

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: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 11:38 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2017 Time: 11:38 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 CHIEF FINANCIAL OFFICER
 Title _____
 05/26/2017
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	186,100	157,302	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	186,100	157,302	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: 15-0173			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 1:49 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47905		4.00 County: TIPPECANOE				
1.00 Street: 6165 MCCARTY LANE		2.00 City: LAFAYETTE								
		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
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00
21.00	Type of Control (see instructions)						4			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickles amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,126	610	62	32	5,881	69		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 1:49 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						0.00	62.00		
62.01	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	62.01		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						N	63.00		
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)									
			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.						0.00	0.00	0.000000	64.00
64.00	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)									
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00 2.00 3.00	
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.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	716,755		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: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 1:49 pm			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		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: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 1:49 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2016	12/31/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	1,872	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 1:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2017	Y	04/03/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 1:49 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 1:49 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

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	154	56,364	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)		154	56,364	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,392	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,880	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		180				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)		11	4,026			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,179	233	30,478			1.00
2.00 HMO and other (see instructions)	4,569	5,519				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,179	233	30,478			7.00
8.00 INTENSIVE CARE UNIT	1,675	321	2,407			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	286	2,070			12.00
13.00 NURSERY		1,352	2,998			13.00
14.00 Total (see instructions)	14,854	2,192	37,953	0.00	1,693.05	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	191			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	0.00	0.00	27.00
28.00 Observation Bed Days		1,072	7,069			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	69	481			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,344	241	10,168	1.00
2.00 HMO and other (see instructions)				945	1,171		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
10.01 BURN INTENSIVE CARE UNIT							10.01
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,344		241	10,168	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00	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: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	160,847,539	-555,026	160,292,513	3,521,539.21	45.52
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		94,386,745	-68,249	94,318,496	1,319,777.47	71.47
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		466,496	0	466,496	5,955.97	78.32
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,671,674	0	2,671,674	32,582.97	82.00
14.00	Home office and/or related organization salaries and wage-related costs		27,536,539	0	27,536,539	628,617.36	43.80
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,941,868	0	16,941,868		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		15,314,883	0	15,314,883		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,066,037	0	1,066,037	243.60	4,376.18
27.00	Administrative & General	5.00	9,536,247	160,695	9,696,942	258,232.24	37.55

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		11,450	0	11,450	95.85	119.46	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,405,140	-6,069	1,399,071	43,256.44	32.34	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,784,928	-17,726	2,767,202	190,057.29	14.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	882,807	-786,308	96,499	7,673.31	12.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	781,334	781,334	59,084.29	13.22	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,615,966	-26,977	3,588,989	93,397.33	38.43	38.00
39.00	Central Services and Supply	14.00	368,939	-1,026	367,913	17,475.34	21.05	39.00
40.00	Pharmacy	15.00	2,872,754	-28,779	2,843,975	73,475.35	38.71	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	283,146	-6,410	276,736	9,980.30	27.73	42.00
43.00	Other General Service	18.00	446,129	-398	445,731	33,366.79	13.36	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2017 1:49 pm

	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)	160,858,989	-555,026	160,303,963	3,521,635.06	45.52	1.00
2.00	Excluded area salaries (see instructions)	94,386,745	-68,249	94,318,496	1,319,777.47	71.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,472,244	-486,777	65,985,467	2,201,857.59	29.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,674,709	0	30,674,709	667,156.30	45.98	4.00
5.00	Subtotal wage-related costs (see inst.)	16,941,868	0	16,941,868	0.00	25.68	5.00
6.00	Total (sum of lines 3 thru 5)	114,088,821	-486,777	113,602,044	2,869,013.89	39.60	6.00
7.00	Total overhead cost (see instructions)	23,273,543	68,336	23,341,879	786,338.13	29.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2017 1:49 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,991,651 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		12,986,411	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		429,687	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		93,867	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		797,612	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		730,119	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		8,955,389	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		193,491	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		78,524	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		32,256,751	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: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	466,596	32,256,751	1.00
2.00	Hospital	466,596	16,933,571	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	15,323,180	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/22/2017 1:49 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.185034	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		16,971,531	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		159,707,298	6.00
7.00	Medicaid cost (line 1 times line 6)		29,551,280	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)		12,579,749	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)		12,579,749	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)	22,012,115	856,777	22,868,892
21.00	Cost of patients approved for charity care (line 1 times line 20)	4,072,990	158,533	4,231,523
22.00	Partial payment by patients approved for charity care	232,904	75,216	308,120
23.00	Cost of charity care (line 21 minus line 22)	3,840,086	83,317	3,923,403
				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)		16,371,823	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		653,973	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		15,717,850	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,908,337	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,831,740	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,411,489	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,804,340	5,804,340	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	2,058,996	2,058,996	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	12,132,642	12,132,642	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,284,728	3,284,728	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	1,029,399	1,029,399	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,066,037	1,103,310	2,169,347	21,712,256	23,881,603	4.00
5.01	00570	ADMINISTRATION	4,824,608	1,660,000	6,484,608	-900,585	5,584,023	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,711,639	27,176,668	31,888,307	35,040,815	66,929,122	5.06
7.00	00700	OPERATION OF PLANT	1,119,341	13,091,169	14,210,510	-5,927,806	8,282,704	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	285,799	5,961,860	6,247,659	-2,270,133	3,977,526	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	31,042	31,042	8.00
9.00	00900	HOUSEKEEPING	2,784,928	1,819,548	4,604,476	-893,881	3,710,595	9.00
10.00	01000	DIETARY	882,807	1,613,851	2,496,658	-2,241,281	255,377	10.00
11.00	01100	CAFETERIA	0	0	0	1,966,393	1,966,393	11.00
13.00	01300	NURSING ADMINISTRATION	3,615,966	1,598,221	5,214,187	-1,033,104	4,181,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	368,939	1,047,166	1,416,105	10,899,958	12,316,063	14.00
15.00	01500	PHARMACY	2,872,754	6,003,655	8,876,409	-5,374,998	3,501,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	283,146	60,386	343,532	-37,178	306,354	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	446,129	310,354	756,483	-99,063	657,420	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	188,453	171,153	359,606	-356,500	3,106	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,711,729	10,752,689	26,464,418	-9,654,560	16,809,858	30.00
31.00	03100	INTENSIVE CARE UNIT	2,052,918	2,150,644	4,203,562	-762,843	3,440,719	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,649,620	1,394,700	3,044,320	-354,018	2,690,302	35.00
43.00	04300	NURSERY	0	0	0	788,327	788,327	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,893,250	15,687,547	19,580,797	-14,949,432	4,631,365	50.00
51.00	05100	RECOVERY ROOM	575,886	141,635	717,521	-94,611	622,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,198,348	1,020,491	3,218,839	-848,690	2,370,149	52.00
53.00	05300	ANESTHESIOLOGY	135,345	5,155,350	5,290,695	-470,532	4,820,163	53.00
53.01	05301	ASC ANESTHESIOLOGY	1,803	126,876	128,679	-70,736	57,943	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,334,842	1,501,562	3,836,404	-923,425	2,912,979	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	186,883	772,260	959,143	-647,768	311,375	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,192,593	6,497,737	8,690,330	-5,683,074	3,007,256	59.00
60.00	06000	LABORATORY	0	7,895,426	7,895,426	0	7,895,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	716,795	716,795	0	716,795	63.00
65.00	06500	RESPIRATORY THERAPY	1,491,224	939,388	2,430,612	-686,967	1,743,645	65.00
66.00	06600	PHYSICAL THERAPY	815,897	331,601	1,147,498	-133,973	1,013,525	66.00
69.00	06900	ELECTROCARDIOLOGY	1,286,679	775,513	2,062,192	-425,267	1,636,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,335	20,623	122,958	-11,416	111,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,023,784	7,023,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,071,996	10,071,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,011,069	28,011,069	73.00
74.00	07400	RENAL DIALYSIS	0	477,097	477,097	-11,363	465,734	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,696,407	4,537,479	7,233,886	-3,879,371	3,354,515	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	284,444	153,202	437,646	-36,750	400,896	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	358,328	165,063	523,391	-103,972	419,419	90.01
90.03	09002	ARNETT CANCER CARE CENTER	708,281	17,282,495	17,990,776	-15,877,296	2,113,480	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	17,436	8,586	26,022	-4,221	21,801	90.04
91.00	09100	EMERGENCY	4,316,000	3,784,711	8,100,711	-1,527,595	6,573,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	66,460,794	143,906,811	210,367,605	63,563,336	273,930,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,997	120,677	153,674	-11,930	141,744	190.00
191.00	19100	RESEARCH	0	-103	-103	0	-103	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,724,106	71,905,142	165,629,248	-63,415,819	102,213,429	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	629,642	4,728,510	5,358,152	-134,049	5,224,103	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.03	19303	HOSPICE	0	3,631	3,631	0	3,631	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	115,941	115,941	-1,538	114,403	194.00
200.00		TOTAL (SUM OF LINES 118-199)	160,847,539	220,780,609	381,628,148	0	381,628,148	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			
		1,336,528	7,140,868	1.00
1.01	00101			
		0	2,058,996	1.01
1.02	00102	46,592	12,179,234	1.02
2.00	00200	726,486	4,011,214	2.00
2.01	00201			
		0	1,029,399	2.01
3.00	00300			
		0	0	3.00
4.00	00400	95,979	23,977,582	4.00
5.01	00570	-2,300	5,581,723	5.01
5.06	00590	-12,105,392	54,823,730	5.06
7.00	00700	-18,669	8,264,035	7.00
7.01	00701	-42,038	3,935,488	7.01
8.00	00800			
		0	31,042	8.00
9.00	00900	-30	3,710,565	9.00
10.00	01000			
		0	255,377	10.00
11.00	01100	-853,521	1,112,872	11.00
13.00	01300	-267	4,180,816	13.00
14.00	01400	-1,858	12,314,205	14.00
15.00	01500	-48,450	3,452,961	15.00
16.00	01600			
		0	0	16.00
17.00	01700			
		0	306,354	17.00
18.00	01850			
		0	657,420	18.00
22.00	02200	-3,106	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-3,721	16,806,137	30.00
31.00	03100	-416,645	3,024,074	31.00
33.00	03300			
		0	0	33.00
33.01	03301			
		0	0	33.01
35.00	02060	-849,001	1,841,301	35.00
43.00	04300			
		0	788,327	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	-9,913	4,621,452	50.00
51.00	05100			
		0	622,910	51.00
52.00	05200	-13,635	2,356,514	52.00
53.00	05300	-4,605,107	215,056	53.00
53.01	05301			
		0	57,943	53.01
54.00	05400			
		0	2,912,979	54.00
55.00	05500			
		0	0	55.00
56.00	05600			
		0	311,375	56.00
59.00	05900			
		0	3,007,256	59.00
60.00	06000			
		0	7,895,426	60.00
63.00	06300			
		0	716,795	63.00
65.00	06500			
		0	1,743,645	65.00
66.00	06600			
		0	1,013,525	66.00
69.00	06900	-62,400	1,574,525	69.00
70.00	07000			
		0	111,542	70.00
71.00	07100			
		0	7,023,784	71.00
72.00	07200			
		0	10,071,996	72.00
73.00	07300			
		0	28,011,069	73.00
74.00	07400			
		0	465,734	74.00
75.00	07500			
		0	0	75.00
75.01	07501			
		0	3,354,515	75.01
76.00	03950			
		0	0	76.00
76.97	07697	-1,194	399,702	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000			
		0	0	90.00
90.01	04950	-19	419,400	90.01
90.03	09002	-3,374	2,110,106	90.03
90.04	09003			
		0	21,801	90.04
91.00	09100			
		-1,072,826	5,500,290	91.00
92.00	09200			
		0	0	92.00
92.01	09201			
		0	0	92.01
93.00	04951			
		0	0	93.00
SPECIAL PURPOSE COST CENTERS				
118.00		-17,907,881	256,023,060	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000			
		0	141,744	190.00
191.00	19100			
		0	-103	191.00
192.00	19200	-1,181,455	101,031,974	192.00
193.00	19300			
		0	0	193.00
193.01	19301			
		0	5,224,103	193.01
193.02	19302	11,827,823	11,827,823	193.02
193.03	19303			
		0	3,631	193.03
194.00	07950			
		0	114,403	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
200.00	TOTAL (SUM OF LINES 118-199)	6.00	7.00		
		-7,261,513	374,366,635	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 1:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NONBILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,139,987	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
0			0	11,139,987	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,023,784	1.00
2.00	PHARMACY	15.00	0	7,704	2.00
3.00	RADIOISOTOPE	56.00	0	380	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
0			0	7,031,868	
C - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,071,996	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,057	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 1:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	10,073,053	
D - DRUGS					
1.00	PHARMACY	15.00	0	11,766	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,011,069	2.00
3.00	CARDIAC REHABILITATION	76.97	0	231	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
0			0	28,023,066	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,712,297	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
0			0	21,712,297	
F - CAFETERIA					
1.00	CAFETERIA	11.00	781,334	1,185,059	1.00
0			781,334	1,185,059	
G - PROPERTY TAX					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	106,925	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	59,055	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			0	165,980	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 1:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	196,522	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	30,697	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,905	3.00
	0		0	237,124	
I - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	294,011	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	895,614	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	281,994	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	3,682	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
	TOTALS		0	1,475,301	
J - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	12,132,642	1.00
2.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	28,728	2.00
	0		0	12,161,370	
K - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	75,422	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	75,422	
L - LAUNDRY SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	31,042	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
	0		0	31,042	

