	79,384	447,564	249,972	31.00
32.00	03200	CORONARY CARE UNIT	1,814,918	830,251	89,969	341,186	244,540	32.00
43.00	04300	NURSERY	1,382,296	715,397	44,094	293,987	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,335,221	2,692,425	40,833	1,106,432	0	50.00
51.00	05100	RECOVERY ROOM	634,532	457,276	0	187,914	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	811,864	282,666	17,423	116,159	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,696	1,585,516	22,077	651,556	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,264,059	392,397	9,430	161,253	0	55.00
57.00	05700	CT SCAN	971,540	179,594	45,368	73,803	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	416,586	243,030	11,501	99,871	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,674,326	751,027	18,259	308,629	0	59.00
60.00	06000	LABORATORY	2,690,606	288,208	0	118,437	0	60.00
64.00	06400	INTRAVENOUS THERAPY	158,694	24,126	0	9,914	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,116,596	126,405	0	51,945	0	65.00
66.00	06600	PHYSICAL THERAPY	2,292,285	159,241	0	65,439	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	545,775	40,567	0	16,671	0	67.00
68.00	06800	SPEECH PATHOLOGY	186,588	13,879	0	5,704	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,408,168	59,616	0	24,499	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	425,111	0	3,916	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,573,133	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,299,244	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,425,293	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	287,582	10,340	0	4,249	0	74.00
76.00	03330	ENDOSCOPY	169,305	0	3,994	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,607,737	201,345	0	82,741	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	642,092	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	707,223	375,211	21,093	154,190	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	9,987,869	943,196	18,983	387,600	0	76.05
76.06	03953	IMAGING CENTERS	2,016,638	5,263	0	2,163	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	340,234	121,468	0	49,917	0	76.07
76.97	07697	CARDIAC REHABILITATION	370,165	351,038	0	144,256	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	235,872	136,093	0	55,926	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,140,778	183,088	2,981	75,238	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	248,397	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,313,670	626,531	0	257,468	0	90.07
90.08	09004	PALLIATIVE CARE	5,757	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	6,775,044	1,867,856	205,651	767,581	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,344,688	25,788,698	1,145,316	10,353,066	2,807,075
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	227,384	29,342	0	12,058	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	221,075	0	0	0	192.00
194.00	07950	HOME OFFICE	0	1,508,388	0	619,861	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	12,356	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	302,306	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	1,302,355	0	0	0	194.05
194.07	07957	LIFECHECK	160,229	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	478,440	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	127,048,833	27,326,428	1,145,316	10,984,985	2,807,075

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	9,419,771					11.00
13.00	01300	218,774	12,745,711				13.00
14.00	01400	18,752	0	3,880,957			14.00
15.00	01500	331,286	0	9,187	14,102,127		15.00
16.00	01600	93,760	0	405	0	10,086,701	16.00
17.00	01700	206,272	0	794	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	318,785	0	0	0	0	21.00
22.00	02200	181,270	0	6,946	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	25,003	0	0	0	0	23.02
23.03	02303	6,251	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,487,767	6,701,180	137,490	0	716,206	30.00
31.00	03100	412,545	1,111,251	19,844	0	135,551	31.00
32.00	03200	287,531	774,508	16,971	0	90,850	32.00
43.00	04300	187,520	505,114	10,461	0	76,540	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	437,547	1,178,599	437,147	0	594,893	50.00
51.00	05100	75,008	0	6,129	0	72,404	51.00
52.00	05200	75,008	202,046	7,699	0	30,241	52.00
54.00	05400	306,283	0	34,812	0	277,752	54.00
55.00	05500	168,768	0	20,040	0	79,884	55.00
57.00	05700	81,259	0	4,883	0	373,345	57.00
58.00	05800	43,755	0	1,961	0	91,801	58.00
59.00	05900	193,771	0	30,594	0	726,782	59.00
60.00	06000	0	0	174,939	0	701,895	60.00
64.00	06400	25,003	0	3,517	0	5,723	64.00
65.00	06500	293,782	0	43,788	0	138,887	65.00
66.00	06600	125,014	0	10,241	0	114,830	66.00
67.00	06700	75,008	0	2,318	0	29,347	67.00
68.00	06800	25,003	0	792	0	10,159	68.00
69.00	06900	262,528	0	18,647	0	221,938	69.00
70.00	07000	56,256	0	7,730	0	33,833	70.00
71.00	07100	0	0	1,032,918	0	339,100	71.00
72.00	07200	0	0	1,531,878	0	313,931	72.00
73.00	07300	0	0	0	14,102,127	2,587,319	73.00
74.00	07400	0	0	3,820	0	17,090	74.00
76.00	03330	18,752	0	0	0	19,671	76.00
76.01	03550	300,033	0	23,920	0	44,819	76.01
76.03	03951	0	0	24,476	0	3,373	76.03
76.04	03952	56,256	0	22,904	0	52,161	76.04
76.05	03480	687,575	0	24,209	0	843,439	76.05
76.06	03953	25,003	0	54,805	0	215,011	76.06
76.07	03954	0	0	472	0	15,758	76.07
76.97	07697	75,008	0	2,673	0	17,199	76.97
76.98	07698	18,752	0	1,699	0	21,205	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	162,518	0	12,025	0	22,008	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	3,010	0	13,318	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	181,270	0	5,214	0	26,650	90.07
90.08	09004	0	0	0	0	12	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	843,841	2,273,013	113,843	0	1,011,776	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,388,517	12,745,711	3,865,201	14,102,127	10,086,701	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	25,003	0	122	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	536	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	45	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	16	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	10,646	0	0	194.05
194.07	07957 LIFE CHECK	6,251	0	177	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	4,214	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	9,419,771	12,745,711	3,880,957	14,102,127	10,086,701	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00		18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	7,881,338					17.00
18.00 01850 OTHER GENERAL SERVICE	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		8,337,875		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			13,678,179	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0				23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0				23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,151,106	0	0	2,500,505	4,102,046	30.00
31.00 03100 INTENSIVE CARE UNIT	672,051	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	657,448	0	0	0	0	32.00
43.00 04300 NURSERY	400,733	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	75,058	123,132	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,578	14,072	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	57,902	94,987	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	171,561	281,444	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	17,156	28,144	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
91.00 09100 EMERGENCY	0	0	0	396,735	650,839	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,881,338	0	0	3,227,495	5,294,664
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	17,156	28,144	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	551,140	904,139	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	0	4,542,084	7,451,232	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,881,338	0	0	8,337,875	13,678,179

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
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	EMS TRAINING-ALLIED HEALTH	1,341,227					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		0				23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH			890,802			23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH				123,891		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	125,789,478	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	20,044,349	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	12,602,980	32.00
43.00	04300	NURSERY	0	0	0	0	9,293,947	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	33,935,804	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,039,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,877,853	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	14,196,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,287,978	55.00
57.00	05700	CT SCAN	0	0	0	0	5,720,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,619,639	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	10,580,714	59.00
60.00	06000	LABORATORY	0	0	0	0	15,025,799	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	878,817	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,465,358	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	12,182,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,951,468	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,008,540	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	7,779,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,272,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	19,621,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	28,911,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	890,802	123,891	106,704,144	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,504,330	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	907,144	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	19,079,442	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	3,307,344	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	4,446,860	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	53,918,227	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	10,602,260	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	1,925,367	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,480,797	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	1,438,396	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	6,284,403	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	1,738,025	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	7,852,026	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	29,417	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	1,341,227	0	0	0	44,076,024	91.00

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Cost Center Description		EMS TRAINING-ALLIED HEALTH 23.00	RADIOLOGY SCHOOL-ALLIED HEALTH 23.01	PHARMACY RESIDENCY-ALLIED HEALTH 23.02	PHARMACY RESIDENCY-BTH ALLIED HEALTH 23.03	Subtotal 24.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,341,227	0	890,802	123,891	619,382,662	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	1,273,195	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,584,960	192.00
194.00	07950 HOME OFFICE	0	0	0	0	2,688,159	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	63,152	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	1,544,050	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	18,655,766	194.05
194.07	07957 LI FE CHECK	0	0	0	0	824,801	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	2,447,854	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	1,341,227	0	890,802	123,891	649,464,599	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
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	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,602,551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
ALLIARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-198,190	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-22,650	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	76.03
76.04	03952	WOUND CARE CENTER	-152,889	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	76.05
76.06	03953	IMAGING CENTERS	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	90.02
90.03	09001	CLINIC	0	90.03
90.04	04953	SPINE CENTER	0	90.04
90.05	04954	INFUSION CENTERS	-453,005	90.05
90.06	09002	MEDCHECK CLINICS	0	90.06
90.07	09003	KNEE CENTER	-45,300	90.07
90.08	09004	PALLIATIVE CARE	0	90.08
90.10	09006	WORK SITE CLINICS	0	90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	-1,047,574	43,028,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,522,159	610,860,503	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-45,300	1,227,895	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,455,279	1,129,681	192.00
194.00	07950	HOME OFFICE	0	2,688,159	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	63,152	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	1,544,050	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	-11,993,316	6,662,450	194.05
194.07	07957	LIFECHECK	0	824,801	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	2,447,854	194.08
194.09	07959	SURGERY CENTER EAST	0	0	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-22,016,054	627,448,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	83,210	11,823	95,033	95,033 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	920,431	3,172,240	4,092,671	5,822 5.00
7.00 00700	OPERATION OF PLANT	0	2,163,278	331,470	2,494,748	1,508 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	2,783	39	2,822	0 8.00
9.00 00900	HOUSEKEEPING	0	218,166	5,927	224,093	1,660 9.00
10.00 01000	DIETARY	0	139,692	6,551	146,243	449 10.00
11.00 01100	CAFETERIA	0	462,506	21,198	483,704	1,048 11.00
13.00 01300	NURSING ADMINISTRATION	0	119,897	7,031	126,928	1,562 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	188,602	520,188	708,790	78 14.00
15.00 01500	PHARMACY	0	46,282	284,748	331,030	2,598 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	67,305	114	67,419	524 16.00
17.00 01700	SOCIAL SERVICE	0	8,022	379	8,401	1,515 17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,854 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	50,033	13,220	63,253	2,940 22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	118,963	16,072	135,035	24 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	7,763	0	7,763	103 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	27 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,666,723	193,678	2,860,401	17,435 30.00
31.00 03100	INTENSIVE CARE UNIT	0	404,278	39,422	443,700	3,050 31.00
32.00 03200	CORONARY CARE UNIT	0	308,188	8,072	316,260	1,760 32.00
43.00 04300	NURSERY	0	265,554	21,971	287,525	1,243 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	999,423	638,888	1,638,311	3,006 50.00
51.00 05100	RECOVERY ROOM	0	169,740	1,078	170,818	595 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	104,925	8,681	113,606	762 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	588,540	178,804	767,344	1,758 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	145,657	101,461	247,118	1,079 55.00
57.00 05700	CT SCAN	0	66,665	89,766	156,431	875 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	90,212	86,643	176,855	312 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	278,780	312,520	591,300	1,439 59.00
60.00 06000	LABORATORY	0	106,982	13,723	120,705	1 60.00
64.00 06400	INTRAVENOUS THERAPY	0	8,956	416	9,372	154 64.00
65.00 06500	RESPIRATORY THERAPY	0	46,921	74,130	121,051	1,985 65.00
66.00 06600	PHYSICAL THERAPY	0	59,110	345,522	404,632	2,049 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	15,058	7,093	22,151	524 67.00
68.00 06800	SPEECH PATHOLOGY	0	5,152	2,425	7,577	179 68.00
69.00 06900	ELECTROCARDIOLOGY	0	22,129	121,265	143,394	1,431 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70,201	70,201	365 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,838	313	4,151	0 74.00
76.00 03330	ENDOSCOPY	0	0	16,375	16,375	158 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	74,739	572,457	647,196	11,931 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	459,951	459,951	4,066 76.03
76.04 03952	WOUND CARE CENTER	0	139,277	3,137	142,414	295 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	350,113	1,404,043	1,754,156	4,978 76.05
76.06 03953	IMAGING CENTERS	0	1,954	509,072	511,026	1,346 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	45,089	0	45,089	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	130,305	52,153	182,458	339 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	50,517	1,125	51,642	107 76.98
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 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	67,962	57,901	125,863	1,023 90.02
90.03 09001	CLINIC	0	0	0	0	0 90.03
90.04 04953	SPINE CENTER	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	60,818	60,818	222 90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07 09003	KNEE CENTER	0	232,567	36,328	268,895	850 90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	6 90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	693,344	50,366	743,710	5,659	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	12,739,631	9,930,798	22,670,429	92,694
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	10,892	683	11,575	222	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	98,843	98,843	73	192.00
194.00 07950 HOME OFFICE	0	559,910	0	559,910	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	14	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	297	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	293,124	293,124	1,138	194.05
194.07 07957 LI FE CHECK	0	0	8,562	8,562	160	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	42,554	42,554	435	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	13,310,433	10,374,564	23,684,997	95,033

