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: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 1:34 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/24/2017 Time: 1:34 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 PRESENCE ST. JOSEPH MEDICAL CENTER (14-0007) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	709,477	-32,835	-71,935	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	123,344	163		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	832,821	-32,672	-71,935	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 333 NORTH MADISON STREET	PO Box:			1.00
2.00	City: JOLIET	State: IL	Zip Code: 60435	County: KANE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE ST. JOSEPH MEDICAL CENTER	140007	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	SJMC PHYSICAL MED & REHAB	14T007	16974	5	09/07/1987	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	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.	14,105	4,400	0	0	1,763	1,264	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	444	110	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/24/2017 1:16 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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:16 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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.				
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)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:16 pm

		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	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	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.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

		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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.		N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,717,260	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/24/2017 1:16 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	14H082	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: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00450	141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606	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	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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	166.00

		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)	0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:16 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)	10/01/2015	09/30/2016	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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/24/2017 1:16 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2017	Y	04/30/2017	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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:16 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 relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721	ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:16 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.	REG DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2017 1:16 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		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	380	139,080	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		380	139,080	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	34	12,444	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	18	6,588	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		432	158,112	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	41	15,006		0	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)		473				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	35,458	4,784	74,087			1.00
2.00	HMO and other (see instructions)	8,324	15,473				2.00
3.00	HMO IPF Subprovider	0	420				3.00
4.00	HMO IRF Subprovider	674	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)	35,458	4,784	74,087			7.00
8.00	INTENSIVE CARE UNIT	2,757	267	8,168			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,387	144	5,902			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		864	3,489			13.00
14.00	Total (see instructions)	40,602	6,059	91,646	2.58	1,717.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	7,795	134	11,033	0.00	48.80	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	195			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				2.58	1,765.88	27.00
28.00	Observation Bed Days		741	14,005			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			692			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			454			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	8,754	1,456	21,964	1.00
2.00	HMO and other (see instructions)			1,743	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,754	1,456	21,964	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	629	13	879	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	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	122,913,640	0	122,913,640	3,687,521.63	33.33	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	56,724	56,724	2,088.00	27.17	7.00