RECLASSIFICATIONS

Provider CCN: 15-0173

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		
M - ALLOWABLE ADVERTISING						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	681	1.00	
0			0	681		
O - TELEPHONE RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	12,447	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	
0			0	12,447		
P - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,419,840	1.00	
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,073,630	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,992,829	3.00	
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	996,989	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	
0			0	10,483,288		
Q - FMLA RECLASS						
1.00	ADMINISTRATIVE	5.01	0	17,383	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	10,166	2.00	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	6,069	3.00	
4.00	HOUSEKEEPING	9.00	0	17,726	4.00	
5.00	DIETARY	10.00	0	4,974	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	26,977	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,026	7.00	
8.00	PHARMACY	15.00	0	28,779	8.00	
9.00	SOCIAL SERVICES	17.00	0	6,410	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	0	398	10.00	
11.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	209	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	99,235	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	13,387	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,015	14.00	
15.00	OPERATING ROOM	50.00	0	17,395	15.00	
16.00	RECOVERY ROOM	51.00	0	807	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,813	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,766	18.00	
19.00	RADIOISOTOPE	56.00	0	2,372	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	9,884	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	13,285	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	1,466	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	747	23.00	
24.00	ASC (NON-DISTINCT PART)	75.01	0	11,130	24.00	
25.00	SLEEP CLINIC	90.01	0	8,881	25.00	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 1:49 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00	ARNETT CANCER CARE CENTER	90.03	0	4,260	26.00
27.00	EMERGENCY	91.00	0	41,855	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	157,875	28.00
29.00	RETAIL PHARMACY	193.01	0	736	29.00
	O		0	555,026	
R - NURSERY					
1.00	NURSERY	43.00	717,932	70,395	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		717,932	70,395	
S - HOSPITALIST SUPPORT					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	90,362	4,890,620	1.00
	O		90,362	4,890,620	
T - RESIDENCY PROGRAM EXPENSES					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	188,244	98,663	1.00
	TOTALS		188,244	98,663	
U - CORPORATE ADMIN EXPENSE					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	47,938,104	1.00
	TOTALS		0	47,938,104	
W - MEDICAL DIRECTOR FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	358,089	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	53,138	2.00
3.00	ASC ANESTHESIOLOGY	53.01	0	50,000	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,800	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	50,600	5.00
	O		0	540,627	
500.00	Grand Total: Increases		1,777,872	157,901,420	500.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/22/2017 1:49 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - NONBILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41	0	1.00
2.00	ADMINISTRATIVE	5.01	0	2,775	0	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	8,973	0	3.00
4.00	OPERATION OF PLANT	7.00	0	114,598	0	4.00
5.00	HOUSEKEEPING	9.00	0	189,316	0	5.00
6.00	DIETARY	10.00	0	1,013	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,976	0	7.00
8.00	PHARMACY	15.00	0	67,807	0	8.00
9.00	PATIENT TRANSPORT SERVICES	18.00	0	566	0	9.00
10.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	17,154	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,609,752	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	325,718	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	113,318	0	13.00
14.00	OPERATING ROOM	50.00	0	3,199,734	0	14.00
15.00	RECOVERY ROOM	51.00	0	22,387	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	228,528	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	272,013	0	17.00
18.00	ASC ANESTHESIOLOGY	53.01	0	70,146	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	234,051	0	19.00
20.00	RADIOISOTOPE	56.00	0	12,230	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	853,233	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	276,488	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	2,618	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	23,724	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,179	0	25.00
26.00	RENAL DIALYSIS	74.00	0	9,642	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.01	0	1,360,211	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	4,889	0	28.00
29.00	SLEEP CLINIC	90.01	0	21,622	0	29.00
30.00	ARNETT CANCER CARE CENTER	90.03	0	157,178	0	30.00
31.00	OUTPATIENT INFUSION CENTER	90.04	0	3,448	0	31.00
32.00	EMERGENCY	91.00	0	753,660	0	32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	226	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,174,954	0	34.00
35.00	RETAIL PHARMACY	193.01	0	2,076	0	35.00
36.00	MARKETING/PUBLIC RELATIONS	194.00	0	743	0	36.00
	0		0	11,139,987		
B - BILLABLE SUPPLIES						
1.00	HOUSEKEEPING	9.00	0	51	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	188	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	694	0	3.00
4.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	106	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	39,565	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	42,435	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,681	0	7.00
8.00	OPERATING ROOM	50.00	0	2,779,510	0	8.00
9.00	RECOVERY ROOM	51.00	0	3	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	132,613	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	64,495	0	11.00
12.00	ASC ANESTHESIOLOGY	53.01	0	12,121	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,388	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	2,965,378	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,901	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	17	0	16.00
17.00	RENAL DIALYSIS	74.00	0	928	0	17.00
18.00	ASC (NON-DISTINCT PART)	75.01	0	717,586	0	18.00
19.00	CARDIAC REHABILITATION	76.97	0	75	0	19.00
20.00	ARNETT CANCER CARE CENTER	90.03	0	4,641	0	20.00
21.00	OUTPATIENT INFUSION CENTER	90.04	0	116	0	21.00
22.00	EMERGENCY	91.00	0	18,245	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	184,131	0	23.00
	0		0	7,031,868		
C - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	34,530	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	133	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	9,489	0	3.00
4.00	OPERATING ROOM	50.00	0	7,674,489	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,255,942	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	48	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
7.00	PHYSICAL THERAPY	66.00	0	39	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	0	1,098,383	0	8.00	
	0		0	10,073,053			
D - DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	755	0	1.00	
2.00	PHARMACY	15.00	0	4,837,580	0	2.00	
3.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	16,909	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	48	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	33	0	5.00	
6.00	OPERATING ROOM	50.00	0	103,752	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	107,940	0	7.00	
8.00	ASC ANESTHESIOLOGY	53.01	0	38,365	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	175,417	0	9.00	
10.00	RADIOISOTOPE	56.00	0	598,173	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	61,185	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	87,009	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	61,116	0	13.00	
14.00	RENAL DIALYSIS	74.00	0	576	0	14.00	
15.00	ASC (NON-DISTINCT PART)	75.01	0	46,633	0	15.00	
16.00	SLEEP CLINIC	90.01	0	22	0	16.00	
17.00	ARNETT CANCER CARE CENTER	90.03	0	15,598,061	0	17.00	
18.00	EMERGENCY	91.00	0	495	0	18.00	
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,258,037	0	19.00	
20.00	RETAIL PHARMACY	193.01	0	30,960	0	20.00	
	0		0	28,023,066			
E - BENEFITS							
1.00	ADMINISTRATIVE	5.01	0	893,623	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	643,799	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	147,340	0	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	69,154	0	4.00	
5.00	HOUSEKEEPING	9.00	0	779,067	0	5.00	
6.00	DIETARY	10.00	0	269,632	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	763,221	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	58,274	0	8.00	
9.00	PHARMACY	15.00	0	386,798	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	37,178	0	10.00	
11.00	PATIENT TRANSPORT SERVICES	18.00	0	98,287	0	11.00	
12.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33,355	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	2,533,716	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	347,697	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	257,788	0	15.00	
16.00	OPERATING ROOM	50.00	0	564,454	0	16.00	
17.00	RECOVERY ROOM	51.00	0	69,714	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	395,669	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	26,072	0	19.00	
20.00	ASC ANESTHESIOLOGY	53.01	0	86	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	376,098	0	21.00	
22.00	RADIOISOTOPE	56.00	0	35,844	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	319,411	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	243,440	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	131,316	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	220,557	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,212	0	27.00	
28.00	ASC (NON-DISTINCT PART)	75.01	0	398,300	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	31,959	0	29.00	
30.00	SLEEP CLINIC	90.01	0	68,401	0	30.00	
31.00	ARNETT CANCER CARE CENTER	90.03	0	101,042	0	31.00	
32.00	OUTPATIENT INFUSION CENTER	90.04	0	657	0	32.00	
33.00	EMERGENCY	91.00	0	692,466	0	33.00	
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	11,682	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,606,903	0	35.00	
36.00	RETAIL PHARMACY	193.01	0	89,085	0	36.00	
	0		0	21,712,297			
F - CAFETERIA							
1.00	DIETARY	10.00	781,334	1,185,059	0	1.00	
	0		781,334	1,185,059			