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2016
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,098,493					5.00
7.00	00700	OPERATION OF PLANT	172,601	2,668,857				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,187	732	10,741			8.00
9.00	00900	HOUSEKEEPING	65,672	57,401	0	348,826		9.00
10.00	01000	DIETARY	14,376	36,754	0	4,911	202,733	10.00
11.00	01100	CAFETERIA	48,394	121,690	0	16,259	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,228	31,546	25	4,215	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,854	49,623	19	6,630	0	14.00
15.00	01500	PHARMACY	85,811	12,177	0	1,627	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,500	17,709	0	2,366	0	16.00
17.00	01700	SOCIAL SERVICE	48,280	2,111	0	282	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	50,651	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	84,005	13,164	0	1,759	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	5,615	31,300	0	4,182	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	5,282	2,042	0	273	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	743	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	568,545	701,642	4,743	93,748	167,019	30.00
31.00	03100	INTENSIVE CARE UNIT	99,968	106,369	744	14,212	18,053	31.00
32.00	03200	CORONARY CARE UNIT	58,550	81,087	844	10,834	17,661	32.00
43.00	04300	NURSERY	44,593	69,870	414	9,336	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	172,117	262,958	383	35,135	0	50.00
51.00	05100	RECOVERY ROOM	20,470	44,660	0	5,967	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,191	27,607	163	3,689	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,350	154,851	207	20,690	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,779	38,324	88	5,121	0	55.00
57.00	05700	CT SCAN	31,342	17,540	425	2,344	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,439	23,736	108	3,171	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,015	73,350	171	9,800	0	59.00
60.00	06000	LABORATORY	86,800	28,148	0	3,761	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,120	2,356	0	315	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,282	12,345	0	1,650	0	65.00
66.00	06600	PHYSICAL THERAPY	73,950	15,552	0	2,078	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,607	3,962	0	529	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,019	1,356	0	181	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,428	5,822	0	778	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,714	0	37	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,271	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	170,956	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	562,148	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,278	1,010	0	135	0	74.00
76.00	03330	ENDOSCOPY	5,462	0	37	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	116,387	19,665	0	2,627	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	20,714	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	22,815	36,645	198	4,896	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	322,213	92,118	178	12,308	0	76.05
76.06	03953	IMAGING CENTERS	65,058	514	0	69	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	10,976	11,863	0	1,585	0	76.07
76.97	07697	CARDIAC REHABILITATION	11,942	34,284	0	4,581	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	7,609	13,292	0	1,776	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	36,802	17,881	28	2,389	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	8,013	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	42,380	61,191	0	8,176	0	90.07
90.08	09004	PALLIATIVE CARE	186	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	218,566	182,426	1,929	24,374	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,011,254	2,518,673	10,741	328,759	202,733
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	7,336	2,866	0	383	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,132	0	0	0	192.00
194.00	07950	HOME OFFICE	0	147,318	0	19,684	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	399	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	9,753	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	42,015	0	0	0	194.05
194.07	07957	LIFECHECK	5,169	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	15,435	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,098,493	2,668,857	10,741	348,826	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	671,095					11.00
13.00	01300	NURSING ADMINISTRATION	15,586	256,090				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,336	0	786,330			14.00
15.00	01500	PHARMACY	23,602	0	1,861	458,706		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,680	0	82	0	156,280	16.00
17.00	01700	SOCIAL SERVICE	14,696	0	161	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	22,711	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,914	0	1,407	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	1,781	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	445	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	177,238	134,640	27,856	0	11,128	30.00
31.00	03100	INTENSIVE CARE UNIT	29,391	22,328	4,020	0	2,106	31.00
32.00	03200	CORONARY CARE UNIT	20,485	15,562	3,438	0	1,412	32.00
43.00	04300	NURSERY	13,360	10,149	2,119	0	1,189	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,172	23,681	88,569	0	9,243	50.00
51.00	05100	RECOVERY ROOM	5,344	0	1,242	0	1,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,344	4,060	1,560	0	470	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,821	0	7,053	0	4,316	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,024	0	4,060	0	1,241	55.00
57.00	05700	CT SCAN	5,789	0	989	0	5,801	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,117	0	397	0	1,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,805	0	6,199	0	11,293	59.00
60.00	06000	LABORATORY	0	0	35,444	0	10,906	60.00
64.00	06400	INTRAVENOUS THERAPY	1,781	0	713	0	89	64.00
65.00	06500	RESPIRATORY THERAPY	20,930	0	8,872	0	2,158	65.00
66.00	06600	PHYSICAL THERAPY	8,906	0	2,075	0	1,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,344	0	470	0	456	67.00
68.00	06800	SPEECH PATHOLOGY	1,781	0	161	0	158	68.00
69.00	06900	ELECTROCARDIOLOGY	18,703	0	3,778	0	3,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,008	0	1,566	0	526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	209,275	0	5,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	310,393	0	4,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	458,706	39,757	73.00
74.00	07400	RENAL DIALYSIS	0	0	774	0	266	74.00
76.00	03330	ENDOSCOPY	1,336	0	0	0	306	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,375	0	4,846	0	696	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	4,959	0	52	76.03
76.04	03952	WOUND CARE CENTER	4,008	0	4,640	0	810	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	48,985	0	4,905	0	13,105	76.05
76.06	03953	IMAGING CENTERS	1,781	0	11,104	0	3,341	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	96	0	245	76.07
76.97	07697	CARDIAC REHABILITATION	5,344	0	542	0	267	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,336	0	344	0	329	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	11,578	0	2,436	0	342	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	610	0	207	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	12,914	0	1,056	0	414	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	60,118	45,670	23,065	0	15,721	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

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Part II
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	668,869	256,090	783,137	458,706	156,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	1,781	0	25	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	109	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	9	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	3	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	2,157	0	0	194.05
194.07	07957 LIFE CHECK	445	0	36	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	854	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	671,095	256,090	786,330	458,706	156,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00		18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	75,446					17.00
18.00 01850 OTHER GENERAL SERVICE	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		75,216		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			179,442	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0				23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0				23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	58,883	0				30.00
31.00 03100 INTENSIVE CARE UNIT	6,433	0				31.00
32.00 03200 CORONARY CARE UNIT	6,294	0				32.00
43.00 04300 NURSERY	3,836	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
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
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 PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 07400 RENAL DIALYSIS	0	0				74.00
76.00 03330 ENDOSCOPY	0	0				76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0				76.03
76.04 03952 WOUND CARE CENTER	0	0				76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0				76.05
76.06 03953 IMAGING CENTERS	0	0				76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0				76.07
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0				76.98
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 04950 DIABETIC CARE CENTER	0	0				90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0				90.02
90.03 09001 CLINIC	0	0				90.03
90.04 04953 SPINE CENTER	0	0				90.04
90.05 04954 INFUSION CENTERS	0	0				90.05
90.06 09002 MEDCHECK CLINICS	0	0				90.06
90.07 09003 KNEE CENTER	0	0				90.07
90.08 09004 PALLIATIVE CARE	0	0				90.08
90.10 09006 WORK SITE CLINICS	0	0				90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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To 12/31/2016