7.01	Contracted interns and residents (in an approved programs)		0	103,199	103,199	2,783.93	37.07	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,937,556	0	8,937,556	198,223.13	45.09	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,619,504	0	12,619,504	327,753.90	38.50	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		973,456	0	973,456	7,588.00	128.29	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		32,470,473	0	32,470,473	651,197.00	49.86	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,381,380	0	30,381,380			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,487,693	0	1,487,693			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-242,901	242,901	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,910,015	-299,625	9,610,390	328,379.47	29.27	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,937,409	0	2,937,409	107,267.62	27.38	30.00
31.00	Laundry & Linen Service	8.00	157,698	0	157,698	8,347.10	18.89	31.00
32.00	Housekeeping	9.00	2,571,580	0	2,571,580	177,422.50	14.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,706,057	-1,320,300	1,385,757	95,502.09	14.51	34.00
35.00	Dietary under contract (see instructions)		1,496,562	0	1,496,562	29,952.00	49.97	35.00
36.00	Cafeteria	11.00	0	1,320,300	1,320,300	90,991.00	14.51	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,019,872	0	4,019,872	100,008.78	40.20	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,831,005	0	3,831,005	91,856.22	41.71	40.00
41.00	Medical Records & Medical Records Library	16.00	281,135	0	281,135	25,891.52	10.86	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/24/2017 1:16 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		124,410,202	-159,923	124,250,279	3,712,601.70	33.47	1.00
2.00	Excluded area salaries (see instructions)		8,937,556	0	8,937,556	198,223.13	45.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)		115,472,646	-159,923	115,312,723	3,514,378.57	32.81	3.00
4.00	Subtotal other wages & related costs (see inst.)		46,063,433	0	46,063,433	986,538.90	46.69	4.00
5.00	Subtotal wage-related costs (see inst.)		30,381,380	0	30,381,380	0.00	26.35	5.00
6.00	Total (sum of lines 3 thru 5)		191,917,459	-159,923	191,757,536	4,500,917.47	42.60	6.00
7.00	Total overhead cost (see instructions)		27,668,432	-56,724	27,611,708	1,055,618.30	26.16	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 1:16 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,256,393	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,474,363	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	11,225,873	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	228,565	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	79,608	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)	372,453	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,611,421	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	8,847,433	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	348,029	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	168,552	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	256,383	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,869,073	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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V | Date/Time Prepared: 5/24/2017 1:16 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	12,619,504	31,869,073	1.00
2.00	Hospital	12,619,504	30,381,380	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	1,487,693	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/24/2017 1:16 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)	0.173947	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	40,236,184	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	350,070,833	6.00
7.00	Medicaid cost (line 1 times line 6)	60,893,771	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)	20,657,587	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)	20,657,587	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)	39,318,776	3,284,481	42,603,257	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	6,839,383	571,326	7,410,709	21.00
22.00	Partial payment by patients approved for charity care	51,915	109,591	161,506	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,787,468	461,735	7,249,203	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	22,180,722	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	932,584	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	21,248,138	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,696,050	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,945,253	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	31,602,840	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/24/2017 1:16 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,492,807	5,492,807	7,680,480	13,173,287	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,713,685	15,713,685	2.00
3.00	00300	OTHER CAP REL COSTS		365,616	365,616	-365,616	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-242,901	608,607	365,706	236,774	602,480	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,910,015	80,621,802	90,531,817	-2,634,448	87,897,369	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,937,409	17,746,227	20,683,636	-5,836,664	14,846,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,698	1,197,856	1,355,554	-858	1,354,696	8.00
9.00	00900	HOUSEKEEPING	2,571,580	2,214,153	4,785,733	-76,308	4,709,425	9.00
10.00	01000	DIETARY	2,706,057	4,707,314	7,413,371	-3,712,433	3,700,938	10.00
11.00	01100	CAFETERIA	0	0	0	3,584,649	3,584,649	11.00
13.00	01300	NURSING ADMINISTRATION	4,019,872	2,170,238	6,190,110	-230,353	5,959,757	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	907,994	907,994	-738,812	169,182	14.00