RECLASSIFICATIONS

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Period:
From 01/01/2016
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
G - PROPERTY TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	106,033	13		1.00
2.00	OPERATION OF PLANT	7.00	0	595	13		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	59,055	0		3.00
4.00	PHARMACY	15.00	0	297	0		4.00
	O		0	165,980			
H - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	237,124	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
	O		0	237,124			
I - LEASE EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	350	10		1.00
2.00	OPERATION OF PLANT	7.00	0	262,144	10		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	925,938	10		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	95,668	10		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	16,572	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	7,605	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,903	0		7.00
8.00	OPERATING ROOM	50.00	0	86,086	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	8,001	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	5,000	0		10.00
11.00	ASC (NON-DISTINCT PART)	75.01	0	24,786	0		11.00
12.00	EMERGENCY	91.00	0	3,000	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,248	0		13.00
	TOTALS		0	1,475,301			
J - INTEREST EXPENSE RECLASS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	12,132,642	11		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	28,728	11		2.00
	O		0	12,161,370			
K - HOUSEKEEPING SUPPLIES							
1.00	ADMITTING	5.01	0	894	0		1.00
2.00	DIETARY	10.00	0	82	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	987	0		3.00
4.00	PHARMACY	15.00	0	426	0		4.00
5.00	PATIENT TRANSPORT SERVICES	18.00	0	210	0		5.00
6.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	148	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	11,942	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	754	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8	0		9.00
10.00	OPERATING ROOM	50.00	0	5,823	0		10.00
11.00	RECOVERY ROOM	51.00	0	1,272	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	37	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	12	0		13.00
14.00	ASC ANESTHESIOLOGY	53.01	0	18	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,356	0		15.00
16.00	RADIOISOTOPE	56.00	0	96	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,784	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	29	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	25	0		19.00
20.00	RENAL DIALYSIS	74.00	0	82	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.01	0	4,925	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	58	0		22.00
23.00	SLEEP CLINIC	90.01	0	204	0		23.00
24.00	ARNETT CANCER CARE CENTER	90.03	0	1,847	0		24.00
25.00	EMERGENCY	91.00	0	21,343	0		25.00
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	22	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,760	0		27.00
28.00	RETAIL PHARMACY	193.01	0	278	0		28.00
	O		0	75,422			
L - LAUNDRY SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	141	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	33	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	545	0		4.00
5.00	OPERATING ROOM	50.00	0	25,173	0		5.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,768	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	33	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	0	2,499	0	8.00	
9.00	EMERGENCY	91.00	0	35	0	9.00	
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	792	0	10.00	
	0		0	31,042			
M - ALLOWABLE ADVERTISING							
1.00	MARKETING/PUBLIC RELATIONS	194.00	0	681	0	1.00	
	0		0	681			
O - TELEPHONE RECLASS							
1.00	ADMITTING	5.01	0	1,077	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	467	0	2.00	
3.00	I&R SERVICES-OTHER PRGM.	22.00	0	1,881	0	3.00	
	COSTS APPRVD						
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,396	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,626	0	5.00	
	0		0	12,447			
P - DEPRECIATION EXPENSE							
1.00	ADMITTING	5.01	0	2,216	9	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	281,361	9	2.00	
3.00	OPERATION OF PLANT	7.00	0	5,403,129	9	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,187,258	9	4.00	
5.00	HOUSEKEEPING	9.00	0	869	0	5.00	
6.00	DIETARY	10.00	0	4,161	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	265,252	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,980	0	8.00	
9.00	PHARMACY	15.00	0	101,560	0	9.00	
10.00	I&R SERVICES-OTHER PRGM.	22.00	0	40	0	10.00	
	COSTS APPRVD						
11.00	ADULTS & PEDIATRICS	30.00	0	64,985	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	29,079	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15,204	0	13.00	
14.00	OPERATING ROOM	50.00	0	510,411	0	14.00	
15.00	RECOVERY ROOM	51.00	0	1,235	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,992	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,915	0	17.00	
18.00	RADIOISOPE	56.00	0	1,805	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	226,141	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	69,047	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	165,424	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	135	0	22.00	
23.00	ASC (NON-DISTINCT PART)	75.01	0	226,048	0	23.00	
24.00	SLEEP CLINIC	90.01	0	13,723	0	24.00	
25.00	ARNETT CANCER CARE CENTER	90.03	0	14,527	0	25.00	
26.00	EMERGENCY	91.00	0	38,351	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,629,676	0	27.00	
28.00	RETAIL PHARMACY	193.01	0	11,650	0	28.00	
29.00	MARKETING/PUBLIC RELATIONS	194.00	0	114	0	29.00	
	0		0	10,483,288			
Q - FMLA RECLASS							
1.00	ADMITTING	5.01	17,383	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	10,166	0	0	2.00	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	6,069	0	0	3.00	
4.00	HOUSEKEEPING	9.00	17,726	0	0	4.00	
5.00	DIETARY	10.00	4,974	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	26,977	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,026	0	0	7.00	
8.00	PHARMACY	15.00	28,779	0	0	8.00	
9.00	SOCIAL SERVICE	17.00	6,410	0	0	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	398	0	0	10.00	
11.00	I&R SERVICES-OTHER PRGM.	22.00	209	0	0	11.00	
	COSTS APPRVD						
12.00	ADULTS & PEDIATRICS	30.00	99,235	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	13,387	0	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	7,015	0	0	14.00	
15.00	OPERATING ROOM	50.00	17,395	0	0	15.00	
16.00	RECOVERY ROOM	51.00	807	0	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	29,813	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	14,766	0	0	18.00	
19.00	RADIOISOPE	56.00	2,372	0	0	19.00	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
20.00	CARDIAC CATHETERIZATION	59.00	9,884	0	0	0		20.00
21.00	RESPIRATORY THERAPY	65.00	13,285	0	0	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	1,466	0	0	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	747	0	0	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.01	11,130	0	0	0		24.00
25.00	SLEEP CLINIC	90.01	8,881	0	0	0		25.00
26.00	ARNETT CANCER CARE CENTER	90.03	4,260	0	0	0		26.00
27.00	EMERGENCY	91.00	41,855	0	0	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	157,875	0	0	0		28.00
29.00	RETAIL PHARMACY	193.01	736	0	0	0		29.00
			555,026	0				
R - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	690,296	64,635	0	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	6,413	3,900	0	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	21,223	1,860	0	0		3.00
			717,932	70,395				
S - HOSPITALIST SUPPORT								
1.00	ADULTS & PEDIATRICS	30.00	90,362	4,890,620	0	0		1.00
			90,362	4,890,620				
T - RESIDENCY PROGRAM EXPENSES								
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	188,244	98,663	0	0		1.00
	TOTALS		188,244	98,663				
U - CORPORATE ADMIN EXPENSE								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	47,938,104	0	0		1.00
	TOTALS		0	47,938,104				
W - MEDICAL DIRECTOR FEES								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	540,627	0	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
			0	540,627				
500.00	Grand Total: Decreases		2,332,898	157,346,394				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,991,804	0	0	0	128,500	1.00
2.00	Land Improvements	107,468	0	0	0	0	2.00
3.00	Buildings and Fixtures	175,808,469	0	0	0	282,769	3.00
4.00	Building Improvements	16,160,855	1,849,689	0	1,849,689	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	91,876,381	16,609,216	0	16,609,216	2,521,286	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	287,944,977	18,458,905	0	18,458,905	2,932,555	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	287,944,977	18,458,905	0	18,458,905	2,932,555	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,863,304	0				1.00
2.00	Land Improvements	107,468	0				2.00
3.00	Buildings and Fixtures	175,525,700	1,615,487				3.00
4.00	Building Improvements	18,010,544	955,253				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	105,964,311	50,824,947				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	303,471,327	53,395,687				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	303,471,327	53,395,687				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
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
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	197,507,016	0	197,507,016	0.650826	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	105,964,311	0	105,964,311	0.349174	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	303,471,327	0	303,471,327	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	6,756,368	294,011	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,073,630	895,614	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,719,315	281,994	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	996,989	3,682	2.01
3.00	Total (sum of lines 1-2)	0	0	0	12,546,302	1,475,301	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	196,522	-106,033	0	7,140,868	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	30,697	59,055	0	2,058,996	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	12,179,234	0	0	0	12,179,234	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,905	0	0	4,011,214	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	28,728	0	0	0	1,029,399	2.01
3.00	Total (sum of lines 1-2)	12,207,962	237,124	-46,978	0	26,419,711	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0 1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-192,185	0	CAP REL COSTS INTEREST EXPENSE	1.02	11 1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0 2.01
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	-6,940,810	0		0.00	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	22,238,910				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests			0		0.00	0 14.00
15.00 Rental of quarters to employee and others			0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00 Sale of drugs to other than patients			0		0.00	0 17.00
18.00 Sale of medical records and abstracts			0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00 Vending machines			0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** 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
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0 26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0 26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0 27.01
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	67.00	0 30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	0 30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00	0 31.00
32.00 CAHIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 EMPLOYEE BENEFITS	A	-21,710,924		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 WHITE HOSPITAL TOTAL OPER EXPENSES	A	11,827,823		WHITE HOSPITAL	193.02	0 33.01
33.02 UNWONTED SITUATIONS	A	-3,270		ADULTS & PEDIATRICS	30.00	0 33.02
33.03 UNWONTED SITUATIONS	A	-4,220		OPERATING ROOM	50.00	0 33.03
33.04 ACCRUED PTO	A	-719,958		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 ACCRUED PTO	A	-256		ADULTS & PEDIATRICS	30.00	0 33.05
33.06 CONTRIBUTION EXPENSE	A	-167,560		OTHER ADMINISTRATIVE & GENERAL	5.06	0 33.06
33.09 HAF OFFSET	A	-8,900,232		OTHER ADMINISTRATIVE & GENERAL	5.06	0 33.09
33.10 MISCELLANEOUS INCOME	B	-8,683		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11 MISCELLANEOUS INCOME	B	-2,260		ADMINISTRATIVE	5.01	0 33.11
33.12 MISCELLANEOUS INCOME	B	-366,722		OTHER ADMINISTRATIVE & GENERAL	5.06	0 33.12
33.13 MISCELLANEOUS INCOME	B	-18,669		OPERATION OF PLANT	7.00	0 33.13
33.14 MISCELLANEOUS INCOME	B	-42,038		OPERATION OF PLANT - NONHOSPITAL	7.01	0 33.14
33.15 MISCELLANEOUS INCOME	B	-30		HOUSEKEEPING	9.00	0 33.15
33.16 MISCELLANEOUS INCOME	B	-853,521		CAFETERIA	11.00	0 33.16
33.17 MISCELLANEOUS INCOME	B	-105		NURSING ADMINISTRATION	13.00	0 33.17
33.18 MISCELLANEOUS INCOME	B	-1,858		CENTRAL SERVICES & SUPPLY	14.00	0 33.18
33.19 MISCELLANEOUS INCOME	B	-48,450		PHARMACY	15.00	0 33.19
33.20 MISCELLANEOUS INCOME	B	-150		ADULTS & PEDIATRICS	30.00	0 33.20
33.21 MISCELLANEOUS INCOME	B	-500		NEONATAL INTENSIVE CARE UNIT	35.00	0 33.21
33.22 MISCELLANEOUS INCOME	B	-5,693		OPERATING ROOM	50.00	0 33.22
33.23 MISCELLANEOUS INCOME	B	-9,235		DELIVERY ROOM & LABOR ROOM	52.00	0 33.23
33.24 MISCELLANEOUS INCOME	B	-62,400		ELECTROCARDIOLOGY	69.00	0 33.24
33.25 MISCELLANEOUS INCOME	B	-3,374		ARNETT CANCER CARE CENTER	90.03	0 33.25
33.26 MISCELLANEOUS INCOME	B	-2,189		EMERGENCY	91.00	0 33.26
33.31 INTERCO SERVICES	B	-1,181,455		PHYSICIANS' PRIVATE OFFICES	192.00	0 33.31
33.32 TELEPHONE EXPENSE	A	-13,188		OTHER ADMINISTRATIVE & GENERAL	5.06	0 33.32
33.33 NON-ALLOWABLE MARKETING	A	-40		ADMINISTRATIVE	5.01	0 33.33
33.34 NON-ALLOWABLE MARKETING	A	-59,265		OTHER ADMINISTRATIVE & GENERAL	5.06	0 33.34
33.35 NON-ALLOWABLE MARKETING	A	-162		NURSING ADMINISTRATION	13.00	9 33.35
33.36 NON-ALLOWABLE MARKETING	A	-45		ADULTS & PEDIATRICS	30.00	0 33.36
33.37 NON-ALLOWABLE MARKETING	A	-80		INTENSIVE CARE UNIT	31.00	0 33.37
33.38 NON-ALLOWABLE MARKETING	A	-4,400		DELIVERY ROOM & LABOR ROOM	52.00	0 33.38
33.39 NON-ALLOWABLE MARKETING	A	-1,194		CARDIAC REHABILITATION	76.97	0 33.39
33.40 NON-ALLOWABLE MARKETING	A	-19		SLEEP CLINIC	90.01	0 33.40
33.41 NON-ALLOWABLE MARKETING	A	-3,106		I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0 33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,261,513				0 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: 15-0173
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/22/2017 1:49 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	13,469,170	12,132,642 1.00
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	238,777	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	726,486	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	22,535,544	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	36,480	36,480 4.01
4.02	5.01	ADMITTING	SHARED EMPLOYEES	1,699,188	1,699,188 4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	47,142,787	49,741,212 4.03
4.04	5.06	OTHER ADMINISTRATIVE & GENER	SHARED EMPLOYEES	1,373,783	1,373,783 4.04
4.05	7.00	OPERATION OF PLANT	SHARED EMPLOYEES	393,833	393,833 4.05
4.06	7.01	OPERATION OF PLANT - NONHOSP	SHARED EMPLOYEES	259,676	259,676 4.06
4.07	13.00	NURSING ADMINISTRATION	SHARED EMPLOYEES	113,750	113,750 4.07
4.08	50.00	OPERATING ROOM	SHARED EMPLOYEES	377,141	377,141 4.08
4.10	60.00	LABORATORY	SHARED EMPLOYEES	7,910,426	7,910,426 4.10
4.13	91.00	EMERGENCY	SHARED EMPLOYEES	36,000	36,000 4.13
4.14	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	4,279,916	4,279,916 4.14
4.15	0.00			0	0 4.15
5.00	0			100,592,957	78,354,047 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	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2017 1:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,336,528	9	1.00
2.00	238,777	11	2.00
3.00	726,486	9	3.00
4.00	22,535,544	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	-2,598,425	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.10	0	0	4.10
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
5.00	22,238,910		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	HEALTHCARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2017 1:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	1,140,400	0	1,140,400	171,400	8,784	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	848,501	848,501	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	4,605,107	4,605,107	0	0	0	3.00
4.00	91.00	EMERGENCY	1,637,937	1,070,637	567,300	171,400	17,568	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		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			8,231,945	6,524,245	1,707,700		26,352	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	31.00	INTENSIVE CARE UNIT	723,835	36,192	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	1,447,671	72,384	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		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			2,171,506	108,576	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	31.00	INTENSIVE CARE UNIT	0	723,835	416,565	416,565	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	848,501	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	4,605,107	3.00
4.00	91.00	EMERGENCY	0	1,447,671	0	1,070,637	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
200.00			0	2,171,506	416,565	6,940,810	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,140,868	7,140,868			1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	2,058,996	0	2,058,996		1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE	12,179,234	0	0	12,179,234	1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,011,214			4,011,214	2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,029,399			0	2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,977,582	0	0	0	4.00	
5.01	00570	ADMINISTRATIVE	5,581,723	63,675	18,737	108,602	5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	54,823,730	187,469	1,208	319,741	5.06	
7.00	00700	OPERATION OF PLANT	8,264,035	1,347,793	0	2,298,753	7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	3,935,488	0	17,974	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	31,042	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	3,710,565	51,644	912	88,083	9.00	
10.00	01000	DIETARY	255,377	48,955	0	83,496	10.00	
11.00	01100	CAFETERIA	1,112,872	179,808	0	306,675	11.00	
13.00	01300	NURSING ADMINISTRATION	4,180,816	180,056	0	307,098	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	12,314,205	328,337	462	560,000	14.00	
15.00	01500	PHARMACY	3,452,961	78,006	332	133,045	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	306,354	3,733	0	6,367	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	657,420	21,426	0	36,543	18.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,806,137	2,058,906	0	3,511,604	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,024,074	200,809	0	342,494	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,841,301	166,008	0	283,138	35.00	
43.00	04300	NURSERY	788,327	86,675	0	147,831	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,621,452	532,614	4,222	908,408	299,183	50.00
51.00	05100	RECOVERY ROOM	622,910	71,902	0	122,634	40,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,356,514	255,337	0	435,495	143,430	52.00
53.00	05300	ANESTHESIOLOGY	215,056	10,987	0	18,739	6,172	53.00
53.01	05301	ASC ANESTHESIOLOGY	57,943	0	693	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,912,979	198,191	0	338,028	111,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	311,375	31,457	0	53,652	17,670	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,007,256	204,932	0	349,525	115,116	59.00
60.00	06000	LABORATORY	7,895,426	153,146	0	261,201	86,026	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	716,795	10,952	0	18,679	6,152	63.00
65.00	06500	RESPIRATORY THERAPY	1,743,645	29,352	0	50,061	16,488	65.00
66.00	06600	PHYSICAL THERAPY	1,013,525	26,220	0	44,720	14,729	66.00
69.00	06900	ELECTROCARDIOLOGY	1,574,525	42,480	0	72,452	23,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	111,542	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,023,784	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,071,996	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,011,069	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	465,734	28,166	0	48,040	15,822	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,354,515	0	201,487	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	399,702	0	16,854	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	419,400	0	36,622	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	2,110,106	0	74,660	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	21,801	66,187	0	112,887	37,179	90.04
91.00	09100	EMERGENCY	5,500,290	403,229	0	687,734	226,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	256,023,060	7,068,452	374,163	12,055,725	3,970,537	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,744	43,860	0	74,805	24,637	190.00
191.00	19100	RESEARCH	-103	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	101,031,974	28,556	1,684,833	48,704	16,040	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
			0	1.00	1.01	1.02	2.00	
193.01	19301	RETAIL PHARMACY	5,224,103	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	11,827,823	0	0	0	0	193.02
193.03	19303	HOSPICE	3,631	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	114,403	0	0	0	0	194.00
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)	374,366,635	7,140,868	2,058,996	12,179,234	4,011,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,029,399					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,977,582				4.00
5.01 00570	ADMITTING	9,368	723,910	6,541,783			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	604	736,333	0	56,174,391	56,174,391	5.06
7.00 00700	OPERATION OF PLANT	0	168,559	0	12,836,231	2,266,134	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	8,986	42,124	0	4,004,572	706,975	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	31,042	5,480	8.00
9.00 00900	HOUSEKEEPING	456	416,707	0	4,297,377	758,668	9.00
10.00 01000	DIETARY	0	14,532	0	429,859	75,888	10.00
11.00 01100	CAFETERIA	0	117,660	0	1,818,018	320,957	11.00
13.00 01300	NURSING ADMINISTRATION	0	540,459	0	5,309,571	937,362	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	231	55,403	0	13,443,073	2,373,267	14.00
15.00 01500	PHARMACY	166	428,269	0	4,136,597	730,283	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	41,673	0	360,224	63,595	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	67,122	0	794,546	140,271	18.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,233,497	450,261	26,216,948	4,628,392	30.00
31.00 03100	INTENSIVE CARE UNIT	0	307,129	47,144	4,034,450	712,250	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	246,391	47,966	2,678,055	472,789	35.00
43.00 04300	NURSERY	0	108,112	19,689	1,199,322	211,731	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,111	583,657	583,532	7,535,179	1,330,276	50.00
51.00 05100	RECOVERY ROOM	0	86,600	67,419	1,011,854	178,635	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	323,359	101,837	3,615,972	638,371	52.00
53.00 05300	ANESTHESIOLOGY	0	20,381	35,058	306,393	54,091	53.00
53.01 05301	ASC ANESTHESIOLOGY	346	272	16,863	76,117	13,438	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	349,376	277,842	4,187,745	739,313	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	27,785	50,169	492,108	86,878	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	328,690	345,023	4,350,542	768,053	59.00
60.00 06000	LABORATORY	0	0	383,151	8,778,950	1,549,853	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	18,084	770,662	136,054	63.00
65.00 06500	RESPIRATORY THERAPY	0	222,560	62,476	2,124,582	375,078	65.00
66.00 06600	PHYSICAL THERAPY	0	122,864	34,173	1,256,231	221,778	66.00
69.00 06900	ELECTROCARDIOLOGY	0	193,538	133,568	2,040,425	360,221	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,298	5,332	132,172	23,334	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	128,589	7,152,373	1,262,694	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	340,098	10,412,094	1,838,172	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	674,028	28,685,097	5,064,124	73.00
74.00 07400	RENAL DIALYSIS	0	0	5,848	563,610	99,501	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	100,734	404,370	465,453	4,526,559	799,128	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	8,426	42,834	421	468,237	82,663	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	18,309	52,623	28,547	555,501	98,069	90.01
90.03 09002	ARNETT CANCER CARE CENTER	37,326	106,017	87,006	2,415,115	426,369	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	2,626	3,362	244,042	43,084	90.04
91.00 09100	EMERGENCY	0	643,635	751,918	8,213,310	1,449,994	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	187,063	9,774,365	5,164,857	237,679,146	32,043,213	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,969	0	290,015	51,200	190.00
191.00 19100	RESEARCH	0	0	0	-103	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	842,336	14,103,542	1,352,647	119,108,632	21,027,753	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	0	94,706	24,279	5,343,088	943,279	193.01
193.02 19302	WHITE HOSPITAL	0	0	0	11,827,823	2,088,108	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			MVBLE EQUIP - NONHOSP	2.01					
193.03	19303	HOSPICE	0	0	0	0	3,631	641	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	114,403	20,197	194.00
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,029,399	23,977,582	6,541,783	374,366,635	56,174,391		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	15,102,365				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	4,711,547			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	36,522		8.00
9.00	00900	HOUSEKEEPING	140,736	2,126	0	5,198,907	9.00
10.00	01000	DIETARY	133,408	0	0	22,082	661,237
11.00	01100	CAFETERIA	489,997	0	0	81,107	0
13.00	01300	NURSING ADMINISTRATION	490,672	0	0	81,219	0
14.00	01400	CENTRAL SERVICES & SUPPLY	894,753	1,077	9	148,727	0
15.00	01500	PHARMACY	212,575	773	0	35,633	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	10,173	0	0	1,684	0
18.00	01850	PATIENT TRANSPORT SERVICES	58,387	0	0	9,665	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,610,746	0	18,391	928,720	604,004
31.00	03100	INTENSIVE CARE UNIT	547,227	0	1,546	90,580	47,701
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	452,391	0	395	74,882	0
43.00	04300	NURSERY	236,200	0	0	39,097	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,451,430	9,843	2,767	245,939	0
51.00	05100	RECOVERY ROOM	195,941	0	129	32,433	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	695,822	0	3,117	115,176	9,532
53.00	05300	ANESTHESIOLOGY	29,941	0	0	4,956	0
53.01	05301	ASC ANESTHESIOLOGY	0	1,615	0	934	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	540,092	0	2,159	89,399	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	85,724	0	0	14,190	0
59.00	05900	CARDIAC CATHETERIZATION	558,461	0	1,512	92,439	0
60.00	06000	LABORATORY	417,339	0	0	69,080	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,844	0	0	4,940	0
65.00	06500	RESPIRATORY THERAPY	79,987	0	0	13,240	0
66.00	06600	PHYSICAL THERAPY	71,453	0	0	11,827	0
69.00	06900	ELECTROCARDIOLOGY	115,761	0	0	19,161	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	76,756	0	0	12,705	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	469,708	0	271,524	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	39,291	0	22,713	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	85,374	0	49,352	0
90.03	09002	ARNETT CANCER CARE CENTER	0	174,047	0	100,612	0
90.04	09003	OUTPATIENT INFUSION CENTER	180,368	0	363	29,855	0
91.00	09100	EMERGENCY	1,098,842	0	6,134	181,886	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,905,026	783,854	36,522	2,895,757	661,237
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,522	0	0	19,784	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,817	3,927,693	0	2,283,366	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	0	0	0
193.02	19302	WHITE HOSPITAL	0	0	0	0	0
193.03	19303	HOSPICE	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,102,365	4,711,547	36,522	5,198,907	661,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