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
91.00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0				98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	75,446	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 HOME OFFICE	0	0				194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0				194.01
194.03 07953 SCHOOL BASED CLINICS	0	0				194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0				194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0				194.05
194.07 07957 LIFE CHECK	0	0				194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0				194.08
194.09 07959 SURGERY CENTER EAST	0	0				194.09
200.00 Cross Foot Adjustments				0	75,216	200.00
201.00 Negative Cost Centers	0	0		0	0	201.00
202.00 TOTAL (sum lines 118-201)	75,446	0	0	0	75,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
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	EMS TRAINING-ALLIED HEALTH	176,156					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		0				23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH			17,244			23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH				1,215		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					4,823,278	30.00
31.00	03100	INTENSIVE CARE UNIT					750,374	31.00
32.00	03200	CORONARY CARE UNIT					534,187	32.00
43.00	04300	NURSERY					443,634	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					2,264,575	50.00
51.00	05100	RECOVERY ROOM					250,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					183,452	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,049,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					349,834	55.00
57.00	05700	CT SCAN					221,536	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					222,561	58.00
59.00	05900	CARDIAC CATHETERIZATION					761,372	59.00
60.00	06000	LABORATORY					285,765	60.00
64.00	06400	INTRAVENOUS THERAPY					19,900	64.00
65.00	06500	RESPIRATORY THERAPY					237,273	65.00
66.00	06600	PHYSICAL THERAPY					511,026	66.00
67.00	06700	OCCUPATIONAL THERAPY					51,043	67.00
68.00	06800	SPEECH PATHOLOGY					17,412	68.00
69.00	06900	ELECTROCARDIOLOGY					222,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					90,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					329,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					486,227	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,060,611	73.00
74.00	07400	RENAL DIALYSIS					15,614	74.00
76.00	03330	ENDOSCOPY					23,674	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					824,723	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP					489,742	76.03
76.04	03952	WOUND CARE CENTER					216,721	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER					2,252,946	76.05
76.06	03953	IMAGING CENTERS					594,239	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER					69,854	76.07
76.97	07697	CARDIAC REHABILITATION					239,757	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY					76,435	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					0	90.00
90.01	04950	DIABETIC CARE CENTER					0	90.01
90.02	04951	HEALTHY HEARTS CENTER					198,342	90.02
90.03	09001	CLINIC					0	90.03
90.04	04953	SPI NE CENTER					0	90.04
90.05	04954	INFUSION CENTERS					69,870	90.05
90.06	09002	MEDCHECK CLINICS					0	90.06
90.07	09003	KNEE CENTER					395,876	90.07
90.08	09004	PALLIATIVE CARE					192	90.08
90.10	09006	WORK SITE CLINICS					0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE					0	90.12
91.00	09100	EMERGENCY					1,321,238	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		EMS TRAINING-ALLIED HEALTH 23.00	RADIOLOGY SCHOOL-ALLIED HEALTH 23.01	PHARMACY RESIDENCY-ALLIED HEALTH 23.02	PHARMACY RESIDENCY-BTH ALLIED HEALTH 23.03	Subtotal	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	21,955,908	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00	19100 RESEARCH					24,188	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					106,157	192.00
194.00	07950 HOME OFFICE					726,912	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS					0	194.01
194.03	07953 SCHOOL BASED CLINICS					422	194.03
194.04	07954 SMO-NON PROVIDER BASED					10,053	194.04
194.05	07955 FAMILY PRACTICE MEDICINE					338,434	194.05
194.07	07957 LI FE CHECK					14,372	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS					59,278	194.08
194.09	07959 SURGERY CENTER EAST					0	194.09
200.00	Cross Foot Adjustments	176,156	0	17,244	1,215	449,273	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	176,156	0	17,244	1,215	23,684,997	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 9:44 am
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
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	EMS TRAINING-ALLIED HEALTH				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH				23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH				23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,823,278		30.00
31.00	03100	INTENSIVE CARE UNIT	0	750,374		31.00
32.00	03200	CORONARY CARE UNIT	0	534,187		32.00
43.00	04300	NURSERY	0	443,634		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,264,575		50.00
51.00	05100	RECOVERY ROOM	0	250,221		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,452		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,049,390		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	349,834		55.00
57.00	05700	CT SCAN	0	221,536		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	222,561		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	761,372		59.00
60.00	06000	LABORATORY	0	285,765		60.00
64.00	06400	INTRAVENOUS THERAPY	0	19,900		64.00
65.00	06500	RESPIRATORY THERAPY	0	237,273		65.00
66.00	06600	PHYSICAL THERAPY	0	511,026		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	51,043		67.00
68.00	06800	SPEECH PATHOLOGY	0	17,412		68.00
69.00	06900	ELECTROCARDIOLOGY	0	222,782		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90,417		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	329,815		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	486,227		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,060,611		73.00
74.00	07400	RENAL DIALYSIS	0	15,614		74.00
76.00	03330	ENDOSCOPY	0	23,674		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	824,723		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	489,742		76.03
76.04	03952	WOUND CARE CENTER	0	216,721		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	2,252,946		76.05
76.06	03953	IMAGING CENTERS	0	594,239		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	69,854		76.07
76.97	07697	CARDIAC REHABILITATION	0	239,757		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76,435		76.98
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	04950	DIABETIC CARE CENTER	0	0		90.01
90.02	04951	HEALTHY HEARTS CENTER	0	198,342		90.02
90.03	09001	CLINIC	0	0		90.03
90.04	04953	SPINE CENTER	0	0		90.04
90.05	04954	INFUSION CENTERS	0	69,870		90.05
90.06	09002	MEDCHECK CLINICS	0	0		90.06
90.07	09003	KNEE CENTER	0	395,876		90.07
90.08	09004	PALLIATIVE CARE	0	192		90.08
90.10	09006	WORK SITE CLINICS	0	0		90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	1,321,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	21,955,908	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	24,188	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	106,157	192.00
194.00	07950 HOME OFFICE	0	726,912	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	422	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	10,053	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	338,434	194.05
194.07	07957 LI FECHHECK	0	14,372	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	59,278	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	Cross Foot Adjustments	0	449,273	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	23,684,997	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	769,894				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		26,540,617			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,813	30,246	159,131,147		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	53,239	8,115,348	9,752,429	-127,048,833	5.00
7.00 00700	OPERATION OF PLANT	125,127	847,980	2,525,914	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	161	100	0	0	8.00
9.00 00900	HOUSEKEEPING	12,619	15,163	2,780,261	0	9.00
10.00 01000	DIETARY	8,080	16,759	751,569	0	10.00
11.00 01100	CAFETERIA	26,752	54,230	1,754,744	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,935	17,986	2,616,934	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,909	1,330,766	130,042	0	14.00
15.00 01500	PHARMACY	2,677	728,454	4,351,436	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,893	292	877,329	0	16.00
17.00 01700	SOCIAL SERVICE	464	969	2,537,335	0	17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,105,665	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,894	33,819	4,924,840	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	6,881	41,117	40,297	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	0	172,790	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	44,419	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	154,247	495,475	29,153,389	0	30.00
31.00 03100	INTENSIVE CARE UNIT	23,384	100,851	5,108,565	0	31.00
32.00 03200	CORONARY CARE UNIT	17,826	20,651	2,948,423	0	32.00
43.00 04300	NURSERY	15,360	56,208	2,082,582	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	57,808	1,634,429	5,034,392	0	50.00
51.00 05100	RECOVERY ROOM	9,818	2,759	996,972	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,069	22,208	1,276,676	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,042	457,423	2,944,748	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	8,425	259,561	1,806,663	0	55.00
57.00 05700	CT SCAN	3,856	229,643	1,466,066	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,218	221,654	523,181	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,125	799,501	2,410,724	0	59.00
60.00 06000	LABORATORY	6,188	35,107	1,189	0	60.00
64.00 06400	INTRAVENOUS THERAPY	518	1,064	257,419	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,714	189,643	3,324,924	0	65.00
66.00 06600	PHYSICAL THERAPY	3,419	883,927	3,431,535	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	871	18,145	878,225	0	67.00
68.00 06800	SPEECH PATHOLOGY	298	6,203	300,244	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,280	310,226	2,397,187	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	179,590	611,609	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	222	801	0	0	74.00
76.00 03330	ENDOSCOPY	0	41,891	264,476	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,323	1,464,481	19,984,208	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	1,176,665	6,810,564	0	76.03
76.04 03952	WOUND CARE CENTER	8,056	8,024	493,461	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	20,251	3,591,877	8,337,827	0	76.05
76.06 03953	IMAGING CENTERS	113	1,302,328	2,255,011	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,608	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	7,537	133,420	568,611	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,922	2,879	179,330	0	76.98
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 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	3,931	148,124	1,713,080	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	155,588	372,659	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	13,452	92,936	1,423,682	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
90.08 09004 PALLIATIVE CARE	0	0	10,747	0	23,648	90.08	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	40,104	128,848	9,479,474	0	27,828,618	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	736,878	25,405,359	155,213,847	-127,048,833	510,748,528	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	630	1,748	372,515	0	933,986	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	252,864	122,162	0	908,070	192.00	
194.00 07950 HOME OFFICE	32,386	0	0	-559,910	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.03 07953 SCHOOL BASED CLINICS	0	0	22,713	0	50,751	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	497,886	0	1,241,728	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	749,880	1,905,579	0	5,349,449	194.05	
194.07 07957 LIFE CHECK	0	21,904	267,178	0	658,144	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	108,862	729,267	0	1,965,200	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
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)	13,310,433	10,374,564	8,633,435	127,048,833	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	17.288657	0.390894	0.054254	0.243456	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			95,033	4,098,493	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000597	0.007854	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	586,715				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	161	232,833			8.00
9.00	00900	HOUSEKEEPING	12,619	0	573,935		9.00
10.00	01000	DIETARY	8,080	0	8,080	71,319	10.00
11.00	01100	CAFETERIA	26,752	0	26,752	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,935	550	6,935	0	35 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,909	419	10,909	0	3 14.00
15.00	01500	PHARMACY	2,677	0	2,677	0	53 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,893	0	3,893	0	15 16.00
17.00	01700	SOCIAL SERVICE	464	0	464	0	33 17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0 18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	51 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,894	0	2,894	0	29 22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	6,881	0	6,881	0	0 23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	0	449	0	4 23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	1 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,247	102,783	154,247	58,755	398 30.00
31.00	03100	INTENSIVE CARE UNIT	23,384	16,138	23,384	6,351	66 31.00
32.00	03200	CORONARY CARE UNIT	17,826	18,290	17,826	6,213	46 32.00
43.00	04300	NURSERY	15,360	8,964	15,360	0	30 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,808	8,301	57,808	0	70 50.00
51.00	05100	RECOVERY ROOM	9,818	0	9,818	0	12 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,069	3,542	6,069	0	12 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,042	4,488	34,042	0	49 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,425	1,917	8,425	0	27 55.00
57.00	05700	CT SCAN	3,856	9,223	3,856	0	13 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,218	2,338	5,218	0	7 58.00
59.00	05900	CARDIAC CATHETERIZATION	16,125	3,712	16,125	0	31 59.00
60.00	06000	LABORATORY	6,188	0	6,188	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	518	0	518	0	4 64.00
65.00	06500	RESPIRATORY THERAPY	2,714	0	2,714	0	47 65.00
66.00	06600	PHYSICAL THERAPY	3,419	0	3,419	0	20 66.00
67.00	06700	OCCUPATIONAL THERAPY	871	0	871	0	12 67.00
68.00	06800	SPEECH PATHOLOGY	298	0	298	0	4 68.00
69.00	06900	ELECTROCARDIOLOGY	1,280	0	1,280	0	42 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	796	0	0	9 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	222	0	222	0	0 74.00
76.00	03330	ENDOSCOPY	0	812	0	0	3 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,323	0	4,323	0	48 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04	03952	WOUND CARE CENTER	8,056	4,288	8,056	0	9 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	20,251	3,859	20,251	0	110 76.05
76.06	03953	IMAGING CENTERS	113	0	113	0	4 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	2,608	0	2,608	0	0 76.07
76.97	07697	CARDIAC REHABILITATION	7,537	0	7,537	0	12 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,922	0	2,922	0	3 76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	3,931	606	3,931	0	26 90.02
90.03	09001	CLINIC	0	0	0	0	0 90.03
90.04	04953	SPINE CENTER	0	0	0	0	0 90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07	09003	KNEE CENTER	13,452	0	13,452	0	29 90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0 90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0 90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
91.00	09100 EMERGENCY	40,104	41,807	40,104	0	135	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	553,699	232,833	540,919	71,319	1,502	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	630	0	630	0	4	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	32,386	0	32,386	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	1	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	27,326,428	1,145,316	10,984,985	2,807,075	9,419,771	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	46.575301	4.919045	19.139772	39.359427	6,250.677505	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,668,857	10,741	348,826	202,733	671,095	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.548813	0.046132	0.607780	2.842623	445.318514	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	757					13.00
14.00	01400	0	55,144,759				14.00
15.00	01500	0	130,543	100			15.00
16.00	01600	0	5,755	0	2,009,466,270		16.00
17.00	01700	0	11,288	0	0	74,480	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	98,701	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	398	1,953,596	0	142,670,607	58,129	30.00
31.00	03100	66	281,957	0	27,002,214	6,351	31.00
32.00	03200	46	241,136	0	18,097,552	6,213	32.00
43.00	04300	30	148,638	0	15,246,926	3,787	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	70	6,211,416	0	118,504,662	0	50.00
51.00	05100	0	87,089	0	14,423,151	0	51.00
52.00	05200	12	109,388	0	6,024,113	0	52.00
54.00	05400	0	494,649	0	55,329,075	0	54.00
55.00	05500	0	284,744	0	15,913,064	0	55.00
57.00	05700	0	69,382	0	74,371,428	0	57.00
58.00	05800	0	27,861	0	18,287,040	0	58.00
59.00	05900	0	434,708	0	144,777,235	0	59.00
60.00	06000	0	2,485,700	0	139,819,705	0	60.00
64.00	06400	0	49,978	0	1,140,033	0	64.00
65.00	06500	0	622,185	0	27,666,636	0	65.00
66.00	06600	0	145,511	0	22,874,521	0	66.00
67.00	06700	0	32,933	0	5,845,992	0	67.00
68.00	06800	0	11,259	0	2,023,647	0	68.00
69.00	06900	0	264,955	0	44,210,749	0	69.00
70.00	07000	0	109,841	0	6,739,665	0	70.00
71.00	07100	0	14,676,712	0	67,549,837	0	71.00
72.00	07200	0	21,766,741	0	62,536,131	0	72.00
73.00	07300	0	0	100	515,566,001	0	73.00
74.00	07400	0	54,284	0	3,404,295	0	74.00
76.00	03330	0	0	0	3,918,508	0	76.00
76.01	03550	0	339,877	0	8,928,068	0	76.01
76.03	03951	0	347,785	0	671,860	0	76.03
76.04	03952	0	325,439	0	10,390,538	0	76.04
76.05	03480	0	343,988	0	168,015,700	0	76.05
76.06	03953	0	778,721	0	42,830,929	0	76.06
76.07	03954	0	6,703	0	3,138,947	0	76.07
76.97	07697	0	37,980	0	3,426,162	0	76.97
76.98	07698	0	24,139	0	4,224,156	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	170,856	0	4,383,991	0	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	42,774	0	2,652,971	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	0	74,087	0	5,308,680	0	90.07
90.08	09004	0	0	0	2,407	0	90.08
90.10	09006	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	135	1,617,587	0	201,549,074	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	757	54,920,886	100	2,009,466,270	74,480	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	1,733	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,622	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	634	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	222	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	151,262	0	0	0	194.05
194.07	07957	LIFECHECK	0	2,517	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	59,883	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	12,745,711	3,880,957	14,102,127	10,086,701	7,881,338	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16,837.134742	0.070378	141,021.270000	0.005020	105.818179	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	256,090	786,330	458,706	156,280	75,446	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	338.295905	0.014259	4,587.060000	0.000078	1.012970	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	(TIME SPENT)		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	18.00		19.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		3,888		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			3,888	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0				100 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	1,166	1,166	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
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	35	35	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	4	4	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
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 PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	0	0	27	27	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0 76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
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 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0 90.02
90.03 09001	CLINIC	0	0	0	0	0 90.03
90.04 04953	SPI NE CENTER	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	80	80	0 90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07 09003	KNEE CENTER	0	0	8	8	0 90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)		
	(TIME SPENT)		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	18.00		19.00	21.00			22.00
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	185	185	100	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	1,505	1,505	100	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	8	8	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	257	257	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	2,118	2,118	0	194.05	
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	8,337,875	13,678,179	1,341,227	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,144.515175	3,518.050154	13,412.270000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	75,216	179,442	176,156	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	19.345679	46.152778	1,761.560000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
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Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301	0			23.01
23.02	02302		100		23.02
23.03	02303			100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	0	0	0	54.00
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
64.00	06400	0	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	100	73.00
74.00	07400	0	0	0	74.00
76.00	03330	0	0	0	76.00
76.01	03550	0	0	0	76.01
76.03	03951	0	0	0	76.03
76.04	03952	0	0	0	76.04
76.05	03480	0	0	0	76.05
76.06	03953	0	0	0	76.06
76.07	03954	0	0	0	76.07
76.97	07697	0	0	0	76.97
76.98	07698	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	04950	0	0	0	90.01
90.02	04951	0	0	0	90.02
90.03	09001	0	0	0	90.03
90.04	04953	0	0	0	90.04
90.05	04954	0	0	0	90.05
90.06	09002	0	0	0	90.06
90.07	09003	0	0	0	90.07
90.08	09004	0	0	0	90.08
90.10	09006	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
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Cost Center Description			RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLI ED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
			23.01	23.02	23.03	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	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	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	194.09
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	890,802	123,891	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	8,908.020000	1,238.910000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	17,244	1,215	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	172.440000	12.150000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 9:44 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		119,186,927	0	119,186,927
31.00	03100 INTENSIVE CARE UNIT		20,044,349	0	20,044,349
32.00	03200 CORONARY CARE UNIT		12,602,980	0	12,602,980
43.00	04300 NURSERY		9,293,947	0	9,293,947
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		33,737,614	0	33,737,614
51.00	05100 RECOVERY ROOM		4,039,615	0	4,039,615
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,877,853	0	4,877,853
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,174,275	0	14,174,275
55.00	05500 RADIOLOGY-THERAPEUTIC		7,287,978	0	7,287,978
57.00	05700 CT SCAN		5,720,411	0	5,720,411
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,619,639	0	2,619,639
59.00	05900 CARDIAC CATHETERIZATION		10,580,714	0	10,580,714
60.00	06000 LABORATORY		15,025,799	0	15,025,799
64.00	06400 INTRAVENOUS THERAPY		878,817	0	878,817
65.00	06500 RESPIRATORY THERAPY	0	11,465,358	0	11,465,358
66.00	06600 PHYSICAL THERAPY	0	12,182,654	0	12,182,654
67.00	06700 OCCUPATIONAL THERAPY	0	2,951,468	0	2,951,468
68.00	06800 SPEECH PATHOLOGY	0	1,008,540	0	1,008,540
69.00	06900 ELECTROCARDIOLOGY		7,779,474	0	7,779,474
70.00	07000 ELECTROENCEPHALOGRAPHY		2,272,999	0	2,272,999
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,621,859	0	19,621,859
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,911,795	0	28,911,795
73.00	07300 DRUGS CHARGED TO PATIENTS		106,704,144	0	106,704,144
74.00	07400 RENAL DIALYSIS		1,504,330	0	1,504,330
76.00	03330 ENDOSCOPY		907,144	0	907,144
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		19,079,442	0	19,079,442
76.03	03951 LUTHERWOOD PARTNERSHIP		3,307,344	0	3,307,344
76.04	03952 WOUND CARE CENTER		4,293,971	0	4,293,971
76.05	03480 ONCOLOGY-CANCER CARE CENTER		53,918,227	0	53,918,227
76.06	03953 IMAGING CENTERS		10,602,260	0	10,602,260
76.07	03954 BREAST DIAGNOSTIC CENTER		1,925,367	0	1,925,367
76.97	07697 CARDIAC REHABILITATION		2,480,797	0	2,480,797
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,438,396	0	1,438,396
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	04950 DIABETIC CARE CENTER	0	0	0	0
90.02	04951 HEALTHY HEARTS CENTER	6,284,403	6,284,403	0	6,284,403
90.03	09001 CLINIC	0	0	0	0
90.04	04953 SPIRE CENTER	0	0	0	0
90.05	04954 INFUSION CENTERS	1,285,020	1,285,020	0	1,285,020
90.06	09002 MEDCHECK CLINICS	0	0	0	0
90.07	09003 KNEE CENTER	7,806,726	7,806,726	0	7,806,726
90.08	09004 PALLIATIVE CARE	29,417	29,417	0	29,417
90.10	09006 WORK SITE CLINICS	0	0	0	0
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0
91.00	09100 EMERGENCY	43,028,450	43,028,450	0	43,028,450
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,565,234	10,565,234	0	10,565,234
OTHER REIMBURSABLE COST CENTERS					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0
200.00	Subtotal (see instructions)	621,425,737	621,425,737	0	621,425,737
201.00	Less Observation Beds	10,565,234	10,565,234	0	10,565,234
202.00	Total (see instructions)	610,860,503	610,860,503	0	610,860,503