15.00	01500	PHARMACY	3,831,005	19,601,731	23,432,736	-18,076,084	5,356,652	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	281,135	2,101,133	2,382,268	-19,252	2,363,016	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	56,724	56,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	127,004	127,004	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	294,609	77,670	372,279	-179	372,100	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,277,118	13,665,323	50,942,441	-11,116,835	39,825,606	30.00
31.00	03100	INTENSIVE CARE UNIT	6,603,323	2,175,813	8,779,136	-139,834	8,639,302	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,296,125	1,592,345	5,888,470	-96,429	5,792,041	34.00
41.00	04100	SUBPROVIDER - IRF	3,135,006	3,720,422	6,855,428	-2,125,279	4,730,149	41.00
43.00	04300	NURSERY	1,376,651	364,246	1,740,897	1,083,650	2,824,547	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,384,777	39,674,860	51,059,637	-27,196,472	23,863,165	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,653,753	2,653,753	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,371,983	4,905,287	10,277,270	-3,048,566	7,228,704	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	557,695	323,361	881,056	74,065	955,121	55.00
56.00	05600	RADIOISOTOPE	1,534,418	4,732,267	6,266,685	-3,086,361	3,180,324	56.00
57.00	05700	CT SCAN	865,234	289,034	1,154,268	68,699	1,222,967	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	541,731	723,128	1,264,859	-92,796	1,172,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,328,531	8,884,717	11,213,248	-8,539,199	2,674,049	59.00
60.00	06000	LABORATORY	0	14,264,445	14,264,445	-210,097	14,054,348	60.00
64.00	06400	INTRAVENOUS THERAPY	592,451	315,568	908,019	6,708,037	7,616,056	64.00
65.00	06500	RESPIRATORY THERAPY	2,622,229	1,634,104	4,256,333	-703,562	3,552,771	65.00
66.00	06600	PHYSICAL THERAPY	2,297,046	8,640,700	10,937,746	1,936,669	12,874,415	66.00
69.00	06900	ELECTROCARDIOLOGY	1,368,113	664,601	2,032,714	-307,546	1,725,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	411,822	149,330	561,152	-32,599	528,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,441,755	23,441,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,061,790	16,061,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,058,096	18,058,096	73.00
74.00	07400	RENAL DIALYSIS	746,211	423,784	1,169,995	-34,688	1,135,307	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	123,943	27,126	151,069	-669	150,400	76.10
76.97	07697	CARDIAC REHABILITATION	545,649	133,243	678,892	-7,678	671,214	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,959,164	3,830,439	10,789,603	-1,163,693	9,625,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		7,225,175	7,225,175	-7,225,175	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	117,405,699	256,172,466	373,578,165	667,345	374,245,510	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	5,507,941	12,501,620	18,009,561	-667,345	17,342,216	192.01
200.00		TOTAL (SUM OF LINES 118-199)	122,913,640	268,674,086	391,587,726	0	391,587,726	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	967,129	14,140,416		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-789,309	14,924,376		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,218,517	2,820,997		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,883,193	76,014,176		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-26,695	14,820,277		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,220	1,395,916		8.00
9.00	00900	HOUSEKEEPING	0	4,709,425		9.00
10.00	01000	DIETARY	0	3,700,938		10.00
11.00	01100	CAFETERIA	-1,791,316	1,793,333		11.00
13.00	01300	NURSING ADMINISTRATION	-3,220	5,956,537		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,349,195	1,518,377		14.00
15.00	01500	PHARMACY	-5	5,356,647		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,198,016	4,561,032		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	64,251	120,975		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-16,470	110,534		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	372,100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,619,837	38,205,769		30.00
31.00	03100	INTENSIVE CARE UNIT	1,037,067	9,676,369		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	5,792,041		34.00
41.00	04100	SUBPROVIDER - IRF	-16,640	4,713,509		41.00
43.00	04300	NURSERY	-69,685	2,754,862		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-611,351	23,251,814		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-173,062	2,480,691		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-67,580	7,161,124		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-4,352	950,769		55.00
56.00	05600	RADIOISOTOPE	0	3,180,324		56.00
57.00	05700	CT SCAN	0	1,222,967		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,172,063		58.00
59.00	05900	CARDIAC CATHETERIZATION	-30,152	2,643,897		59.00
60.00	06000	LABORATORY	32,955	14,087,303		60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,616,056		64.00
65.00	06500	RESPIRATORY THERAPY	-14,359	3,538,412		65.00
66.00	06600	PHYSICAL THERAPY	-286,151	12,588,264		66.00
69.00	06900	ELECTROCARDIOLOGY	-1,550	1,723,618		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	528,553		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,441,755		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,061,790		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,058,096		73.00
74.00	07400	RENAL DIALYSIS	-1,990	1,133,317		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	150,400		76.10
76.97	07697	CARDIAC REHABILITATION	-44,067	627,147		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-377,734	9,248,176		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,920,368	364,325,142		118.00