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
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,710,079					11.00
13.00	01300	164,792	6,983,616				13.00
14.00	01400	30,830	0	16,891,736			14.00
15.00	01500	129,632	0	41,055	5,286,548		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	17,617	205	0	0	0	17.00
18.00	01850	58,870	0	343	0	0	18.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	924,783	3,445,897	974,678	16,347	0	30.00
31.00	03100	113,666	521,845	197,216	7,722	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	80,084	394,150	68,612	1,401	0	35.00
43.00	04300	39,234	157,619	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	204,357	571,241	1,937,390	11,740	0	50.00
51.00	05100	27,673	154,135	13,555	56	0	51.00
52.00	05200	119,392	450,311	138,370	254	0	52.00
53.00	05300	10,460	16,602	164,700	10,083	0	53.00
53.01	05301	0	0	42,472	913	0	53.01
54.00	05400	130,696	12,298	141,715	1,117	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	10,313	0	7,406	485	0	56.00
59.00	05900	107,610	342,089	516,619	3,937	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	96,159	22,546	167,409	1,707	0	65.00
66.00	06600	40,372	0	1,585	0	0	66.00
69.00	06900	86,690	65,999	14,364	470	0	69.00
70.00	07000	5,799	0	714	0	0	70.00
71.00	07100	0	0	4,252,789	0	0	71.00
72.00	07200	0	0	6,098,422	0	0	72.00
73.00	07300	0	0	0	5,192,555	0	73.00
74.00	07400	0	0	5,838	419	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	823,587	12,864	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	2,960	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	13,092	0	0	90.01
90.03	09002	38,794	3,894	95,169	14,716	0	90.03
90.04	09003	661	205	2,088	120	0	90.04
91.00	09100	267,925	824,580	456,328	6,444	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,706,409	6,983,616	16,178,476	5,283,350	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,670	0	137	2	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	711,416	3,136	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	1,257	60	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
194.00	07950	0	0	450	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,710,079	6,983,616	16,891,736	5,286,548	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
	17.00	18.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7.01
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	453,498					17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	1,062,082				18.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	414,245	970,153	0	44,753,304	0	30.00
31.00 03100 INTENSIVE CARE UNIT	32,715	76,618	0	6,383,536	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	4,222,759	0	35.00
43.00 04300 NURSERY	0	0	0	1,883,203	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	13,300,162	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	1,614,411	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,538	15,311	0	5,808,166	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	597,226	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	135,489	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,844,534	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	697,104	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,741,262	0	59.00
60.00 06000 LABORATORY	0	0	0	10,815,222	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	941,500	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,880,708	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,603,246	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,703,091	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	162,019	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,667,856	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,348,688	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	38,941,776	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	758,829	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	6,903,370	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	615,864	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	801,388	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	3,268,716	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	500,786	0	90.04
91.00 09100 EMERGENCY	0	0	0	12,505,443	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	453,498	1,062,082	0	206,399,658	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	484,330	0	190.00
191.00 19100 RESEARCH	0	0	0	-103	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	147,139,813	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
			17.00	18.00	22.00	24.00	25.00	
193.01	19301	RETAIL PHARMACY	0	0	0	6,287,684	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	13,915,931	0	193.02
193.03	19303	HOSPICE	0	0	0	4,272	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	135,050	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	453,498	1,062,082	0	374,366,635	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMINISTRATION	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7.01
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	PATIENT TRANSPORT SERVICES	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	ASC ANESTHESIOLOGY	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	ASC (NON-DISTINCT PART)	75.01
76.00	03950	CARDIAC CATHETERIZATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	SLEEP CLINIC	90.01
90.03	09002	ARNETT CANCER CARE CENTER	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	93.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
193.01	19301	RETAIL PHARMACY	193.01
193.02	19302	WHITE HOSPITAL	193.02
193.03	19303	HOSPICE	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	374,366,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
			0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400	0	0	0	0	0	4.00
5.01	00570	0	63,675	18,737	108,602	35,768	5.01
5.06	00590	0	187,469	1,208	319,741	105,306	5.06
7.00	00700	0	1,347,793	0	2,298,753	757,091	7.00
7.01	00701	0	0	17,974	0	0	7.01
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	51,644	912	88,083	29,010	9.00
10.00	01000	0	48,955	0	83,496	27,499	10.00
11.00	01100	0	179,808	0	306,675	101,003	11.00
13.00	01300	0	180,056	0	307,098	101,142	13.00
14.00	01400	0	328,337	462	560,000	184,435	14.00
15.00	01500	0	78,006	332	133,045	43,818	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	3,733	0	6,367	2,097	17.00
18.00	01850	0	21,426	0	36,543	12,035	18.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,058,906	0	3,511,604	1,156,543	30.00
31.00	03100	0	200,809	0	342,494	112,800	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	0	166,008	0	283,138	93,251	35.00
43.00	04300	0	86,675	0	147,831	48,688	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	532,614	4,222	908,408	299,183	50.00
51.00	05100	0	71,902	0	122,634	40,389	51.00
52.00	05200	0	255,337	0	435,495	143,430	52.00
53.00	05300	0	10,987	0	18,739	6,172	53.00
53.01	05301	0	0	693	0	0	53.01
54.00	05400	0	198,191	0	338,028	111,329	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	31,457	0	53,652	17,670	56.00
59.00	05900	0	204,932	0	349,525	115,116	59.00
60.00	06000	0	153,146	0	261,201	86,026	60.00
63.00	06300	0	10,952	0	18,679	6,152	63.00
65.00	06500	0	29,352	0	50,061	16,488	65.00
66.00	06600	0	26,220	0	44,720	14,729	66.00
69.00	06900	0	42,480	0	72,452	23,862	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	28,166	0	48,040	15,822	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	201,487	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	16,854	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	36,622	0	0	90.01
90.03	09002	0	0	74,660	0	0	90.03
90.04	09003	0	66,187	0	112,887	37,179	90.04
91.00	09100	0	403,229	0	687,734	226,504	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	7,068,452	374,163	12,055,725	3,970,537	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	43,860	0	74,805	24,637	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	28,556	1,684,833	48,704	16,040	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
193.02 19302 WHITE HOSPITAL	0	0	0	0	0	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	0	7,140,868	2,058,996	12,179,234	4,011,214	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0		4.00
5.01	00570	ADMITTING	9,368	236,150	0	236,150
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	604	614,328	0	614,328
7.00	00700	OPERATION OF PLANT	0	4,403,637	0	24,787
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	8,986	26,960	0	7,733
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	60
9.00	00900	HOUSEKEEPING	456	170,105	0	8,298
10.00	01000	DIETARY	0	159,950	0	830
11.00	01100	CAFETERIA	0	587,486	0	3,511
13.00	01300	NURSING ADMINISTRATION	0	588,296	0	10,253
14.00	01400	CENTRAL SERVICES & SUPPLY	231	1,073,465	0	25,959
15.00	01500	PHARMACY	166	255,367	0	7,988
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	12,197	0	696
18.00	01850	PATIENT TRANSPORT SERVICES	0	70,004	0	1,534
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	6,727,053	0	16,241
31.00	03100	INTENSIVE CARE UNIT	0	656,103	0	1,700
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	542,397	0	1,730
43.00	04300	NURSERY	0	283,194	0	710
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,111	1,746,538	0	21,047
51.00	05100	RECOVERY ROOM	0	234,925	0	2,432
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	834,262	0	3,673
53.00	05300	ANESTHESIOLOGY	0	35,898	0	1,265
53.01	05301	ASC ANESTHESIOLOGY	346	1,039	0	608
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	647,548	0	10,022
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	102,779	0	1,810
59.00	05900	CARDIAC CATHETERIZATION	0	669,573	0	12,445
60.00	06000	LABORATORY	0	500,373	0	13,820
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	35,783	0	652
65.00	06500	RESPIRATORY THERAPY	0	95,901	0	2,253
66.00	06600	PHYSICAL THERAPY	0	85,669	0	1,233
69.00	06900	ELECTROCARDIOLOGY	0	138,794	0	4,818
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	192
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,638
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,267
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,312
74.00	07400	RENAL DIALYSIS	0	92,028	0	211
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	100,734	302,221	0	16,788
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	8,426	25,280	0	15
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	04950	SLEEP CLINIC	18,309	54,931	0	1,030
90.03	09002	ARNETT CANCER CARE CENTER	37,326	111,986	0	3,138
90.04	09003	OUTPATIENT INFUSION CENTER	0	216,253	0	121
91.00	09100	EMERGENCY	0	1,317,467	0	27,121
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	187,063	23,655,940	0	186,292
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	143,302	0	560
191.00	19100	RESEARCH	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	842,336	2,620,469	0	48,982
193.00	19300	NONPAID WORKERS	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	0	876
193.02	19302	WHITE HOSPITAL	0	0	0	22,840