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0074

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 9:44 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	134,645,285		134,645,285			30.00
31.00	03100 INTENSIVE CARE UNIT	27,002,214		27,002,214			31.00
32.00	03200 CORONARY CARE UNIT	18,097,552		18,097,552			32.00
43.00	04300 NURSERY	15,246,926		15,246,926			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	88,514,164	29,990,498	118,504,662	0.284694	0.000000	50.00
51.00	05100 RECOVERY ROOM	7,042,235	7,380,916	14,423,151	0.280079	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,024,113	0	6,024,113	0.809721	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,963,601	44,365,474	55,329,075	0.256181	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,083,387	10,829,677	15,913,064	0.457987	0.000000	55.00
57.00	05700 CT SCAN	18,118,462	56,252,966	74,371,428	0.076917	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,913,128	14,373,912	18,287,040	0.143251	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	59,972,438	84,804,797	144,777,235	0.073083	0.000000	59.00
60.00	06000 LABORATORY	65,822,276	73,997,429	139,819,705	0.107466	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	1,107,757	32,276	1,140,033	0.770870	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	25,384,815	2,281,821	27,666,636	0.414411	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	4,045,729	18,828,792	22,874,521	0.532586	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,803,584	3,042,408	5,845,992	0.504870	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	654,417	1,369,230	2,023,647	0.498377	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	10,561,849	33,648,900	44,210,749	0.175963	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,080,140	5,659,525	6,739,665	0.337257	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	38,707,635	28,842,202	67,549,837	0.290480	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40,956,447	21,579,684	62,536,131	0.462321	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	70,533,180	445,032,821	515,566,001	0.206965	0.000000	73.00
74.00	07400 RENAL DIALYSIS	3,404,295	0	3,404,295	0.441892	0.000000	74.00
76.00	03330 ENDOSCOPY	1,776,157	2,142,351	3,918,508	0.231502	0.000000	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	8,928,068	8,928,068	2.137018	0.000000	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	671,860	671,860	4.922668	0.000000	76.03
76.04	03952 WOUND CARE CENTER	70,580	10,319,958	10,390,538	0.413258	0.000000	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	1,542,737	166,472,963	168,015,700	0.320912	0.000000	76.05
76.06	03953 IMAGING CENTERS	140,334	42,690,595	42,830,929	0.247537	0.000000	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	13,748	3,125,199	3,138,947	0.613380	0.000000	76.07
76.97	07697 CARDIAC REHABILITATION	3,073	3,423,089	3,426,162	0.724075	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	4,224,156	4,224,156	0.340517	0.000000	76.98
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	0.000000	0.000000	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02	04951 HEALTHY HEARTS CENTER	21,300	4,362,691	4,383,991	1.433489	0.000000	90.02
90.03	09001 CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	04953 SPINE CENTER	0	0	0	0.000000	0.000000	90.04
90.05	04954 INFUSION CENTERS	0	2,652,971	2,652,971	0.484370	0.000000	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0.000000	0.000000	90.06
90.07	09003 KNEE CENTER	1,082	5,307,598	5,308,680	1.470559	0.000000	90.07
90.08	09004 PALLIATIVE CARE	83	2,324	2,407	12.221437	0.000000	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0.000000	0.000000	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000	90.12
91.00	09100 EMERGENCY	33,837,019	167,712,055	201,549,074	0.213489	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,474,598	6,550,724	8,025,322	1.316487	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00	Subtotal (see instructions)	698,566,340	1,310,899,930	2,009,466,270			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	698,566,340	1,310,899,930	2,009,466,270			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 9:44 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284694		50.00
51.00	05100	RECOVERY ROOM	0.280079		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.809721		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.256181		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.457987		55.00
57.00	05700	CT SCAN	0.076917		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.143251		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073083		59.00
60.00	06000	LABORATORY	0.107466		60.00
64.00	06400	INTRAVENOUS THERAPY	0.770870		64.00
65.00	06500	RESPIRATORY THERAPY	0.414411		65.00
66.00	06600	PHYSICAL THERAPY	0.532586		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.504870		67.00
68.00	06800	SPEECH PATHOLOGY	0.498377		68.00
69.00	06900	ELECTROCARDIOLOGY	0.175963		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.337257		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462321		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206965		73.00
74.00	07400	RENAL DIALYSIS	0.441892		74.00
76.00	03330	ENDOSCOPY	0.231502		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.922668		76.03
76.04	03952	WOUND CARE CENTER	0.413258		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.320912		76.05
76.06	03953	IMAGING CENTERS	0.247537		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.613380		76.07
76.97	07697	CARDIAC REHABILITATION	0.724075		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.340517		76.98
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	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	1.433489		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPI NE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.484370		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.470559		90.07
90.08	09004	PALLIATIVE CARE	12.221437		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.213489		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.316487		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 9:44 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		119,186,927	0	119,186,927	30.00
31.00	03100 INTENSIVE CARE UNIT		20,044,349	0	20,044,349	31.00
32.00	03200 CORONARY CARE UNIT		12,602,980	0	12,602,980	32.00
43.00	04300 NURSERY		9,293,947	0	9,293,947	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,737,614	0	33,737,614	50.00
51.00	05100 RECOVERY ROOM		4,039,615	0	4,039,615	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,877,853	0	4,877,853	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,174,275	0	14,174,275	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,287,978	0	7,287,978	55.00
57.00	05700 CT SCAN		5,720,411	0	5,720,411	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,619,639	0	2,619,639	58.00
59.00	05900 CARDIAC CATHETERIZATION		10,580,714	0	10,580,714	59.00
60.00	06000 LABORATORY		15,025,799	0	15,025,799	60.00
64.00	06400 INTRAVENOUS THERAPY		878,817	0	878,817	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,465,358	0	11,465,358	65.00
66.00	06600 PHYSICAL THERAPY	0	12,182,654	0	12,182,654	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,951,468	0	2,951,468	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,008,540	0	1,008,540	68.00
69.00	06900 ELECTROCARDIOLOGY		7,779,474	0	7,779,474	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,272,999	0	2,272,999	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,621,859	0	19,621,859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,911,795	0	28,911,795	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		106,704,144	0	106,704,144	73.00
74.00	07400 RENAL DIALYSIS		1,504,330	0	1,504,330	74.00
76.00	03330 ENDOSCOPY		907,144	0	907,144	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		19,079,442	0	19,079,442	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP		3,307,344	0	3,307,344	76.03
76.04	03952 WOUND CARE CENTER		4,293,971	0	4,293,971	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER		53,918,227	0	53,918,227	76.05
76.06	03953 IMAGING CENTERS		10,602,260	0	10,602,260	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER		1,925,367	0	1,925,367	76.07
76.97	07697 CARDIAC REHABILITATION		2,480,797	0	2,480,797	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,438,396	0	1,438,396	76.98
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	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	6,284,403	6,284,403	0	6,284,403	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	1,285,020	1,285,020	0	1,285,020	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	7,806,726	7,806,726	0	7,806,726	90.07
90.08	09004 PALLIATIVE CARE	29,417	29,417	0	29,417	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	43,028,450	43,028,450	0	43,028,450	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,565,234	10,565,234	0	10,565,234	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	621,425,737	621,425,737	0	621,425,737	200.00
201.00	Less Observation Beds	10,565,234	10,565,234	0	10,565,234	201.00
202.00	Total (see instructions)	610,860,503	610,860,503	0	610,860,503	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0074