		NONREIMBURSABLE COST CENTERS				
192.01	19201	OTHER NRCC	0	17,342,216		192.01
200.00		TOTAL (SUM OF LINES 118-199)	-9,920,368	381,667,358		200.00

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 1:16 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,320,300	2,264,349		1.00
	0		1,320,300	2,264,349		
	B - SHARED RADIOLOFY					
1.00	RADIOLOGY - THERAPEUTIC	55.00	94,137	9,998		1.00
2.00	RADIOISOTOPE	56.00	259,003	146,322		2.00
3.00	CT SCAN	57.00	146,048	8,937		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	91,442	22,359		4.00
	0		590,630	187,616		
	C - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,262,225		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,962,950		2.00
	0		0	7,225,175		
	D - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,441,755		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,061,790		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
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
	0		0	39,503,545		
	E - RECLASS DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,591,486		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,437,530		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,211,888		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

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 1:16 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	21,240,904		
	F - RECLASS IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	4,142,447	2,568,337		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		4,142,447	2,568,337		
	H - RECLASS RESIDENT COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	56,724	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38,949		2.00
	0		56,724	38,949		
	I - LDR RECLASS					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,755,643	898,110		1.00
2.00	NURSERY	43.00	726,090	371,436		2.00
	0		2,481,733	1,269,546		
	J - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,058,096		1.00
	TOTALS		0	18,058,096		
	K - REHAB CARE RECLASSIFICATION					
1.00	PHYSICAL THERAPY	66.00	0	2,081,776		1.00
	TOTALS		0	2,081,776		
	L - OTHER RECLASSIFICATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	242,901	0		1.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	88,055		3.00
	TOTALS		242,901	88,055		
500.00	Grand Total: Increases		8,834,735	94,526,348		500.00

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 1:16 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CAFETERIA COSTS						
1.00	DIETARY	10.00	1,320,300	2,264,349	0		1.00
	0		1,320,300	2,264,349			
	B - SHARED RADIOLOFY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	94,137	9,998	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	259,003	146,322	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	146,048	8,937	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	91,442	22,359	0		4.00
	0		590,630	187,616			
	C - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	3,262,225	11		1.00
2.00	INTEREST EXPENSE	113.00	0	3,962,950	11		2.00
	0		0	7,225,175			
	D - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	660,246	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	5,063,624	0		2.00
3.00	EMERGENCY	91.00	0	833,492	0		3.00
4.00	OPERATING ROOM	50.00	0	563,204	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,094	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,927	0		6.00
7.00	CT SCAN	57.00	0	77,743	0		7.00
8.00	RADIOISOTOPE	56.00	0	2,964,064	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,710	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	27,705	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	641,479	0		11.00
12.00	OPERATING ROOM	50.00	0	11,700,142	0		12.00
13.00	OPERATING ROOM	50.00	0	757,559	0		13.00
14.00	OPERATING ROOM	50.00	0	38,766	0		14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,288	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	3,046,517	0		16.00
17.00	EMERGENCY	91.00	0	33,044	0		17.00
18.00	OPERATING ROOM	50.00	0	52,001	0		18.00
20.00	RADIOISOTOPE	56.00	0	490,125	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	2,043	0		21.00
22.00	OPERATING ROOM	50.00	0	12,079,019	0		22.00
23.00	OPERATING ROOM	50.00	0	353,655	0		23.00
24.00	OPERATING ROOM	50.00	0	98	0		24.00
	0		0	39,503,545			
	E - RECLASS DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,437,530	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,127	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,207,819	9		3.00
4.00	OPERATION OF PLANT	7.00	0	5,836,664	9		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	858	9		5.00
6.00	HOUSEKEEPING	9.00	0	76,308	9		6.00
7.00	DIETARY	10.00	0	127,784	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	230,353	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	73,278	9		9.00
10.00	PHARMACY	15.00	0	17,988	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,252	9		11.00
12.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	179	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	668,779	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	139,834	9		14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	82,764	9		15.00
16.00	SUBPROVIDER - IRF	41.00	0	43,503	9		16.00
17.00	NURSERY	43.00	0	13,534	9		17.00
18.00	OPERATING ROOM	50.00	0	1,652,028	9		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,156,589	9		19.00
20.00	RADIOLOGY - THERAPEUTIC	55.00	0	30,070	9		20.00
21.00	RADIOISOTOPE	56.00	0	37,497	9		21.00