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	ADMI TTING	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2.01	2A	4.00	5.01	5.06	
193.03	19303	HOSPI CE	0	0	0	0	7	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	221	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,029,399	26,419,711	0	236,150	614,328	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	4,428,424					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	34,693				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	60			8.00
9.00	00900	HOUSEKEEPING	41,268	16	0	219,687		9.00
10.00	01000	DIETARY	39,119	0	0	933	200,832	10.00
11.00	01100	CAFETERIA	143,681	0	0	3,427	0	11.00
13.00	01300	NURSING ADMINISTRATION	143,879	0	0	3,432	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	262,366	8	0	6,285	0	14.00
15.00	01500	PHARMACY	62,333	6	0	1,506	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,983	0	0	71	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	17,121	0	0	408	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,645,222	0	29	39,244	183,449	30.00
31.00	03100	INTENSIVE CARE UNIT	160,462	0	3	3,828	14,488	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	132,653	0	1	3,164	0	35.00
43.00	04300	NURSERY	69,260	0	0	1,652	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	425,599	72	5	10,392	0	50.00
51.00	05100	RECOVERY ROOM	57,455	0	0	1,371	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	204,034	0	5	4,867	2,895	52.00
53.00	05300	ANESTHESIOLOGY	8,779	0	0	209	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	12	0	39	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,370	0	4	3,778	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	25,137	0	0	600	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	163,756	0	2	3,906	0	59.00
60.00	06000	LABORATORY	122,375	0	0	2,919	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,751	0	0	209	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,454	0	0	559	0	65.00
66.00	06600	PHYSICAL THERAPY	20,952	0	0	500	0	66.00
69.00	06900	ELECTROCARDIOLOGY	33,944	0	0	810	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	22,507	0	0	537	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	3,459	0	11,474	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	289	0	960	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	629	0	2,085	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	1,282	0	4,251	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	52,889	0	1	1,262	0	90.04
91.00	09100	EMERGENCY	322,210	0	10	7,686	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,370,559	5,773	60	122,364	200,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,047	0	0	836	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,818	28,920	0	96,487	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,428,424	34,693	60	219,687	200,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm	
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
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	738,105					11.00
13.00	01300	44,882	790,742				13.00
14.00	01400	8,397	0	1,376,480			14.00
15.00	01500	35,306	0	3,346	365,852		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	4,798	23	0	0	0	17.00
18.00	01850	16,034	0	28	0	0	18.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	251,866	390,173	79,425	1,131	0	30.00
31.00	03100	30,958	59,087	16,071	534	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	21,811	44,629	5,591	97	0	35.00
43.00	04300	10,686	17,847	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	55,658	64,681	157,875	812	0	50.00
51.00	05100	7,537	17,452	1,105	4	0	51.00
52.00	05200	32,517	50,988	11,276	18	0	52.00
53.00	05300	2,849	1,880	13,421	698	0	53.00
53.01	05301	0	0	3,461	63	0	53.01
54.00	05400	35,596	1,392	11,548	77	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,809	0	603	34	0	56.00
59.00	05900	29,308	38,734	42,099	272	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	26,190	2,553	13,642	118	0	65.00
66.00	06600	10,996	0	129	0	0	66.00
69.00	06900	23,611	7,473	1,170	33	0	69.00
70.00	07000	1,579	0	58	0	0	70.00
71.00	07100	0	0	346,554	0	0	71.00
72.00	07200	0	0	496,948	0	0	72.00
73.00	07300	0	0	0	359,349	0	73.00
74.00	07400	0	0	476	29	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	67,113	890	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	241	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	1,067	0	0	90.01
90.03	09002	10,566	441	7,755	1,018	0	90.03
90.04	09003	180	23	170	8	0	90.04
91.00	09100	72,971	93,366	37,186	446	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		737,105	790,742	1,318,358	365,631	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,000	0	11	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	57,972	217	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	102	4	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
194.00	07950	0	0	37	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	738,105	790,742	1,376,480	365,852		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS		
	17.00	18.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMINISTRATIVE				5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL				7.01
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	20,768			17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	105,129		18.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	18,971	96,029	9,499,458	0 30.00
31.00 03100	INTENSIVE CARE UNIT	1,498	7,584	960,107	0 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0 33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0 33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	757,244	0 35.00
43.00 04300	NURSERY	0	0	385,665	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	2,497,229	0 50.00
51.00 05100	RECOVERY ROOM	0	0	324,235	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	299	1,516	1,153,332	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	65,591	0 53.00
53.01 05301	ASC ANESTHESIOLOGY	0	0	5,369	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	876,422	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	134,722	0 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	968,496	0 59.00
60.00 06000	LABORATORY	0	0	656,439	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	46,883	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	168,773	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	121,905	0 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	214,593	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	2,084	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	365,003	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	529,321	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	439,052	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	116,876	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	0	410,686	0 75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	27,689	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	0	0	60,815	0 90.01
90.03 09002	ARNETT CANCER CARE CENTER	0	0	145,101	0 90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	0	271,378	0 90.04
91.00 09100	EMERGENCY	0	0	1,894,323	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,768	105,129	0	23,098,791 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	180,756	0 190.00
191.00 19100	RESEARCH	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,105,759	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0 193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
			17.00	18.00	22.00	24.00	25.00	
193.01	19301	RETAIL PHARMACY	0	0		11,300	0	193.01
193.02	19302	WHITE HOSPITAL	0	0		22,840	0	193.02
193.03	19303	HOSPICE	0	0		7	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0		258	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,768	105,129	0	26,419,711	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description			Total		
			26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00570	ADMINISTRATION			5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL			7.01
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	PATIENT TRANSPORT SERVICES			18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	9,499,458		30.00
31.00	03100	INTENSIVE CARE UNIT	960,107		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	757,244		35.00
43.00	04300	NURSERY	385,665		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,497,229		50.00
51.00	05100	RECOVERY ROOM	324,235		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,153,332		52.00
53.00	05300	ANESTHESIOLOGY	65,591		53.00
53.01	05301	ASC ANESTHESIOLOGY	5,369		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,422		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	134,722		56.00
59.00	05900	CARDIAC CATHETERIZATION	968,496		59.00
60.00	06000	LABORATORY	656,439		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,883		63.00
65.00	06500	RESPIRATORY THERAPY	168,773		65.00
66.00	06600	PHYSICAL THERAPY	121,905		66.00
69.00	06900	ELECTROCARDIOLOGY	214,593		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,084		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	365,003		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,321		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,052		73.00
74.00	07400	RENAL DIALYSIS	116,876		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
75.01	07501	ASC (NON-DISTINCT PART)	410,686		75.01
76.00	03950	CARDIAC CATHETERIZATION	0		76.00
76.97	07697	CARDIAC REHABILITATION	27,689		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0		90.00
90.01	04950	SLEEP CLINIC	60,815		90.01
90.03	09002	ARNETT CANCER CARE CENTER	145,101		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	271,378		90.04
91.00	09100	EMERGENCY	1,894,323		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0		93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,098,791		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180,756		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,105,759		192.00
193.00	19300	NONPAID WORKERS	0		193.00
193.01	19301	RETAIL PHARMACY	11,300		193.01
193.02	19302	WHITE HOSPITAL	22,840		193.02
193.03	19303	HOSPICE	7		193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	258		194.00
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	26,419,711	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	403,611				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	347,681			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	403,611		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				403,611	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMITTING	3,599	3,164	3,599	3,599	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,596	204	10,596	10,596	5.06
7.00	00700	OPERATION OF PLANT	76,179	0	76,179	76,179	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	3,035	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,919	154	2,919	2,919	9.00
10.00	01000	DIETARY	2,767	0	2,767	2,767	10.00
11.00	01100	CAFETERIA	10,163	0	10,163	10,163	11.00
13.00	01300	NURSING ADMINISTRATION	10,177	0	10,177	10,177	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,558	78	18,558	18,558	14.00
15.00	01500	PHARMACY	4,409	56	4,409	4,409	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	211	0	211	211	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,211	0	1,211	1,211	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	116,372	0	116,372	116,372	30.00
31.00	03100	INTENSIVE CARE UNIT	11,350	0	11,350	11,350	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,383	0	9,383	9,383	35.00
43.00	04300	NURSERY	4,899	0	4,899	4,899	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,104	713	30,104	30,104	50.00
51.00	05100	RECOVERY ROOM	4,064	0	4,064	4,064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,432	0	14,432	14,432	52.00
53.00	05300	ANESTHESIOLOGY	621	0	621	621	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	117	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,202	0	11,202	11,202	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,778	0	1,778	1,778	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,583	0	11,583	11,583	59.00
60.00	06000	LABORATORY	8,656	0	8,656	8,656	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	619	0	619	619	63.00
65.00	06500	RESPIRATORY THERAPY	1,659	0	1,659	1,659	65.00
66.00	06600	PHYSICAL THERAPY	1,482	0	1,482	1,482	66.00
69.00	06900	ELECTROCARDIOLOGY	2,401	0	2,401	2,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,592	0	1,592	1,592	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	34,023	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	12,607	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	3,741	0	3,741	3,741	90.04
91.00	09100	EMERGENCY	22,791	0	22,791	22,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	399,518	63,181	399,518	399,518	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,479	0	2,479	2,479	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,614	284,500	1,614	1,614	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,140,868	2,058,996	12,179,234	4,011,214	1,029,399	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.692451	5.922084	30.175674	9.938317	2.960757	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	159,226,476				4.00
5.01	00570	ADMITTING	4,807,225	1,412,809,680			5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,889,717	0	-56,174,391	318,192,347	5.06
7.00	00700	OPERATION OF PLANT	1,119,341	0	0	12,836,231	313,237
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	279,730	0	0	4,004,572	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	31,042	0
9.00	00900	HOUSEKEEPING	2,767,202	0	0	4,297,377	2,919
10.00	01000	DIETARY	96,499	0	0	429,859	2,767
11.00	01100	CAFETERIA	781,334	0	0	1,818,018	10,163
13.00	01300	NURSING ADMINISTRATION	3,588,989	0	0	5,309,571	10,177
14.00	01400	CENTRAL SERVICES & SUPPLY	367,913	0	0	13,443,073	18,558
15.00	01500	PHARMACY	2,843,975	0	0	4,136,597	4,409
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	276,736	0	0	360,224	211
18.00	01850	PATIENT TRANSPORT SERVICES	445,731	0	0	794,546	1,211
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,831,836	97,248,696	0	26,216,948	116,372
31.00	03100	INTENSIVE CARE UNIT	2,039,531	10,182,376	0	4,034,450	11,350
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,636,192	10,359,819	0	2,678,055	9,383
43.00	04300	NURSERY	717,932	4,252,461	0	1,199,322	4,899
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,875,855	126,032,730	0	7,535,179	30,104
51.00	05100	RECOVERY ROOM	575,079	14,561,423	0	1,011,854	4,064
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,147,312	21,994,952	0	3,615,972	14,432
53.00	05300	ANESTHESIOLOGY	135,345	7,571,869	0	306,393	621
53.01	05301	ASC ANESTHESIOLOGY	1,803	3,642,168	0	76,117	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,320,076	60,009,108	0	4,187,745	11,202
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	184,511	10,835,669	0	492,108	1,778
59.00	05900	CARDIAC CATHETERIZATION	2,182,709	74,519,044	0	4,350,542	11,583
60.00	06000	LABORATORY	0	82,753,966	0	8,778,950	8,656
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,905,793	0	770,662	619
65.00	06500	RESPIRATORY THERAPY	1,477,939	13,493,679	0	2,124,582	1,659
66.00	06600	PHYSICAL THERAPY	815,897	7,380,825	0	1,256,231	1,482
69.00	06900	ELECTROCARDIOLOGY	1,285,213	28,848,461	0	2,040,425	2,401
70.00	07000	ELECTROENCEPHALOGRAPHY	101,588	1,151,616	0	132,172	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,773,042	0	7,152,373	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,455,205	0	10,412,094	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	145,578,300	0	28,685,097	0
74.00	07400	RENAL DIALYSIS	0	1,263,081	0	563,610	1,592
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	2,685,277	100,529,897	0	4,526,559	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	284,444	90,972	0	468,237	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	349,447	6,165,731	0	555,501	0
90.03	09002	ARNETT CANCER CARE CENTER	704,021	18,791,855	0	2,415,115	0
90.04	09003	OUTPATIENT INFUSION CENTER	17,436	726,232	0	244,042	3,741
91.00	09100	EMERGENCY	4,274,145	162,401,335	0	8,213,310	22,791
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,907,980	1,115,520,305	-56,174,391	181,504,755	309,144
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,997	0	0	290,015	2,479
191.00	19100	RESEARCH	0	0	103	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,656,593	292,045,513	0	119,108,632	1,614
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	628,906	5,243,862	0	5,343,088	0
193.02	19302	WHITE HOSPITAL	0	0	0	11,827,823	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
193.03	19303	HOSPICE	0	0	0	3,631	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	114,403	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	23,977,582	6,541,783		56,174,391	15,102,365	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.150588	0.004630		0.176542	48.213860	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	236,150		614,328	4,428,424	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000167		0.001931	14.137615	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701	341,278					7.01
8.00	00800	0	792,262				8.00
9.00	00900	154	0	651,442			9.00
10.00	01000	0	0	2,767	33,366		10.00
11.00	01100	0	0	10,163	0	73,840	11.00
13.00	01300	0	0	10,177	0	4,490	13.00
14.00	01400	78	194	18,636	0	840	14.00
15.00	01500	56	0	4,465	0	3,532	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	211	0	480	17.00
18.00	01850	0	0	1,211	0	1,604	18.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	398,982	116,372	30,478	25,197	30.00
31.00	03100	0	33,534	11,350	2,407	3,097	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	0	8,562	9,383	0	2,182	35.00
43.00	04300	0	0	4,899	0	1,069	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	713	60,018	30,817	0	5,568	50.00
51.00	05100	0	2,796	4,064	0	754	51.00
52.00	05200	0	67,610	14,432	481	3,253	52.00
53.00	05300	0	0	621	0	285	53.00
53.01	05301	117	0	117	0	0	53.01
54.00	05400	0	46,838	11,202	0	3,561	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	1,778	0	281	56.00
59.00	05900	0	32,794	11,583	0	2,932	59.00
60.00	06000	0	0	8,656	0	0	60.00
63.00	06300	0	0	619	0	0	63.00
65.00	06500	0	0	1,659	0	2,620	65.00
66.00	06600	0	0	1,482	0	1,100	66.00
69.00	06900	0	0	2,401	0	2,362	69.00
70.00	07000	0	0	0	0	158	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	1,592	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	34,023	0	34,023	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	2,846	0	2,846	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	6,184	0	6,184	0	0	90.01
90.03	09002	12,607	0	12,607	0	1,057	90.03
90.04	09003	0	7,880	3,741	0	18	90.04
91.00	09100	0	133,054	22,791	0	7,300	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		56,778	792,262	362,849	33,366	73,740	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	2,479	0	100	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	284,500	0	286,114	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,711,547	36,522	5,198,907	661,237	2,710,079
203.00		Unit cost multiplier (Wkst. B, Part I)	13.805598	0.046098	7.980614	19.817689	36.702045
204.00		Cost to be allocated (per Wkst. B, Part II)	34,693	60	219,687	200,832	738,105
205.00		Unit cost multiplier (Wkst. B, Part II)	0.101656	0.000076	0.337232	6.019061	9.996005