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 9:44 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	134,645,285		134,645,285		30.00
31.00	03100	INTENSIVE CARE UNIT	27,002,214		27,002,214		31.00
32.00	03200	CORONARY CARE UNIT	18,097,552		18,097,552		32.00
43.00	04300	NURSERY	15,246,926		15,246,926		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,514,164	29,990,498	118,504,662	0.284694	50.00
51.00	05100	RECOVERY ROOM	7,042,235	7,380,916	14,423,151	0.280079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,024,113	0	6,024,113	0.809721	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,963,601	44,365,474	55,329,075	0.256181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,083,387	10,829,677	15,913,064	0.457987	55.00
57.00	05700	CT SCAN	18,118,462	56,252,966	74,371,428	0.076917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,913,128	14,373,912	18,287,040	0.143251	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,972,438	84,804,797	144,777,235	0.073083	59.00
60.00	06000	LABORATORY	65,822,276	73,997,429	139,819,705	0.107466	60.00
64.00	06400	INTRAVENOUS THERAPY	1,107,757	32,276	1,140,033	0.770870	64.00
65.00	06500	RESPIRATORY THERAPY	25,384,815	2,281,821	27,666,636	0.414411	65.00
66.00	06600	PHYSICAL THERAPY	4,045,729	18,828,792	22,874,521	0.532586	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,803,584	3,042,408	5,845,992	0.504870	67.00
68.00	06800	SPEECH PATHOLOGY	654,417	1,369,230	2,023,647	0.498377	68.00
69.00	06900	ELECTROCARDIOLOGY	10,561,849	33,648,900	44,210,749	0.175963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080,140	5,659,525	6,739,665	0.337250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,707,635	28,842,202	67,549,837	0.290480	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,956,447	21,579,684	62,536,131	0.462321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,533,180	445,032,821	515,566,001	0.206965	73.00
74.00	07400	RENAL DIALYSIS	3,404,295	0	3,404,295	0.441892	74.00
76.00	03330	ENDOSCOPY	1,776,157	2,142,351	3,918,508	0.231502	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	8,928,068	8,928,068	2.137018	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	671,860	671,860	4.922668	76.03
76.04	03952	WOUND CARE CENTER	70,580	10,319,958	10,390,538	0.413258	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,542,737	166,472,963	168,015,700	0.320912	76.05
76.06	03953	IMAGING CENTERS	140,334	42,690,595	42,830,929	0.247537	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	13,748	3,125,199	3,138,947	0.613380	76.07
76.97	07697	CARDIAC REHABILITATION	3,073	3,423,089	3,426,162	0.724075	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,224,156	4,224,156	0.340517	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	21,300	4,362,691	4,383,991	1.433489	90.02
90.03	09001	CLINIC	0	0	0	0.000000	90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	2,652,971	2,652,971	0.484370	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	90.06
90.07	09003	KNEE CENTER	1,082	5,307,598	5,308,680	1.470559	90.07
90.08	09004	PALLIATIVE CARE	83	2,324	2,407	12.221437	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	33,837,019	167,712,055	201,549,074	0.213489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,474,598	6,550,724	8,025,322	1.316487	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
200.00		Subtotal (see instructions)	698,566,340	1,310,899,930	2,009,466,270		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	698,566,340	1,310,899,930	2,009,466,270		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 9:44 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284694		50.00
51.00	05100	RECOVERY ROOM	0.280079		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.809721		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.256181		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.457987		55.00
57.00	05700	CT SCAN	0.076917		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.143251		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073083		59.00
60.00	06000	LABORATORY	0.107466		60.00
64.00	06400	INTRAVENOUS THERAPY	0.770870		64.00
65.00	06500	RESPIRATORY THERAPY	0.414411		65.00
66.00	06600	PHYSICAL THERAPY	0.532586		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.504870		67.00
68.00	06800	SPEECH PATHOLOGY	0.498377		68.00
69.00	06900	ELECTROCARDIOLOGY	0.175963		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.337257		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462321		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206965		73.00
74.00	07400	RENAL DIALYSIS	0.441892		74.00
76.00	03330	ENDOSCOPY	0.231502		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.922668		76.03
76.04	03952	WOUND CARE CENTER	0.413258		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.320912		76.05
76.06	03953	IMAGING CENTERS	0.247537		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.613380		76.07
76.97	07697	CARDIAC REHABILITATION	0.724075		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.340517		76.98
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	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	1.433489		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.484370		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.470559		90.07
90.08	09004	PALLIATIVE CARE	12.221437		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.213489		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.316487		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0074

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

Worksheet C Part II Date/Time Prepared: 2/27/2017 9:44 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,737,614	2,264,575	31,473,039	0	0	50.00
51.00	05100	RECOVERY ROOM	4,039,615	250,221	3,789,394	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,877,853	183,452	4,694,401	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,174,275	1,049,390	13,124,885	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,287,978	349,834	6,938,144	0	0	55.00
57.00	05700	CT SCAN	5,720,411	221,536	5,498,875	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,619,639	222,561	2,397,078	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,580,714	761,372	9,819,342	0	0	59.00
60.00	06000	LABORATORY	15,025,799	285,765	14,740,034	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	878,817	19,900	858,917	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,465,358	237,273	11,228,085	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,182,654	511,026	11,671,628	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,951,468	51,043	2,900,425	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,008,540	17,412	991,128	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,779,474	222,782	7,556,692	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,272,999	90,417	2,182,582	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,621,859	329,815	19,292,044	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,911,795	486,227	28,425,568	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,704,144	1,060,611	105,643,533	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,504,330	15,614	1,488,716	0	0	74.00
76.00	03330	ENDOSCOPY	907,144	23,674	883,470	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,079,442	824,723	18,254,719	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	3,307,344	489,742	2,817,602	0	0	76.03
76.04	03952	WOUND CARE CENTER	4,293,971	216,721	4,077,250	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	53,918,227	2,252,946	51,665,281	0	0	76.05
76.06	03953	IMAGING CENTERS	10,602,260	594,239	10,008,021	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	1,925,367	69,854	1,855,513	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	2,480,797	239,757	2,241,040	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,438,396	76,435	1,361,961	0	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	6,284,403	198,342	6,086,061	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	1,285,020	69,870	1,215,150	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	7,806,726	395,876	7,410,850	0	0	90.07
90.08	09004	PALLIATIVE CARE	29,417	192	29,225	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	43,028,450	1,321,238	41,707,212	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,565,234	427,554	10,137,680	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	460,297,534	15,831,989	444,465,545	0	0	200.00
201.00		Less Observation Beds	10,565,234	427,554	10,137,680	0	0	201.00
202.00		Total (line 200 minus line 201)	449,732,300	15,404,435	434,327,865	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	33,737,614	118,504,662	0.284694	50.00
51.00	05100 RECOVERY ROOM	4,039,615	14,423,151	0.280079	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,877,853	6,024,113	0.809721	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,174,275	55,329,075	0.256181	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,287,978	15,913,064	0.457987	55.00
57.00	05700 CT SCAN	5,720,411	74,371,428	0.076917	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,619,639	18,287,040	0.143251	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,580,714	144,777,235	0.073083	59.00
60.00	06000 LABORATORY	15,025,799	139,819,705	0.107466	60.00
64.00	06400 INTRAVENOUS THERAPY	878,817	1,140,033	0.770870	64.00
65.00	06500 RESPIRATORY THERAPY	11,465,358	27,666,636	0.414411	65.00
66.00	06600 PHYSICAL THERAPY	12,182,654	22,874,521	0.532586	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,951,468	5,845,992	0.504870	67.00
68.00	06800 SPEECH PATHOLOGY	1,008,540	2,023,647	0.498377	68.00
69.00	06900 ELECTROCARDIOLOGY	7,779,474	44,210,749	0.175963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,272,999	6,739,665	0.337257	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,621,859	67,549,837	0.290480	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,911,795	62,536,131	0.462321	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	106,704,144	515,566,001	0.206965	73.00
74.00	07400 RENAL DIALYSIS	1,504,330	3,404,295	0.441892	74.00
76.00	03330 ENDOSCOPY	907,144	3,918,508	0.231502	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,079,442	8,928,068	2.137018	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	3,307,344	671,860	4.922668	76.03
76.04	03952 WOUND CARE CENTER	4,293,971	10,390,538	0.413258	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	53,918,227	168,015,700	0.320912	76.05
76.06	03953 IMAGING CENTERS	10,602,260	42,830,929	0.247537	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	1,925,367	3,138,947	0.613380	76.07
76.97	07697 CARDIAC REHABILITATION	2,480,797	3,426,162	0.724075	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,438,396	4,224,156	0.340517	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	90.01
90.02	04951 HEALTHY HEARTS CENTER	6,284,403	4,383,991	1.433489	90.02
90.03	09001 CLINIC	0	0	0.000000	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	90.04
90.05	04954 INFUSION CENTERS	1,285,020	2,652,971	0.484370	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	90.06
90.07	09003 KNEE CENTER	7,806,726	5,308,680	1.470559	90.07
90.08	09004 PALLIATIVE CARE	29,417	2,407	12.221437	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	90.12
91.00	09100 EMERGENCY	43,028,450	201,549,074	0.213489	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,565,234	8,025,322	1.316487	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
200.00	Subtotal (sum of lines 50 thru 199)	460,297,534	1,814,474,293		200.00
201.00	Less Observation Beds	10,565,234	0		201.00
202.00	Total (line 200 minus line 201)	449,732,300	1,814,474,293		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,823,278	0	4,823,278	63,783	75.62	30.00
31.00	INTENSIVE CARE UNIT	750,374		750,374	6,351	118.15	31.00
32.00	CORONARY CARE UNIT	534,187		534,187	6,213	85.98	32.00
43.00	NURSERY	443,634		443,634	3,787	117.15	43.00
200.00	Total (Lines 30-199)	6,551,473		6,551,473	80,134		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,395	1,391,030				
31.00	INTENSIVE CARE UNIT	2,373	280,370				
32.00	CORONARY CARE UNIT	2,180	187,436				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	22,948	1,858,836				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,264,575	118,504,662	0.019110	34,861,222	666,198	50.00
51.00	05100 RECOVERY ROOM	250,221	14,423,151	0.017349	3,041,256	52,763	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,452	6,024,113	0.030453	51,991	1,583	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,049,390	55,329,075	0.018966	4,489,105	85,140	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	349,834	15,913,064	0.021984	2,807,910	61,729	55.00
57.00	05700 CT SCAN	221,536	74,371,428	0.002979	7,297,029	21,738	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	222,561	18,287,040	0.012170	1,631,304	19,853	58.00
59.00	05900 CARDIAC CATHETERIZATION	761,372	144,777,235	0.005259	22,858,806	120,214	59.00
60.00	06000 LABORATORY	285,765	139,819,705	0.002044	25,451,310	52,022	60.00
64.00	06400 INTRAVENOUS THERAPY	19,900	1,140,033	0.017456	431,028	7,524	64.00
65.00	06500 RESPIRATORY THERAPY	237,273	27,666,636	0.008576	9,557,317	81,964	65.00
66.00	06600 PHYSICAL THERAPY	511,026	22,874,521	0.022340	1,777,857	39,717	66.00
67.00	06700 OCCUPATIONAL THERAPY	51,043	5,845,992	0.008731	1,308,373	11,423	67.00
68.00	06800 SPEECH PATHOLOGY	17,412	2,023,647	0.008604	291,316	2,506	68.00
69.00	06900 ELECTROCARDIOLOGY	222,782	44,210,749	0.005039	4,748,993	23,930	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,417	6,739,665	0.013416	653,551	8,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	329,815	67,549,837	0.004883	15,270,549	74,566	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	486,227	62,536,131	0.007775	17,285,043	134,391	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,060,611	515,566,001	0.002057	25,931,104	53,340	73.00
74.00	07400 RENAL DIALYSIS	15,614	3,404,295	0.004587	1,963,608	9,007	74.00
76.00	03330 ENDOSCOPY	23,674	3,918,508	0.006042	138,314	836	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	824,723	8,928,068	0.092374	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	489,742	671,860	0.728935	0	0	76.03
76.04	03952 WOUND CARE CENTER	216,721	10,390,538	0.020858	14,241	297	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	2,252,946	168,015,700	0.013409	578,762	7,761	76.05
76.06	03953 IMAGING CENTERS	594,239	42,830,929	0.013874	17,127	238	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	69,854	3,138,947	0.022254	1,269	28	76.07
76.97	07697 CARDIAC REHABILITATION	239,757	3,426,162	0.069978	526	37	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	76,435	4,224,156	0.018095	0	0	76.98
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	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	198,342	4,383,991	0.045242	0	0	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	69,870	2,652,971	0.026337	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	395,876	5,308,680	0.074571	0	0	90.07
90.08	09004 PALLIATIVE CARE	192	2,407	0.079767	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	1,321,238	201,549,074	0.006555	14,452,719	94,738	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	427,554	8,025,322	0.053276	592,472	31,565	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,831,989	1,814,474,293		197,504,102	1,663,876	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
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
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,783	0.00	18,395	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,351	0.00	2,373	0		31.00
32.00	03200	CORONARY CARE UNIT	6,213	0.00	2,180	0		32.00
43.00	04300	NURSERY	3,787	0.00	0	0		43.00
200.00		Total (lines 30-199)	80,134		22,948	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,014,693	0	1,014,693
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	1,341,227	0	1,341,227
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	2,355,920	0	2,355,920