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	34,072					13.00
14.00	01400	0	27,897,922				14.00
15.00	01500	0	67,806	28,518,104			15.00
16.00	01600	0	0	0	1,412,809,680		16.00
17.00	01700	1	0	0	0	33,366	17.00
18.00	01850	0	566	0	0	0	18.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,812	1,609,751	88,184	97,248,696	30,478	30.00
31.00	03100	2,546	325,717	41,655	10,182,376	2,407	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	1,923	113,318	7,557	10,359,819	0	35.00
43.00	04300	769	0	0	4,252,461	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,787	3,199,737	63,332	126,032,730	0	50.00
51.00	05100	752	22,387	301	14,561,423	0	51.00
52.00	05200	2,197	228,528	1,372	21,994,952	481	52.00
53.00	05300	81	272,013	54,394	7,571,869	0	53.00
53.01	05301	0	70,146	4,923	3,642,168	0	53.01
54.00	05400	60	234,052	6,024	60,009,108	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	12,231	2,618	10,835,669	0	56.00
59.00	05900	1,669	853,233	21,240	74,519,044	0	59.00
60.00	06000	0	0	0	82,753,966	0	60.00
63.00	06300	0	0	0	3,905,793	0	63.00
65.00	06500	110	276,488	9,208	13,493,679	0	65.00
66.00	06600	0	2,618	0	7,380,825	0	66.00
69.00	06900	322	23,723	2,535	28,848,461	0	69.00
70.00	07000	0	1,179	0	1,151,616	0	70.00
71.00	07100	0	7,023,784	0	27,773,042	0	71.00
72.00	07200	0	10,071,996	0	73,455,205	0	72.00
73.00	07300	0	0	28,011,069	145,578,300	0	73.00
74.00	07400	0	9,642	2,262	1,263,081	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,360,212	69,392	100,529,897	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	4,889	0	90,972	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	21,622	0	6,165,731	0	90.01
90.03	09002	19	157,178	79,383	18,791,855	0	90.03
90.04	09003	1	3,448	645	726,232	0	90.04
91.00	09100	4,023	753,659	34,763	162,401,335	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		34,072	26,719,923	28,500,857	1,115,520,305	33,366	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	226	9	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	1,174,954	16,916	292,045,513	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	2,076	322	5,243,862	0	193.01
193.02	19302	0	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
193.03	19303	HOSPICE	0	0	0	0	0	193.03
194.00	07950	MARKETING/PUBLIC RELATIONS	0	743	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,983,616	16,891,736	5,286,548	0	453,498	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	204.966424	0.605484	0.185375	0.000000	13.591620	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	790,742	1,376,480	365,852	0	20,768	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.207971	0.049340	0.012829	0.000000	0.622430	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
		PATIENT TRANSPORT SERVICES (PATIENT DAYS)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
		18.00	22.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL		7.01
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	PATIENT TRANSPORT SERVICES	33,366	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	30,478	30.00
31.00	03100	INTENSIVE CARE UNIT	2,407	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	SLEEP CLINIC	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	93.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,366	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	RETAIL PHARMACY	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	PATIENT TRANSPORT SERVICES (PATIENT DAYS)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
	18.00	22.00	
193.02 19302 WHITE HOSPITAL	0	0	193.02
193.03 19303 HOSPICE	0	0	193.03
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,062,082	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	31.831265	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	105,129	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.150782	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		44,753,304	0	44,753,304	30.00
31.00	03100 INTENSIVE CARE UNIT		6,383,536	416,565	6,800,101	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,222,759	0	4,222,759	35.00
43.00	04300 NURSERY		1,883,203	0	1,883,203	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,300,162	0	13,300,162	50.00
51.00	05100 RECOVERY ROOM		1,614,411	0	1,614,411	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,808,166	0	5,808,166	52.00
53.00	05300 ANESTHESIOLOGY		597,226	0	597,226	53.00
53.01	05301 ASC ANESTHESIOLOGY		135,489	0	135,489	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,844,534	0	5,844,534	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		697,104	0	697,104	56.00
59.00	05900 CARDIAC CATHETERIZATION		6,741,262	0	6,741,262	59.00
60.00	06000 LABORATORY		10,815,222	0	10,815,222	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		941,500	0	941,500	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,880,708	0	2,880,708	65.00
66.00	06600 PHYSICAL THERAPY	0	1,603,246	0	1,603,246	66.00
69.00	06900 ELECTROCARDIOLOGY		2,703,091	0	2,703,091	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		162,019	0	162,019	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,667,856	0	12,667,856	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,348,688	0	18,348,688	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		38,941,776	0	38,941,776	73.00
74.00	07400 RENAL DIALYSIS		758,829	0	758,829	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		6,903,370	0	6,903,370	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		615,864	0	615,864	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		801,388	0	801,388	90.01
90.03	09002 ARNETT CANCER CARE CENTER		3,268,716	0	3,268,716	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		500,786	0	500,786	90.04
91.00	09100 EMERGENCY		12,505,443	0	12,505,443	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,425,753	0	8,425,753	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
200.00	Subtotal (see instructions)	0	214,825,411	416,565	215,241,976	200.00
201.00	Less Observation Beds		8,425,753		8,425,753	201.00
202.00	Total (see instructions)	0	206,399,658	416,565	206,816,223	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,162,089		79,162,089		30.00
31.00	03100	INTENSIVE CARE UNIT	10,182,376		10,182,376		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,359,819		10,359,819		35.00
43.00	04300	NURSERY	4,252,461		4,252,461		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,952,205	75,080,525	126,032,730	0.105529	50.00
51.00	05100	RECOVERY ROOM	4,430,422	10,131,001	14,561,423	0.110869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,176,276	1,818,676	21,994,952	0.264068	52.00
53.00	05300	ANESTHESIOLOGY	3,287,346	4,284,523	7,571,869	0.078874	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,036	3,634,890	3,641,926	0.037203	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,474,056	40,485,657	59,959,713	0.097474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,243,487	9,592,182	10,835,669	0.064334	56.00
59.00	05900	CARDIAC CATHETERIZATION	33,316,835	41,202,209	74,519,044	0.090464	59.00
60.00	06000	LABORATORY	33,650,746	49,103,220	82,753,966	0.130691	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,076,407	829,386	3,905,793	0.241052	63.00
65.00	06500	RESPIRATORY THERAPY	11,186,399	2,307,280	13,493,679	0.213486	65.00
66.00	06600	PHYSICAL THERAPY	6,694,717	686,108	7,380,825	0.217218	66.00
69.00	06900	ELECTROCARDIOLOGY	12,770,219	16,078,242	28,848,461	0.093700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,736	364,880	1,151,616	0.140688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,846,119	15,926,923	27,773,042	0.456121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,064,530	34,390,675	73,455,205	0.249794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,841,607	94,736,693	145,578,300	0.267497	73.00
74.00	07400	RENAL DIALYSIS	1,165,864	97,217	1,263,081	0.600776	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	130,828	100,399,069	100,529,897	0.068670	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	67,284	23,368	90,652	6.793717	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	5,240	6,160,491	6,165,731	0.129975	90.01
90.03	09002	ARNETT CANCER CARE CENTER	202,422	18,589,328	18,791,750	0.173944	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	4,362	721,870	726,232	0.689568	90.04
91.00	09100	EMERGENCY	27,124,571	135,276,764	162,401,335	0.077003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,445,999	15,640,608	18,086,607	0.465856	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	437,908,458	677,561,785	1,115,470,243		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	437,908,458	677,561,785	1,115,470,243		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.105529		50.00
51.00	05100	RECOVERY ROOM	0.110869		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264068		52.00
53.00	05300	ANESTHESIOLOGY	0.078874		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.037203		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097474		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.064334		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090464		59.00
60.00	06000	LABORATORY	0.130691		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.241052		63.00
65.00	06500	RESPIRATORY THERAPY	0.213486		65.00
66.00	06600	PHYSICAL THERAPY	0.217218		66.00
69.00	06900	ELECTROCARDIOLOGY	0.093700		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140688		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.249794		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267497		73.00
74.00	07400	RENAL DIALYSIS	0.600776		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.068670		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	6.793717		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.129975		90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.173944		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.689568		90.04
91.00	09100	EMERGENCY	0.077003		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465856		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,753,304		44,753,304	0	44,753,304	30.00
31.00	03100 INTENSIVE CARE UNIT	6,383,536		6,383,536	416,565	6,800,101	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,222,759		4,222,759	0	4,222,759	35.00
43.00	04300 NURSERY	1,883,203		1,883,203	0	1,883,203	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,300,162		13,300,162	0	13,300,162	50.00
51.00	05100 RECOVERY ROOM	1,614,411		1,614,411	0	1,614,411	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,808,166		5,808,166	0	5,808,166	52.00
53.00	05300 ANESTHESIOLOGY	597,226		597,226	0	597,226	53.00
53.01	05301 ASC ANESTHESIOLOGY	135,489		135,489	0	135,489	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,844,534		5,844,534	0	5,844,534	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	697,104		697,104	0	697,104	56.00
59.00	05900 CARDIAC CATHETERIZATION	6,741,262		6,741,262	0	6,741,262	59.00
60.00	06000 LABORATORY	10,815,222		10,815,222	0	10,815,222	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	941,500		941,500	0	941,500	63.00
65.00	06500 RESPIRATORY THERAPY	2,880,708	0	2,880,708	0	2,880,708	65.00
66.00	06600 PHYSICAL THERAPY	1,603,246	0	1,603,246	0	1,603,246	66.00
69.00	06900 ELECTROCARDIOLOGY	2,703,091		2,703,091	0	2,703,091	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	162,019		162,019	0	162,019	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,667,856		12,667,856	0	12,667,856	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,348,688		18,348,688	0	18,348,688	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38,941,776		38,941,776	0	38,941,776	73.00
74.00	07400 RENAL DIALYSIS	758,829		758,829	0	758,829	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	6,903,370		6,903,370	0	6,903,370	75.01
76.00	03950 CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	615,864		615,864	0	615,864	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 SLEEP CLINIC	801,388		801,388	0	801,388	90.01
90.03	09002 ARNETT CANCER CARE CENTER	3,268,716		3,268,716	0	3,268,716	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	500,786		500,786	0	500,786	90.04
91.00	09100 EMERGENCY	12,505,443		12,505,443	0	12,505,443	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,425,753		8,425,753	0	8,425,753	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00	Subtotal (see instructions)	214,825,411	0	214,825,411	416,565	215,241,976	200.00
201.00	Less Observation Beds	8,425,753		8,425,753		8,425,753	201.00
202.00	Total (see instructions)	206,399,658	0	206,399,658	416,565	206,816,223	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,162,089		79,162,089		30.00
31.00	03100	INTENSIVE CARE UNIT	10,182,376		10,182,376		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,359,819		10,359,819		35.00
43.00	04300	NURSERY	4,252,461		4,252,461		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,952,205	75,080,525	126,032,730	0.105529	50.00
51.00	05100	RECOVERY ROOM	4,430,422	10,131,001	14,561,423	0.110869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,176,276	1,818,676	21,994,952	0.264068	52.00
53.00	05300	ANESTHESIOLOGY	3,287,346	4,284,523	7,571,869	0.078874	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,036	3,634,890	3,641,926	0.037203	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,474,056	40,485,657	59,959,713	0.097474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,243,487	9,592,182	10,835,669	0.064334	56.00
59.00	05900	CARDIAC CATHETERIZATION	33,316,835	41,202,209	74,519,044	0.090464	59.00
60.00	06000	LABORATORY	33,650,746	49,103,220	82,753,966	0.130691	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,076,407	829,386	3,905,793	0.241052	63.00
65.00	06500	RESPIRATORY THERAPY	11,186,399	2,307,280	13,493,679	0.213486	65.00
66.00	06600	PHYSICAL THERAPY	6,694,717	686,108	7,380,825	0.217218	66.00
69.00	06900	ELECTROCARDIOLOGY	12,770,219	16,078,242	28,848,461	0.093700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,736	364,880	1,151,616	0.140688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,846,119	15,926,923	27,773,042	0.456121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,064,530	34,390,675	73,455,205	0.249794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,841,607	94,736,693	145,578,300	0.267497	73.00
74.00	07400	RENAL DIALYSIS	1,165,864	97,217	1,263,081	0.600776	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	130,828	100,399,069	100,529,897	0.068670	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	67,284	23,368	90,652	6.793717	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	5,240	6,160,491	6,165,731	0.129975	90.01
90.03	09002	ARNETT CANCER CARE CENTER	202,422	18,589,328	18,791,750	0.173944	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	4,362	721,870	726,232	0.689568	90.04
91.00	09100	EMERGENCY	27,124,571	135,276,764	162,401,335	0.077003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,445,999	15,640,608	18,086,607	0.465856	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	437,908,458	677,561,785	1,115,470,243		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	437,908,458	677,561,785	1,115,470,243		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 1:49 pm
			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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105529		50.00
51.00	05100	RECOVERY ROOM	0.110869		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264068		52.00
53.00	05300	ANESTHESIOLOGY	0.078874		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.037203		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097474		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.064334		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090464		59.00
60.00	06000	LABORATORY	0.130691		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.241052		63.00
65.00	06500	RESPIRATORY THERAPY	0.213486		65.00
66.00	06600	PHYSICAL THERAPY	0.217218		66.00
69.00	06900	ELECTROCARDIOLOGY	0.093700		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140688		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.249794		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267497		73.00
74.00	07400	RENAL DIALYSIS	0.600776		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.068670		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	6.793717		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.129975		90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.173944		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.689568		90.04
91.00	09100	EMERGENCY	0.077003		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465856		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 15-0173