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	118,504,662	0.000000	0.000000	34,861,222	50.00
51.00	05100	RECOVERY ROOM	0	14,423,151	0.000000	0.000000	3,041,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,024,113	0.000000	0.000000	51,991	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,329,075	0.000000	0.000000	4,489,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,913,064	0.000000	0.000000	2,807,910	55.00
57.00	05700	CT SCAN	0	74,371,428	0.000000	0.000000	7,297,029	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,287,040	0.000000	0.000000	1,631,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	144,777,235	0.000000	0.000000	22,858,806	59.00
60.00	06000	LABORATORY	0	139,819,705	0.000000	0.000000	25,451,310	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,140,033	0.000000	0.000000	431,280	64.00
65.00	06500	RESPIRATORY THERAPY	0	27,666,636	0.000000	0.000000	9,557,317	65.00
66.00	06600	PHYSICAL THERAPY	0	22,874,521	0.000000	0.000000	1,777,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,845,992	0.000000	0.000000	1,308,373	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,023,647	0.000000	0.000000	291,316	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,210,749	0.000000	0.000000	4,748,993	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,739,665	0.000000	0.000000	653,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,549,837	0.000000	0.000000	15,270,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,536,131	0.000000	0.000000	17,285,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,014,693	515,566,001	0.001968	0.001968	25,931,104	73.00
74.00	07400	RENAL DIALYSIS	0	3,404,295	0.000000	0.000000	1,963,608	74.00
76.00	03330	ENDOSCOPY	0	3,918,508	0.000000	0.000000	138,314	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	8,928,068	0.000000	0.000000	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	671,860	0.000000	0.000000	0	76.03
76.04	03952	WOUND CARE CENTER	0	10,390,538	0.000000	0.000000	14,241	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	168,015,700	0.000000	0.000000	578,762	76.05
76.06	03953	IMAGING CENTERS	0	42,830,929	0.000000	0.000000	17,127	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	3,138,947	0.000000	0.000000	1,269	76.07
76.97	07697	CARDIAC REHABILITATION	0	3,426,162	0.000000	0.000000	526	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	4,224,156	0.000000	0.000000	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	4,383,991	0.000000	0.000000	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0	2,652,971	0.000000	0.000000	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0.000000	0	90.06
90.07	09003	KNEE CENTER	0	5,308,680	0.000000	0.000000	0	90.07
90.08	09004	PALLIATIVE CARE	0	2,407	0.000000	0.000000	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0.000000	0	90.12
91.00	09100	EMERGENCY	1,341,227	201,549,074	0.006655	0.006655	14,452,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,025,322	0.000000	0.000000	592,472	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	2,355,920	1,814,474,293			197,504,102	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	5,307,583	0		50.00
51.00	05100 RECOVERY ROOM	0	3,704,071	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,277,309	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,061,501	0		55.00
57.00	05700 CT SCAN	0	12,931,285	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,764,187	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31,903,863	0		59.00
60.00	06000 LABORATORY	0	17,770,830	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	371,208	0		65.00
66.00	06600 PHYSICAL THERAPY	0	44,677	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	26,672	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	2,307	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,515,118	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,408,282	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,858,483	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,653,329	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,032	105,572,868	207,767		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	559,247	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	5,691,706	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	53,660,873	0		76.05
76.06	03953 IMAGING CENTERS	0	10,449,391	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	62,343	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	1,653,395	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,288,548	0		76.98
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	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	1,873,995	0		90.02
90.03	09001 CLINIC	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	729,906	0		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0		90.06
90.07	09003 KNEE CENTER	0	4,867	0		90.07
90.08	09004 PALLIATIVE CARE	0	0	0		90.08
90.10	09006 WORK SITE CLINICS	0	0	0		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	96,183	22,240,000	148,007		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,621,806	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	147,215	330,009,650	355,774		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 9:44 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0.284694	5,307,583	0	0	1,511,037 50.00
51.00 05100	RECOVERY ROOM	0.280079	3,704,071	0	0	1,037,433 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.809721	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.256181	11,277,309	0	0	2,889,032 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0.457987	7,061,501	0	0	3,234,076 55.00
57.00 05700	CT SCAN	0.076917	12,931,285	0	0	994,636 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.143251	3,764,187	0	0	539,224 58.00
59.00 05900	CARDIAC CATHETERIZATION	0.073083	31,903,863	0	0	2,331,630 59.00
60.00 06000	LABORATORY	0.107466	17,770,830	0	0	1,909,760 60.00
64.00 06400	INTRAVENOUS THERAPY	0.770870	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0.414411	371,208	0	0	153,833 65.00
66.00 06600	PHYSICAL THERAPY	0.532586	44,677	12,306	0	23,794 66.00
67.00 06700	OCCUPATIONAL THERAPY	0.504870	26,672	0	0	13,466 67.00
68.00 06800	SPEECH PATHOLOGY	0.498377	2,307	0	0	1,150 68.00
69.00 06900	ELECTROCARDIOLOGY	0.175963	9,515,118	0	0	1,674,309 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.337257	3,408,282	0	0	1,149,467 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480	7,858,483	0	0	2,282,732 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.462321	8,653,329	0	0	4,000,616 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.206965	105,572,868	147	297,909	21,849,889 73.00
74.00 07400	RENAL DIALYSIS	0.441892	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0.231502	559,247	0	0	129,467 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018	0	0	0	0 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	4.922668	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	0.413258	5,691,706	0	0	2,352,143 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0.320912	53,660,873	9,169	0	17,220,418 76.05
76.06 03953	IMAGING CENTERS	0.247537	10,449,391	0	0	2,586,611 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0.613380	62,343	0	0	38,240 76.07
76.97 07697	CARDIAC REHABILITATION	0.724075	1,653,395	0	0	1,197,182 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0.340517	1,288,548	0	0	438,772 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00 09000	CLINIC	0.000000	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0.000000	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	1.433489	1,873,995	0	0	2,686,351 90.02
90.03 09001	CLINIC	0.000000	0	0	0	0 90.03
90.04 04953	SPINE CENTER	0.000000	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0.484370	729,906	0	0	353,545 90.05
90.06 09002	MEDCHECK CLINICS	0.000000	0	0	0	0 90.06
90.07 09003	KNEE CENTER	1.470559	4,867	0	0	7,157 90.07
90.08 09004	PALLIATIVE CARE	12.221437	0	0	0	0 90.08
90.10 09006	WORK SITE CLINICS	0.000000	0	0	0	0 90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0 90.12
91.00 09100	EMERGENCY	0.213489	22,240,000	0	0	4,747,995 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.316487	2,621,806	2,654	0	3,451,574 92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		330,009,650	24,276	297,909	80,805,539 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		330,009,650	24,276	297,909	80,805,539 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 2/27/2017 9:44 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	6,554	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30	61,657			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03330	ENDOSCOPY	0	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0			76.03
76.04	03952	WOUND CARE CENTER	0	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,942	0			76.05
76.06	03953	IMAGING CENTERS	0	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0			76.07
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
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	04950	DIABETIC CARE CENTER	0	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0			90.02
90.03	09001	CLINIC	0	0			90.03
90.04	04953	SPINE CENTER	0	0			90.04
90.05	04954	INFUSION CENTERS	0	0			90.05
90.06	09002	MEDCHECK CLINICS	0	0			90.06
90.07	09003	KNEE CENTER	0	0			90.07
90.08	09004	PALLIATIVE CARE	0	0			90.08
90.10	09006	WORK SITE CLINICS	0	0			90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0			90.12
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,494	0			92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	13,020	61,657			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	13,020	61,657			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,823,278	0	4,823,278	63,783	75.62	30.00
31.00	INTENSIVE CARE UNIT	750,374		750,374	6,351	118.15	31.00
32.00	CORONARY CARE UNIT	534,187		534,187	6,213	85.98	32.00
43.00	NURSERY	443,634		443,634	3,787	117.15	43.00
200.00	Total (Lines 30-199)	6,551,473		6,551,473	80,134		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,408	257,713				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	1,850	216,728				
200.00	Total (Lines 30-199)	5,258	474,441				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0074

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

Worksheet D
Part II
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,264,575	118,504,662	0.019110	1,556,887	29,752	50.00
51.00	05100 RECOVERY ROOM	250,221	14,423,151	0.017349	198,529	3,444	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,452	6,024,113	0.030453	430,071	13,097	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,049,390	55,329,075	0.018966	421,247	7,989	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	349,834	15,913,064	0.021984	135,521	2,979	55.00
57.00	05700 CT SCAN	221,536	74,371,428	0.002979	781,304	2,328	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	222,561	18,287,040	0.012170	146,730	1,786	58.00
59.00	05900 CARDIAC CATHETERIZATION	761,372	144,777,235	0.005259	589,271	3,099	59.00
60.00	06000 LABORATORY	285,765	139,819,705	0.002044	3,347,955	6,843	60.00
64.00	06400 INTRAVENOUS THERAPY	19,900	1,140,033	0.017456	59,533	1,039	64.00
65.00	06500 RESPIRATORY THERAPY	237,273	27,666,636	0.008576	1,346,564	11,548	65.00
66.00	06600 PHYSICAL THERAPY	511,026	22,874,521	0.022340	162,586	3,632	66.00
67.00	06700 OCCUPATIONAL THERAPY	51,043	5,845,992	0.008731	107,876	942	67.00
68.00	06800 SPEECH PATHOLOGY	17,412	2,023,647	0.008604	55,179	475	68.00
69.00	06900 ELECTROCARDIOLOGY	222,782	44,210,749	0.005039	302,506	1,524	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,417	6,739,665	0.013416	79,940	1,072	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	329,815	67,549,837	0.004883	1,381,718	6,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	486,227	62,536,131	0.007775	579,175	4,503	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,060,611	515,566,001	0.002057	2,938,862	6,045	73.00
74.00	07400 RENAL DIALYSIS	15,614	3,404,295	0.004587	73,104	335	74.00
76.00	03330 ENDOSCOPY	23,674	3,918,508	0.006042	74,544	450	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	824,723	8,928,068	0.092374	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	489,742	671,860	0.728935	0	0	76.03
76.04	03952 WOUND CARE CENTER	216,721	10,390,538	0.020858	4,790	100	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	2,252,946	168,015,700	0.013409	96,518	1,294	76.05
76.06	03953 IMAGING CENTERS	594,239	42,830,929	0.013874	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	69,854	3,138,947	0.022254	1,444	32	76.07
76.97	07697 CARDIAC REHABILITATION	239,757	3,426,162	0.069978	911	64	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	76,435	4,224,156	0.018095	0	0	76.98
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	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	198,342	4,383,991	0.045242	0	0	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	69,870	2,652,971	0.026337	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	395,876	5,308,680	0.074571	0	0	90.07
90.08	09004 PALLIATIVE CARE	192	2,407	0.079767	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	1,321,238	201,549,074	0.006555	1,519,846	9,963	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	427,554	8,025,322	0.053276	84,225	4,487	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,831,989	1,814,474,293		16,476,836	125,569	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 9:44 am		
Cost Center Description			Title XIX			Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	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	63,783	0.00	3,408	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,351	0.00	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,213	0.00	0	0	0	0	32.00
43.00	04300	NURSERY	3,787	0.00	1,850	0	0	0	43.00
200.00		Total (lines 30-199)	80,134		5,258	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Title XIX				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,014,693	0	1,014,693
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	1,341,227	0	1,341,227
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	2,355,920	0	2,355,920

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	118,504,662	0.000000	0.000000	1,556,887	50.00
51.00	05100 RECOVERY ROOM	0	14,423,151	0.000000	0.000000	198,529	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,024,113	0.000000	0.000000	430,071	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	55,329,075	0.000000	0.000000	421,247	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,913,064	0.000000	0.000000	135,521	55.00
57.00	05700 CT SCAN	0	74,371,428	0.000000	0.000000	781,304	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,287,040	0.000000	0.000000	146,730	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	144,777,235	0.000000	0.000000	589,271	59.00
60.00	06000 LABORATORY	0	139,819,705	0.000000	0.000000	3,347,955	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,140,033	0.000000	0.000000	59,533	64.00
65.00	06500 RESPIRATORY THERAPY	0	27,666,636	0.000000	0.000000	1,346,564	65.00
66.00	06600 PHYSICAL THERAPY	0	22,874,521	0.000000	0.000000	162,586	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,845,992	0.000000	0.000000	107,876	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,023,647	0.000000	0.000000	55,179	68.00
69.00	06900 ELECTROCARDIOLOGY	0	44,210,749	0.000000	0.000000	302,506	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,739,665	0.000000	0.000000	79,940	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,549,837	0.000000	0.000000	1,381,718	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	62,536,131	0.000000	0.000000	579,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,014,693	515,566,001	0.001968	0.001968	2,938,862	73.00
74.00	07400 RENAL DIALYSIS	0	3,404,295	0.000000	0.000000	73,104	74.00
76.00	03330 ENDOSCOPY	0	3,918,508	0.000000	0.000000	74,544	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	8,928,068	0.000000	0.000000	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	671,860	0.000000	0.000000	0	76.03
76.04	03952 WOUND CARE CENTER	0	10,390,538	0.000000	0.000000	4,790	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	168,015,700	0.000000	0.000000	96,518	76.05
76.06	03953 IMAGING CENTERS	0	42,830,929	0.000000	0.000000	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	3,138,947	0.000000	0.000000	1,444	76.07
76.97	07697 CARDIAC REHABILITATION	0	3,426,162	0.000000	0.000000	911	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	4,224,156	0.000000	0.000000	0	76.98
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	04950 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	4,383,991	0.000000	0.000000	0	90.02
90.03	09001 CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	04953 SPINE CENTER	0	0	0.000000	0.000000	0	90.04
90.05	04954 INFUSION CENTERS	0	2,652,971	0.000000	0.000000	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0.000000	0	90.06
90.07	09003 KNEE CENTER	0	5,308,680	0.000000	0.000000	0	90.07
90.08	09004 PALLIATIVE CARE	0	2,407	0.000000	0.000000	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0.000000	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0.000000	0	90.12
91.00	09100 EMERGENCY	1,341,227	201,549,074	0.006655	0.006655	1,519,846	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,025,322	0.000000	0.000000	84,225	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	2,355,920	1,814,474,293			16,476,836	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 9:44 am
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Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	ANCILLARY SERVICE COST CENTERS	11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
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 PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,784	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	0	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0		76.05
76.06	03953 IMAGING CENTERS	0	0	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
	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	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	0		90.02
90.03	09001 CLINIC	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	0	0		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0		90.06
90.07	09003 KNEE CENTER	0	0	0		90.07
90.08	09004 PALLIATIVE CARE	0	0	0		90.08
90.10	09006 WORK SITE CLINICS	0	0	0		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	10,115	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	15,899	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 9:44 am
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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	0.284694	0	0	797,980	0
51.00	05100 RECOVERY ROOM	0.280079	0	0	218,516	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.809721	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.256181	0	0	980,237	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.457987	0	0	42,893	0
57.00	05700 CT SCAN	0.076917	0	0	1,428,709	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143251	0	0	344,847	0
59.00	05900 CARDIAC CATHETERIZATION	0.073083	0	0	306,000	0
60.00	06000 LABORATORY	0.107466	0	0	1,780,279	0
64.00	06400 INTRAVENOUS THERAPY	0.770870	0	0	79	0
65.00	06500 RESPIRATORY THERAPY	0.414411	0	0	62,638	0
66.00	06600 PHYSICAL THERAPY	0.532586	0	0	447,496	0
67.00	06700 OCCUPATIONAL THERAPY	0.504870	0	0	94,724	0
68.00	06800 SPEECH PATHOLOGY	0.498377	0	0	42,740	0
69.00	06900 ELECTROCARDIOLOGY	0.175963	0	0	733,128	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.337257	0	0	2,240,223	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480	0	0	230,984	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.462321	0	0	228,617	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206965	0	0	5,394,619	0
74.00	07400 RENAL DIALYSIS	0.441892	0	0	0	0
76.00	03330 ENDOSCOPY	0.231502	0	0	18,854	0
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018	0	0	0	0
76.03	03951 LUTHERWOOD PARTNERSHIP	4.922668	0	0	0	0
76.04	03952 WOUND CARE CENTER	0.413258	0	0	815,100	0
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.320912	0	0	1,792,039	0
76.06	03953 IMAGING CENTERS	0.247537	0	0	245,032	0
76.07	03954 BREAST DIAGNOSTIC CENTER	0.613380	0	0	14,510	0
76.97	07697 CARDIAC REHABILITATION	0.724075	0	0	583	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.340517	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02	04951 HEALTHY HEARTS CENTER	1.433489	0	0	21,687	0
90.03	09001 CLINIC	0.000000	0	0	0	0
90.04	04953 SPINE CENTER	0.000000	0	0	0	0
90.05	04954 INFUSION CENTERS	0.484370	0	0	10,846	0
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07	09003 KNEE CENTER	1.470559	0	0	38,325	0
90.08	09004 PALLIATIVE CARE	12.221437	0	0	0	0
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.213489	0	0	3,729,253	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.316487	0	0	147,955	0
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	0	22,208,893	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	22,208,893	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 9:44 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	227,180		50.00
51.00 05100 RECOVERY ROOM	0	61,202		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	251,118		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	19,644		55.00
57.00 05700 CT SCAN	0	109,892		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	49,400		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	22,363		59.00
60.00 06000 LABORATORY	0	191,319		60.00
64.00 06400 INTRAVENOUS THERAPY	0	61		64.00
65.00 06500 RESPIRATORY THERAPY	0	25,958		65.00
66.00 06600 PHYSICAL THERAPY	0	238,330		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	47,823		67.00
68.00 06800 SPEECH PATHOLOGY	0	21,301		68.00
69.00 06900 ELECTROCARDIOLOGY	0	129,003		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	755,531		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,096		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	105,694		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,116,497		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	4,365		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	336,847		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	575,087		76.05
76.06 03953 IMAGING CENTERS	0	60,654		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	8,900		76.07
76.97 07697 CARDIAC REHABILITATION	0	422		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
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 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	31,088		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	5,253		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	56,359		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	796,154		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	194,781		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	5,509,322	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,509,322	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am
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)		63,783	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,783	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)		58,129	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)		18,395	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)		119,186,927	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)		119,186,927	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)		119,186,927	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)		1,868.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		34,373,449	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)		34,373,449	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am	
Title XVIII				Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	20,044,349	6,351	3,156.09	2,373	7,489,402		43.00
44.00 CORONARY CARE UNIT	12,602,980	6,213	2,028.49	2,180	4,422,108		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,313,039		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					94,597,998		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,858,836		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,811,091		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,669,927		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					90,928,071		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)					5,654		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,868.63		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,565,234		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,823,278	119,186,927	0.040468	10,565,234	427,554	90.00
91.00	Nursing School cost	0	119,186,927	0.000000	10,565,234	0	91.00
92.00	Allied health cost	0	119,186,927	0.000000	10,565,234	0	92.00
93.00	All other Medical Education	0	119,186,927	0.000000	10,565,234	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,783	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,783	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)		58,129	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)		3,408	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)		3,787	15.00
16.00	Nursery days (title V or XIX only)		1,850	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)		119,186,927	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)		119,186,927	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)		119,186,927	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)		1,868.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,368,291	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)		6,368,291	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am
Cost Center Description			Title XIX	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00	1.00	2.00	3.00	4.00	5.00
NURSERY (title V & XIX only)					
	9,293,947	3,787	2,454.17	1,850	4,540,215
Intensive Care Type Inpatient Hospital Units					
43.00	20,044,349	6,351	3,156.09	0	0
INTENSIVE CARE UNIT					
44.00	12,602,980	6,213	2,028.49	0	0
CORONARY CARE UNIT					
45.00					
BURN INTENSIVE CARE UNIT					
46.00					
SURGICAL INTENSIVE CARE UNIT					
47.00					
OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00					4,150,479
Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00					15,058,985
Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS					
50.00					474,441
Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00					141,468
Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00					615,909
Total Program excludable cost (sum of lines 50 and 51)					
53.00					14,443,076
Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00					0
Program discharges					
55.00					0.00
Target amount per discharge					
56.00					0
Target amount (line 54 x line 55)					
57.00					0
Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00					0
Bonus payment (see instructions)					
59.00					0.00
Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00					0.00
Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
61.00					0
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)					
62.00					0
Relief payment (see instructions)					
63.00					0
Allowable Inpatient cost plus incentive payment (see instructions)					
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00					0
Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					
65.00					0
Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00					0
Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
67.00					0
Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					
68.00					0
Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					
69.00					0
Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00					
Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00					
Program routine service cost (line 9 x line 71)					
73.00					
Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00					
Total Program general inpatient routine service costs (line 72 + line 73)					
75.00					
Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00					
Per diem capital-related costs (line 75 ÷ line 2)					
77.00					
Program capital-related costs (line 9 x line 76)					
78.00					
Inpatient routine service cost (line 74 minus line 77)					
79.00					
Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00					
Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00					
Inpatient routine service cost per diem limitation					
82.00					
Inpatient routine service cost limitation (line 9 x line 81)					
83.00					
Reasonable inpatient routine service costs (see instructions)					
84.00					
Program inpatient ancillary services (see instructions)					
85.00					
Utilization review - physician compensation (see instructions)					
86.00					
Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00					5,654
Total observation bed days (see instructions)					
88.00					1,868.63
Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00					10,565,234
Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 9:44 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,823,278	119,186,927	0.040468	10,565,234	427,554	90.00
91.00	Nursing School cost	0	119,186,927	0.000000	10,565,234	0	91.00
92.00	Allied health cost	0	119,186,927	0.000000	10,565,234	0	92.00
93.00	All other Medical Education	0	119,186,927	0.000000	10,565,234	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 9:44 am	
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		23,885,910	30.00
31.00	03100	INTENSIVE CARE UNIT		25,041,831	31.00
32.00	03200	CORONARY CARE UNIT		957,698	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284694	34,861,222	50.00
51.00	05100	RECOVERY ROOM	0.280079	3,041,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.809721	51,991	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.256181	4,489,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.457987	2,807,910	55.00
57.00	05700	CT SCAN	0.076917	7,297,029	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.143251	1,631,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073083	22,858,806	59.00
60.00	06000	LABORATORY	0.107466	25,451,310	60.00
64.00	06400	INTRAVENOUS THERAPY	0.770870	431,028	64.00
65.00	06500	RESPIRATORY THERAPY	0.414411	9,557,317	65.00
66.00	06600	PHYSICAL THERAPY	0.532586	1,777,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.504870	1,308,373	67.00
68.00	06800	SPEECH PATHOLOGY	0.498377	291,316	68.00
69.00	06900	ELECTROCARDIOLOGY	0.175963	4,748,993	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.337257	653,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480	15,270,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462321	17,285,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206965	25,931,104	73.00
74.00	07400	RENAL DIALYSIS	0.441892	1,963,608	74.00
76.00	03330	ENDOSCOPY	0.231502	138,314	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.922668	0	76.03
76.04	03952	WOUND CARE CENTER	0.413258	14,241	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.320912	578,762	76.05
76.06	03953	IMAGING CENTERS	0.247537	17,127	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.613380	1,269	76.07
76.97	07697	CARDIAC REHABILITATION	0.724075	526	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.340517	0	76.98
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	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1.433489	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.484370	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.470559	0	90.07
90.08	09004	PALLIATIVE CARE	12.221437	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.213489	14,452,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.316487	592,472	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		197,504,102	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)		197,504,102	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 9:44 am	
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		15,202,500	30.00
31.00	03100	INTENSIVE CARE UNIT		816,483	31.00
32.00	03200	CORONARY CARE UNIT		761,647	32.00
43.00	04300	NURSERY		484,681	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284694	1,556,887	50.00
51.00	05100	RECOVERY ROOM	0.280079	198,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.809721	430,071	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.256181	421,247	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.457987	135,521	55.00
57.00	05700	CT SCAN	0.076917	781,304	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.143251	146,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073083	589,271	59.00
60.00	06000	LABORATORY	0.107466	3,347,955	60.00
64.00	06400	INTRAVENOUS THERAPY	0.770870	59,533	64.00
65.00	06500	RESPIRATORY THERAPY	0.414411	1,346,564	65.00
66.00	06600	PHYSICAL THERAPY	0.532586	162,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.504870	107,876	67.00
68.00	06800	SPEECH PATHOLOGY	0.498377	55,179	68.00
69.00	06900	ELECTROCARDIOLOGY	0.175963	302,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.337257	79,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290480	1,381,718	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462321	579,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206965	2,938,862	73.00
74.00	07400	RENAL DIALYSIS	0.441892	73,104	74.00
76.00	03330	ENDOSCOPY	0.231502	74,544	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.137018	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.922668	0	76.03
76.04	03952	WOUND CARE CENTER	0.413258	4,790	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.320912	96,518	76.05
76.06	03953	IMAGING CENTERS	0.247537	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.613380	1,444	76.07
76.97	07697	CARDIAC REHABILITATION	0.724075	911	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.340517	0	76.98
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	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1.433489	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.484370	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.470559	0	90.07
90.08	09004	PALLIATIVE CARE	12.221437	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.213489	1,519,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.316487	84,225	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		16,476,836	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)		16,476,836	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 9:44 am
		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)		35,975,517	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,298,074	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)		1,848,392	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		18,982,799	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		297.84	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)		25.01	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)		2.69	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).		-5.66	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.		11.24	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)		27.90	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		33.76	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.10	11.00
12.00	Current year allowable FTE (see instructions)		31.00	12.00
13.00	Total allowable FTE count for the prior year.		37.02	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.		34.82	14.00
15.00	Sum of lines 12 through 14 divided by 3.		34.28	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		34.28	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.115095	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.123533	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.115095	21.00
22.00	IME payment adjustment (see instructions)		2,878,773	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,155,977	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)		5.86	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)		2,878,773	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,155,977	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.94	31.00
32.00	Sum of lines 30 and 31		44.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.98	33.00
34.00	Disproportionate share adjustment (see instructions)		3,070,420	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 9:44 am
		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)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000603088	0.000588327	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,863,472	3,516,713	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,892,326	886,405	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,778,731		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)	58,849,907		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)		60,005,884	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,631,087	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).		624,799	52.00
53.00	Nursing and Allied Health Managed Care payment		81,591	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		147,215	58.00
59.00	Total (sum of amounts on lines 49 through 58)		65,491,612	59.00
60.00	Primary payer payments		37,829	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,453,783	61.00
62.00	Deductibles billed to program beneficiaries		4,529,760	62.00
63.00	Coinurance billed to program beneficiaries		45,724	63.00
64.00	Allowable bad debts (see instructions)		757,923	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		492,650	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		605,119	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,370,949	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)		103,594	70.93
70.94	HRR adjustment amount (see instructions)		-72,752	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 9:44 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			61,401,791	71.00
71.01	Sequestration adjustment (see instructions)			1,228,036	71.01
72.00	Interim payments			60,437,329	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)			-263,574	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			11,601,563	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 9:44 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		74,677	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		80,449,765	2.00
3.00	PPS payments		55,762,038	3.00
4.00	Outlier payment (see instructions)		510,937	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		355,774	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		74,677	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		322,185	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)		322,185	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)		322,185	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		247,508	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)		74,677	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)		56,628,749	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,899	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10,502,314	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)		46,196,213	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		534,375	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)		46,730,588	30.00
31.00	Primary payer payments		5,321	31.00
32.00	Subtotal (line 30 minus line 31)		46,725,267	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)		1,037,103	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		674,117	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		822,440	36.00
37.00	Subtotal (see instructions)		47,399,384	37.00
38.00	MSP-LCC reconciliation amount from PS&R		53	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)		47,399,331	40.00
40.01	Sequestration adjustment (see instructions)		947,987	40.01
41.00	Interim payments		46,408,941	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		42,403	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: 15-0074