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

Worksheet C
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description			Title XIX			Hospital	PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,300,162	2,497,229	10,802,933	0	0
51.00	05100	RECOVERY ROOM	1,614,411	324,235	1,290,176	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,808,166	1,153,332	4,654,834	0	0
53.00	05300	ANESTHESIOLOGY	597,226	65,591	531,635	0	0
53.01	05301	ASC ANESTHESIOLOGY	135,489	5,369	130,120	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,844,534	876,422	4,968,112	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	697,104	134,722	562,382	0	0
59.00	05900	CARDIAC CATHETERIZATION	6,741,262	968,496	5,772,766	0	0
60.00	06000	LABORATORY	10,815,222	656,439	10,158,783	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	941,500	46,883	894,617	0	0
65.00	06500	RESPIRATORY THERAPY	2,880,708	168,773	2,711,935	0	0
66.00	06600	PHYSICAL THERAPY	1,603,246	121,905	1,481,341	0	0
69.00	06900	ELECTROCARDIOLOGY	2,703,091	214,593	2,488,498	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	162,019	2,084	159,935	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,667,856	365,003	12,302,853	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,348,688	529,321	17,819,367	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	38,941,776	439,052	38,502,724	0	0
74.00	07400	RENAL DIALYSIS	758,829	116,876	641,953	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	6,903,370	410,686	6,492,684	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	615,864	27,689	588,175	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	801,388	60,815	740,573	0	0
90.03	09002	ARNETT CANCER CARE CENTER	3,268,716	145,101	3,123,615	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	500,786	271,378	229,408	0	0
91.00	09100	EMERGENCY	12,505,443	1,894,323	10,611,120	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,425,753	1,788,476	6,637,277	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	157,582,609	13,284,793	144,297,816	0	0
201.00		Less Observation Beds	8,425,753	1,788,476	6,637,277	0	0
202.00		Total (line 200 minus line 201)	149,156,856	11,496,317	137,660,539	0	0

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

Provider CCN: 15-0173

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

Worksheet C
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,300,162	126,032,730	0.105529	50.00
51.00	05100	RECOVERY ROOM	1,614,411	14,561,423	0.110869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,808,166	21,994,952	0.264068	52.00
53.00	05300	ANESTHESIOLOGY	597,226	7,571,869	0.078874	53.00
53.01	05301	ASC ANESTHESIOLOGY	135,489	3,641,926	0.037203	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,844,534	59,959,713	0.097474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	697,104	10,835,669	0.064334	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,741,262	74,519,044	0.090464	59.00
60.00	06000	LABORATORY	10,815,222	82,753,966	0.130691	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	941,500	3,905,793	0.241052	63.00
65.00	06500	RESPIRATORY THERAPY	2,880,708	13,493,679	0.213486	65.00
66.00	06600	PHYSICAL THERAPY	1,603,246	7,380,825	0.217218	66.00
69.00	06900	ELECTROCARDIOLOGY	2,703,091	28,848,461	0.093700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	162,019	1,151,616	0.140688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,667,856	27,773,042	0.456121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,348,688	73,455,205	0.249794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,941,776	145,578,300	0.267497	73.00
74.00	07400	RENAL DIALYSIS	758,829	1,263,081	0.600776	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	6,903,370	100,529,897	0.068670	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	615,864	90,652	6.793717	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	801,388	6,165,731	0.129975	90.01
90.03	09002	ARNETT CANCER CARE CENTER	3,268,716	18,791,750	0.173944	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	500,786	726,232	0.689568	90.04
91.00	09100	EMERGENCY	12,505,443	162,401,335	0.077003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,425,753	18,086,607	0.465856	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
200.00		Subtotal (sum of lines 50 thru 199)	157,582,609	1,011,513,498		200.00
201.00		Less Observation Beds	8,425,753	0		201.00
202.00		Total (line 200 minus line 201)	149,156,856	1,011,513,498		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,499,458	0	9,499,458	37,547	253.00	30.00
31.00	INTENSIVE CARE UNIT	960,107		960,107	2,407	398.88	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	757,244		757,244	2,070	365.82	35.00
43.00	NURSERY	385,665		385,665	2,998	128.64	43.00
200.00	Total (Lines 30-199)	11,602,474		11,602,474	45,022		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	13,179	3,334,287				
31.00	INTENSIVE CARE UNIT	1,675	668,124				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	14,854	4,002,411				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,497,229	126,032,730	0.019814	20,128,274	398,822	50.00
51.00	05100	RECOVERY ROOM	324,235	14,561,423	0.022267	1,749,893	38,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,153,332	21,994,952	0.052436	139,902	7,336	52.00
53.00	05300	ANESTHESIOLOGY	65,591	7,571,869	0.008662	1,238,643	10,729	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,369	3,641,926	0.001474	5,149	8	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,422	59,959,713	0.014617	9,120,961	133,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	134,722	10,835,669	0.012433	682,124	8,481	56.00
59.00	05900	CARDIAC CATHETERIZATION	968,496	74,519,044	0.012997	15,316,889	199,074	59.00
60.00	06000	LABORATORY	656,439	82,753,966	0.007932	13,226,602	104,913	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,883	3,905,793	0.012003	1,577,692	18,937	63.00
65.00	06500	RESPIRATORY THERAPY	168,773	13,493,679	0.012508	4,946,745	61,874	65.00
66.00	06600	PHYSICAL THERAPY	121,905	7,380,825	0.016516	3,524,288	58,207	66.00
69.00	06900	ELECTROCARDIOLOGY	214,593	28,848,461	0.007439	6,593,524	49,049	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,084	1,151,616	0.001810	318,158	576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	365,003	27,773,042	0.013142	5,031,770	66,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,321	73,455,205	0.007206	16,647,274	119,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,052	145,578,300	0.003016	21,497,359	64,836	73.00
74.00	07400	RENAL DIALYSIS	116,876	1,263,081	0.092532	856,318	79,237	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	410,686	100,529,897	0.004085	100,069	409	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	27,689	90,652	0.305443	26,223	8,010	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	60,815	6,165,731	0.009863	5,208	51	90.01
90.03	09002	ARNETT CANCER CARE CENTER	145,101	18,791,750	0.007722	101,812	786	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	271,378	726,232	0.373679	3,880	1,450	90.04
91.00	09100	EMERGENCY	1,894,323	162,401,335	0.011664	13,534,304	157,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,788,476	18,086,607	0.098884	1,087,462	107,533	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	13,284,793	1,011,513,498		137,460,523	1,696,556	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	37,547	0.00	13,179	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,407	0.00	1,675	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,070	0.00	0	0	35.00
43.00	04300	NURSERY	2,998	0.00	0	0	43.00
200.00		Total (lines 30-199)	45,022		14,854	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
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	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01	
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01	
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	0	90.03	
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	126,032,730	0.000000	0.000000	20,128,274	50.00
51.00	05100	RECOVERY ROOM	0	14,561,423	0.000000	0.000000	1,749,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,994,952	0.000000	0.000000	139,902	52.00
53.00	05300	ANESTHESIOLOGY	0	7,571,869	0.000000	0.000000	1,238,643	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,641,926	0.000000	0.000000	5,149	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,959,713	0.000000	0.000000	9,120,961	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	10,835,669	0.000000	0.000000	682,124	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,519,044	0.000000	0.000000	15,316,889	59.00
60.00	06000	LABORATORY	0	82,753,966	0.000000	0.000000	13,226,602	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,905,793	0.000000	0.000000	1,577,692	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,493,679	0.000000	0.000000	4,946,745	65.00
66.00	06600	PHYSICAL THERAPY	0	7,380,825	0.000000	0.000000	3,524,288	66.00
69.00	06900	ELECTROCARDIOLOGY	0	28,848,461	0.000000	0.000000	6,593,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,151,616	0.000000	0.000000	318,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,773,042	0.000000	0.000000	5,031,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,455,205	0.000000	0.000000	16,647,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	145,578,300	0.000000	0.000000	21,497,359	73.00
74.00	07400	RENAL DIALYSIS	0	1,263,081	0.000000	0.000000	856,318	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	100,529,897	0.000000	0.000000	100,069	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	90,652	0.000000	0.000000	26,223	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,165,731	0.000000	0.000000	5,208	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	18,791,750	0.000000	0.000000	101,812	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	726,232	0.000000	0.000000	3,880	90.04
91.00	09100	EMERGENCY	0	162,401,335	0.000000	0.000000	13,534,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,086,607	0.000000	0.000000	1,087,462	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	1,011,513,498			137,460,523	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	19,778,363	0	50.00
51.00	05100 RECOVERY ROOM	0	2,480,190	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	28,251	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,038,720	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	802,818	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,839,582	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,792,832	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,002,894	0	59.00
60.00	06000 LABORATORY	0	8,079,836	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	450,260	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	718,832	0	65.00
66.00	06600 PHYSICAL THERAPY	0	232,988	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	8,507,374	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	108,620	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,833,488	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,885,305	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,029,859	0	73.00
74.00	07400 RENAL DIALYSIS	0	66,218	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	21,254,917	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0	1,682,451	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0	7,561,326	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	337,245	0	90.04
91.00	09100 EMERGENCY	0	25,242,177	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,102,111	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00	Total (lines 50-199)	0	177,856,657	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 1:49 pm
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.105529	19,778,363	0	0	2,087,191	50.00
51.00	05100 RECOVERY ROOM	0.110869	2,480,190	0	0	274,976	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.264068	28,251	0	0	7,460	52.00
53.00	05300 ANESTHESIOLOGY	0.078874	1,038,720	0	0	81,928	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.037203	802,818	0	0	29,867	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.097474	9,839,582	0	0	959,103	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.064334	3,792,832	0	0	244,008	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.090464	16,002,894	0	0	1,447,686	59.00
60.00	06000 LABORATORY	0.130691	8,079,836	3,265	0	1,055,962	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.241052	450,260	0	0	108,536	63.00
65.00	06500 RESPIRATORY THERAPY	0.213486	718,832	0	0	153,461	65.00
66.00	06600 PHYSICAL THERAPY	0.217218	232,988	0	0	50,609	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093700	8,507,374	0	0	797,141	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.140688	108,620	0	0	15,282	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121	4,833,488	0	0	2,204,655	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.249794	12,885,305	0	0	3,218,672	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.267497	26,029,859	0	114,108	6,962,909	73.00
74.00	07400 RENAL DIALYSIS	0.600776	66,218	0	0	39,782	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.068670	21,254,917	0	0	1,459,575	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6.793717	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.129975	1,682,451	0	0	218,677	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.173944	7,561,326	0	0	1,315,247	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.689568	337,245	0	0	232,553	90.04
91.00	09100 EMERGENCY	0.077003	25,242,177	0	144	1,943,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465856	6,102,111	0	0	2,842,705	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		177,856,657	3,265	114,252	27,751,708	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		177,856,657	3,265	114,252	27,751,708	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 1:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	427	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
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	30,524	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	11	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	427	30,535	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	427	30,535	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,499,458	0	9,499,458	37,547	253.00	30.00	
31.00	INTENSIVE CARE UNIT	960,107		960,107	2,407	398.88	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
35.00	NEONATAL INTENSIVE CARE UNIT	757,244		757,244	2,070	365.82	35.00	
43.00	NURSERY	385,665		385,665	2,998	128.64	43.00	
200.00	Total (Lines 30-199)	11,602,474		11,602,474	45,022		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	233	58,949					30.00
31.00	INTENSIVE CARE UNIT	321	128,040					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
35.00	NEONATAL INTENSIVE CARE UNIT	286	104,625					35.00
43.00	NURSERY	1,352	173,921					43.00
200.00	Total (Lines 30-199)	2,192	465,535					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,497,229	126,032,730	0.019814	410,952	8,143	50.00
51.00	05100	RECOVERY ROOM	324,235	14,561,423	0.022267	55,851	1,244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,153,332	21,994,952	0.052436	568,409	29,805	52.00
53.00	05300	ANESTHESIOLOGY	65,591	7,571,869	0.008662	24,988	216	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,369	3,641,926	0.001474	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,422	59,959,713	0.014617	305,020	4,458	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	134,722	10,835,669	0.012433	20,742	258	56.00
59.00	05900	CARDIAC CATHETERIZATION	968,496	74,519,044	0.012997	239,784	3,116	59.00
60.00	06000	LABORATORY	656,439	82,753,966	0.007932	880,183	6,982	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,883	3,905,793	0.012003	21,840	262	63.00
65.00	06500	RESPIRATORY THERAPY	168,773	13,493,679	0.012508	354,371	4,432	65.00
66.00	06600	PHYSICAL THERAPY	121,905	7,380,825	0.016516	47,786	789	66.00
69.00	06900	ELECTROCARDIOLOGY	214,593	28,848,461	0.007439	136,351	1,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,084	1,151,616	0.001810	24,270	44	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	365,003	27,773,042	0.013142	153,526	2,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,321	73,455,205	0.007206	258,742	1,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,052	145,578,300	0.003016	1,152,546	3,476	73.00
74.00	07400	RENAL DIALYSIS	116,876	1,263,081	0.092532	1,458	135	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	410,686	100,529,897	0.004085	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	27,689	90,652	0.305443	264	81	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	60,815	6,165,731	0.009863	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	145,101	18,791,750	0.007722	4,415	34	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	271,378	726,232	0.373679	0	0	90.04
91.00	09100	EMERGENCY	1,894,323	162,401,335	0.011664	410,779	4,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,788,476	18,086,607	0.098884	38,619	3,819	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	13,284,793	1,011,513,498		5,110,896	76,981	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description			Title XIX			Hospital		PPS
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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	37,547	0.00	233	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,407	0.00	321	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,070	0.00	286	0		35.00
43.00	04300	NURSERY	2,998	0.00	1,352	0		43.00
200.00		Total (lines 30-199)	45,022		2,192	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	126,032,730	0.000000	0.000000	410,952	50.00
51.00	05100	RECOVERY ROOM	0	14,561,423	0.000000	0.000000	55,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,994,952	0.000000	0.000000	568,409	52.00
53.00	05300	ANESTHESIOLOGY	0	7,571,869	0.000000	0.000000	24,988	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,641,926	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,959,713	0.000000	0.000000	305,020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	10,835,669	0.000000	0.000000	20,742	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,519,044	0.000000	0.000000	239,784	59.00
60.00	06000	LABORATORY	0	82,753,966	0.000000	0.000000	880,183	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,905,793	0.000000	0.000000	21,840	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,493,679	0.000000	0.000000	354,371	65.00
66.00	06600	PHYSICAL THERAPY	0	7,380,825	0.000000	0.000000	47,786	66.00
69.00	06900	ELECTROCARDIOLOGY	0	28,848,461	0.000000	0.000000	136,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,151,616	0.000000	0.000000	24,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,773,042	0.000000	0.000000	153,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,455,205	0.000000	0.000000	258,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	145,578,300	0.000000	0.000000	1,152,546	73.00
74.00	07400	RENAL DIALYSIS	0	1,263,081	0.000000	0.000000	1,458	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	100,529,897	0.000000	0.000000	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	90,652	0.000000	0.000000	264	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,165,731	0.000000	0.000000	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	18,791,750	0.000000	0.000000	4,415	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	726,232	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	162,401,335	0.000000	0.000000	410,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,086,607	0.000000	0.000000	38,619	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	1,011,513,498			5,110,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 1:49 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
Title XIX						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 1:49 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.105529	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.110869	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.264068	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.078874	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.037203	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.097474	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.064334	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.090464	0	0	0	59.00
60.00	06000 LABORATORY	0.130691	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.241052	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.213486	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.217218	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093700	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.140688	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.249794	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.267497	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.600776	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.068670	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6.793717	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.129975	0	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.173944	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.689568	0	0	0	90.04
91.00	09100 EMERGENCY	0.077003	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465856	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	93.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 1:49 pm
		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	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 04950	SLEEP CLINIC	0	0	90.01
90.03 09002	ARNETT CANCER CARE CENTER	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	0	90.04
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,547	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)		30,478	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)		13,179	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)		44,753,304	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)		44,753,304	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)		44,753,304	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,191.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,708,445	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)		15,708,445	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,800,101	2,407	2,825.14	1,675	4,732,110	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,222,759	2,070	2,039.98	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,837,894	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,278,449	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)					4,002,411	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,696,556	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,698,967	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					38,579,482	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)					7,069	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,191.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,425,753	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,499,458	44,753,304	0.212263	8,425,753	1,788,476	90.00
91.00	Nursing School cost	0	44,753,304	0.000000	8,425,753	0	91.00
92.00	Allied health cost	0	44,753,304	0.000000	8,425,753	0	92.00
93.00	All other Medical Education	0	44,753,304	0.000000	8,425,753	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2017 1:49 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,547	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)		30,478	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)		233	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)		2,998	15.00
16.00	Nursery days (title V or XIX only)		1,352	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)		44,753,304	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)		44,753,304	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)		44,753,304	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,191.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		277,720	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)		277,720	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		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)	1,883,203	2,998	628.15	1,352	849,259	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,800,101	2,407	2,825.14	321	906,870	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,222,759	2,070	2,039.98	286	583,434	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					972,928	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,590,211	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)					465,535	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					76,981	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					542,516	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,047,695	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)					7,069	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,191.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,425,753	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,499,458	44,753,304	0.212263	8,425,753	1,788,476	90.00
91.00	Nursing School cost	0	44,753,304	0.000000	8,425,753	0	91.00
92.00	Allied health cost	0	44,753,304	0.000000	8,425,753	0	92.00
93.00	All other Medical Education	0	44,753,304	0.000000	8,425,753	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		37,085,035	30.00
31.00	03100	INTENSIVE CARE UNIT		4,310,201	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105529	20,128,274	50.00
51.00	05100	RECOVERY ROOM	0.110869	1,749,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264068	139,902	52.00
53.00	05300	ANESTHESIOLOGY	0.078874	1,238,643	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.037203	5,149	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097474	9,120,961	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.064334	682,124	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090464	15,316,889	59.00
60.00	06000	LABORATORY	0.130691	13,226,602	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.241052	1,577,692	63.00
65.00	06500	RESPIRATORY THERAPY	0.213486	4,946,745	65.00
66.00	06600	PHYSICAL THERAPY	0.217218	3,524,288	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093700	6,593,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140688	318,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121	5,031,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.249794	16,647,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267497	21,497,359	73.00
74.00	07400	RENAL DIALYSIS	0.600776	856,318	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.068670	100,069	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.793717	26,223	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.129975	5,208	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.173944	101,812	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.689568	3,880	90.04
91.00	09100	EMERGENCY	0.077003	13,534,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465856	1,087,462	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		137,460,523	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		137,460,523	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 1:49 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,461,764	30.00
31.00	03100	INTENSIVE CARE UNIT		26,088	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,583,851	35.00
43.00	04300	NURSERY		441,189	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105529	410,952	50.00
51.00	05100	RECOVERY ROOM	0.110869	55,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264068	568,409	52.00
53.00	05300	ANESTHESIOLOGY	0.078874	24,988	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.037203	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097474	305,020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.064334	20,742	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090464	239,784	59.00
60.00	06000	LABORATORY	0.130691	880,183	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.241052	21,840	63.00
65.00	06500	RESPIRATORY THERAPY	0.213486	354,371	65.00
66.00	06600	PHYSICAL THERAPY	0.217218	47,786	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093700	136,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140688	24,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.456121	153,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.249794	258,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267497	1,152,546	73.00
74.00	07400	RENAL DIALYSIS	0.600776	1,458	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.068670	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.793717	264	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.129975	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.173944	4,415	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.689568	0	90.04
91.00	09100	EMERGENCY	0.077003	410,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465856	38,619	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		5,110,896	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)		5,110,896	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 1:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,463,188	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,574,011	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)		833,276	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		171.16	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.65	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.24	31.00
32.00	Sum of lines 30 and 31		23.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.92	33.00
34.00	Disproportionate share adjustment (see instructions)		669,830	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 1:49 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.000193520	0.000188622	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,239,720	1,127,483	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	928,097	284,188	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,212,285		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)	32,752,590		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)		32,752,590	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,904,841	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		4,152	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		35,661,583	59.00	
60.00	Primary payer payments		46,187	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,615,396	61.00	
62.00	Deductibles billed to program beneficiaries		3,146,864	62.00	
63.00	Coinurance billed to program beneficiaries		41,748	63.00	
64.00	Allowable bad debts (see instructions)		104,092	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		67,660	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		70,697	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,494,444	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)		-74,505	70.93	
70.94	HRR adjustment amount (see instructions)		0	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 1:49 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,419,939	71.00
71.01	Sequestration adjustment (see instructions)			648,399	71.01
72.00	Interim payments			31,585,440	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)			186,100	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			237,075	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,463,188	0	22,463,188		22,463,188	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,574,011	0		7,574,011	7,574,011	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	833,276	0	675,452	157,823	833,275	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892	0.0892		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	669,830	0	500,929	168,901	669,830	11.00
11.01	Uncompensated care payments	36.00	1,212,285	0	928,097	284,188	1,212,285	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,752,590	0	24,567,667	8,184,923	32,752,590	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,752,590	0	24,567,667	8,184,923	32,752,590	15.00
16.00	Payment for inpatient program capital	50.00	2,904,841	0	2,202,446	702,395	2,904,841	16.00
17.00	Special add-on payments for new technologies	54.00	4,152	0	4,152	0	4,152	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	26,774,265	8,887,318	35,661,583	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,413,160	0	1,800,792	612,368	2,413,160	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	371,988	0	312,334	59,654	371,988	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	119,693	0	89,320	30,373	119,693	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,904,841	0	2,202,446	702,395	2,904,841	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0173		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 1:49 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,463,188	22,463,188		22,463,188	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,574,011		7,574,011	7,574,011	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	833,276	675,452	157,823	833,275	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0892	0.0892	0.0892		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	669,830	500,929	168,901	669,830	11.00
11.01	Uncompensated care payments	36.00	1,212,285	928,097	284,188	1,212,285	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,752,590	24,567,667	8,184,923	32,752,590	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,752,590	24,567,667	8,184,923	32,752,590	15.00
16.00	Payment for inpatient program capital	50.00	2,904,841	2,202,446	702,395	2,904,841	16.00
17.00	Special add-on payments for new technologies	54.00	4,152	4,152	0	4,152	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,774,265	8,887,318	35,661,583	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,413,160	1,800,792	612,368	2,413,160	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	371,988	312,334	59,654	371,988	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0496	0.0496	0.0496		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	119,693	89,320	30,373	119,693	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,904,841	2,202,446	702,395	2,904,841	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-74,505	-70,360	-4,145	-74,505	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 1:49 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,962	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,751,708	2.00
3.00	PPS payments		25,208,399	3.00
4.00	Outlier payment (see instructions)		291,345	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,962	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		117,517	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)		117,517	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)		117,517	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		86,555	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)		30,962	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		25,499,744	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,784,700	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		20,746,006	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		20,746,006	30.00
31.00	Primary payer payments		12,157	31.00
32.00	Subtotal (line 30 minus line 31)		20,733,849	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)		902,020	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		586,313	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		916,102	36.00
37.00	Subtotal (see instructions)		21,320,162	37.00
38.00	MSP-LCC reconciliation amount from PS&R		10	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)		4,560	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,320,152	40.00
40.01	Sequestration adjustment (see instructions)		426,403	40.01
41.00	Interim payments		20,736,447	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		157,302	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: 15-0173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2017 1:49 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		31,488,940		20,605,747	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	07/15/2016	96,500	07/15/2016	130,700	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		96,500		130,700	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)		31,585,440		20,736,447	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		186,100		157,302	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		31,771,540		20,893,749	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: 15-0173