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 9:44 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		60,196,129		46,184,141	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/12/2016	241,200	07/12/2016	199,500	3.01	
3.02			0	10/26/2016	25,300	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)		241,200		224,800	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)		60,437,329		46,408,941	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		42,403	6.01	
6.02	SETTLEMENT TO PROGRAM		263,574		0	6.02	
7.00	Total Medicare program liability (see instructions)		60,173,755		46,451,344	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0074

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

Worksheet E-1
Part II
Date/Time Prepared:
2/27/2017 9:44 am

		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			16,241 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			22,948 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,632 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			70,693 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,009,466,270 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			3,342,653 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 9:44 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			26.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.82	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-5.66	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			10.16	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			28.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			33.76	6.00
7.00	Enter the lesser of line 5 or line 6			28.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	33.76	2.01	35.77	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	28.60	1.70	30.30	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.10		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.10		10.01
11.00	Total weighted FTE count	28.60	4.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	30.01	0.34		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	33.73	1.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	30.78	2.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	30.78	2.30		17.00
18.00	Per resident amount	81,956.67	81,956.67		18.00
19.00	Approved amount for resident costs	2,522,626	188,500	2,711,126	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.16	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,711,126	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,948	8,632		26.00
27.00	Total Inpatient Days (see instructions)	71,008	71,008		27.00
28.00	Ratio of inpatient days to total inpatient days	0.323175	0.121564		28.00
29.00	Program direct GME amount	876,168	329,575		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		46,569		30.00
31.00	Net Program direct GME amount			1,159,174	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 9:44 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,404,295	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		94,597,998	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		37,829	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		94,560,169	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		80,880,216	42.00
43.00	Primary payer payments (see instructions)		5,321	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		80,874,895	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		175,435,064	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.539004	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.460996	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,159,174	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		624,799	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		534,375	50.00

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

Provider CCN: 15-0074

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

Worksheet G

Date/Time Prepared:
2/27/2017 9:44 am

		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	333,984	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	55,067	0	0	0	3.00
4.00	Accounts receivable	73,978,215	0	0	0	4.00
5.00	Other receivable	6,809,406	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,725,557	0	0	0	6.00
7.00	Inventory	8,670,223	0	0	0	7.00
8.00	Prepaid expenses	133,954	0	0	0	8.00
9.00	Other current assets	31,834,225	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)	99,089,517	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,453,049	0	0	0	12.00
13.00	Land improvements	4,335,982	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	340,966,007	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	8,359,504	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	167,955,704	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	71,697	0	0	0	23.00
24.00	Accumulated depreciation	-320,182,192	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	205,959,751	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	230,418	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	15,277,471	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	15,507,889	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	320,557,157	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,056,603	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-1,078	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,990,405	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,045,930	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	108,245	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	108,245	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,154,175	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	312,402,982				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	312,402,982	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	320,557,157	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

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

Worksheet G-1

Date/Time Prepared:
2/27/2017 9:44 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		352,755,084		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-40,352,104			2.00
3.00	Total (sum of line 1 and line 2)		312,402,980		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		312,402,980		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		312,402,980		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 9:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,472,068		122,472,068	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	122,472,068		122,472,068	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,410,735		28,410,735	11.00
12.00	CORONARY CARE UNIT	17,255,691		17,255,691	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	45,666,426		45,666,426	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	168,138,494		168,138,494	17.00
18.00	Ancillary services	495,754,715	1,429,520,545	1,925,275,260	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY/PRO FEES/NR REVENUE	15,246,926	20,325,448	35,572,374	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	679,140,135	1,449,845,993	2,128,986,128	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		790,174,130		29.00
30.00		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	BAD DEBT	41,130,246			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)		41,130,246		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		749,043,884		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

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

Worksheet G-3

Date/Time Prepared:
2/27/2017 9:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,128,986,128	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,442,273,686	2.00
3.00	Net patient revenues (line 1 minus line 2)	686,712,442	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	749,043,884	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-62,331,442	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	199,323	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	489,645	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	16,737	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	185,955	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	21,087,678	24.00
25.00	Total other income (sum of lines 6-24)	21,979,338	25.00
26.00	Total (line 5 plus line 25)	-40,352,104	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-40,352,104	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 2/27/2017 9:44 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 9:44 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,799,832	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		279,900	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		195.43	3.00
4.00	Number of interns & residents (see instructions)		34.28	4.00
5.00	Indirect medical education percentage (see instructions)		5.07	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)		192,651	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.94	8.00
9.00	Sum of lines 7 and 8		44.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.44	10.00
11.00	Disproportionate share adjustment (see instructions)		358,704	11.00
12.00	Total prospective capital payments (see instructions)		4,631,087	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