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

Worksheet E-1
Part II
Date/Time Prepared:
5/22/2017 1:49 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	10,168	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	14,854	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,569	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	34,955	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,115,470,243	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	22,868,892	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

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

Provider CCN: 15-0173

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

Worksheet G

Date/Time Prepared:
5/22/2017 1:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	133,444,487	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	526,924	0	0	0	3.00
4.00	Accounts receivable	49,856,821	0	0	0	4.00
5.00	Other receivable	-1,414,451	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,924,974	0	0	0	7.00
8.00	Prepaid expenses	2,736,455	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	190,075,210	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,863,304	0	0	0	12.00
13.00	Land improvements	107,468	0	0	0	13.00
14.00	Accumulated depreciation	-28,340	0	0	0	14.00
15.00	Buildings	193,452,261	0	0	0	15.00
16.00	Accumulated depreciation	-38,227,589	0	0	0	16.00
17.00	Leasehold improvements	83,982	0	0	0	17.00
18.00	Accumulated depreciation	-75,866	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	124,142	0	0	0	21.00
22.00	Accumulated depreciation	-93,796	0	0	0	22.00
23.00	Major movable equipment	78,717,140	0	0	0	23.00
24.00	Accumulated depreciation	-67,273,960	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)	170,648,746	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,110,001	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	29,972,159	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	32,082,160	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	392,806,116	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,509,253	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,960,348	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,524,032	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	1,914,550	0	0	0	43.00
44.00	Other current liabilities	215,311	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,123,494	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	203,613,494	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,086,073	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	204,699,567	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	245,823,061	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	146,983,055				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)	146,983,055	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	392,806,116	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:
5/22/2017 1:49 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		100,921,602		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		46,069,212			2.00
3.00	Total (sum of line 1 and line 2)		146,990,814		0	3.00
4.00	ROUNDING	2		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)		2		0	10.00
11.00	Subtotal (line 3 plus line 10)		146,990,816		0	11.00
12.00	INTERCO TRANSACTIONS	7,761		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)		7,761		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		146,983,055		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	ROUNDING		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	INTERCO TRANSACTIONS		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: 15-0173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2017 1:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	83,414,550		83,414,550	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)	83,414,550		83,414,550	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,182,376		10,182,376	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	10,359,819		10,359,819	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,542,195		20,542,195	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,956,745		103,956,745	17.00
18.00	Ancillary services	331,298,930	642,609,979	973,908,909	18.00
19.00	Outpatient services	2,652,783	34,951,806	37,604,589	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	OTHER - PHYSICIAN, RETAIL PHARMACY	738	297,408,863	297,409,601	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	437,909,196	974,970,648	1,412,879,844	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		381,628,148		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		381,628,148		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:
5/22/2017 1:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,412,879,844	1.00
2.00	Less contractual allowances and discounts on patients' accounts	991,220,778	2.00
3.00	Net patient revenues (line 1 minus line 2)	421,659,066	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	381,628,148	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,030,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	6,038,294	24.00
25.00	Total other income (sum of lines 6-24)	6,038,294	25.00
26.00	Total (line 5 plus line 25)	46,069,212	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)	46,069,212	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 5/22/2017 1:49 pm
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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: 15-0173	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/22/2017 1:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,413,160	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		371,988	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)		96.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.65	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.24	8.00
9.00	Sum of lines 7 and 8		23.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.96	10.00
11.00	Disproportionate share adjustment (see instructions)		119,693	11.00
12.00	Total prospective capital payments (see instructions)		2,904,841	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