22.00	CT SCAN	57.00	0	8,543	9		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	206,597	9		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	429,058	9		24.00
25.00	LABORATORY	60.00	0	210,097	9		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	2,747	9		26.00
27.00	RESPIRATORY THERAPY	65.00	0	62,083	9		27.00
28.00	PHYSICAL THERAPY	66.00	0	115,359	9		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	307,546	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,599	0		30.00
31.00	RENAL DIALYSIS	74.00	0	34,688	0		31.00
32.00	OUTPATIENT PSYCH	76.10	0	669	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	7,678	0		33.00
34.00	EMERGENCY	91.00	0	297,157	0		34.00

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 1:16 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
35.00	OTHER NRCC	192.01	0	667,345	0		35.00
	0		0	21,240,904			
	F - RECLASS IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	4,133,801	2,562,976	0		1.00
2.00	SURGICAL INTENSIVE CARE UNIT	34.00	8,435	5,230	0		2.00
3.00	NURSERY	43.00	211	131	0		3.00
	0		4,142,447	2,568,337			
	H - RECLASS RESIDENT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	56,724	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	38,949	0		2.00
	0		56,724	38,949			
	I - LDR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,755,643	898,110	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	726,090	371,436	0		2.00
	0		2,481,733	1,269,546			
	J - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	18,058,096	0		1.00
	TOTALS		0	18,058,096			
	K - REHAB CARE RECLASSIFICATION						
1.00	SUBPROVIDER - IRF	41.00	0	2,081,776	0		1.00
	TOTALS		0	2,081,776			
	L - OTHER RECLASSIFICATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	242,901	0	0		1.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	88,055	0		3.00
	TOTALS		242,901	88,055			
500.00	Grand Total: Decreases		8,834,735	94,526,348			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,884,595	0	0	0	0	1.00
2.00	Land Improvements	1,957,490	801,368	0	801,368	0	2.00
3.00	Buildings and Fixtures	338,235,529	4,986,320	0	4,986,320	837,236	3.00
4.00	Building Improvements	1,488,783	5,033,390	0	5,033,390	6,418,014	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	130,533,394	5,669,304	0	5,669,304	3,999,220	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	474,099,791	16,490,382	0	16,490,382	11,254,470	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	474,099,791	16,490,382	0	16,490,382	11,254,470	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,884,595	0	1.00
2.00	Land Improvements	2,758,858	0	2.00
3.00	Buildings and Fixtures	342,384,613	0	3.00
4.00	Building Improvements	104,159	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	132,203,478	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	479,335,703	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	479,335,703	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/24/2017 1:16 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	5,492,807	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,492,807	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	5,492,807		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	5,492,807		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/24/2017 1:16 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	345,143,471	0	345,143,471	0.722888	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	132,307,636	0	132,307,636	0.277112	0	2.00
3.00	Total (sum of lines 1-2)	477,451,107	0	477,451,107	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	264,299	264,299	10,759,303	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	101,317	101,317	11,035,707	0	2.00
3.00	Total (sum of lines 1-2)	0	365,616	365,616	21,795,010	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,116,814	0	0	264,299	14,140,416	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,787,352	0	0	101,317	14,924,376	2.00
3.00	Total (sum of lines 1-2)	6,904,166	0	0	365,616	29,064,792	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/24/2017 1:16 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-145,411	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-175,598	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,865,855			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	3,422,135			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,747,947	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	-1,618	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	MISC INCOME	B	-4,589,316	ADMINISTRATIVE & GENERAL	5.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/24/2017 1:16 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	MISC INCOME	B	17,305	OPERATION OF PLANT	7.00	0	35.00
36.00	MISC INCOME	B	-43,657	CAFETERIA	11.00	0	36.00
37.00	MISC INCOME	B	-1,984	NURSING ADMINISTRATION	13.00	0	37.00
38.00	MISC INCOME	B	-5	PHARMACY	15.00	0	38.00
39.00	MISC INCOME	B	-10,661	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00	MISC INCOME	B	-26,160	ADULTS & PEDIATRICS	30.00	0	40.00
41.00	MISC INCOME	B	-66,730	OPERATING ROOM	50.00	0	41.00
42.00	MISC INCOME	B	-120	RADIOLOGY-DIAGNOSTIC	54.00	0	42.00
42.01	MISC INCOME	B	-4,568	DELIVERY ROOM & LABOR ROOM	52.00	0	42.01
43.00	MISC INCOME	B	-4,839	LABORATORY	60.00	0	43.00
44.00	MISC INCOME	B	-30,357	PHYSICAL THERAPY	66.00	0	44.00
44.01	CBISA REVENUE	B	-506,925	ADMINISTRATIVE & GENERAL	5.00	0	44.01
44.02	MISC INCOME	B	-44,067	CARDIAC REHABILITATION	76.97	0	44.02
44.03	MISC INCOME	B	-9,074	EMERGENCY	91.00	0	44.03
45.00	RENTAL INCOME	B	-406,915	ADMINISTRATIVE & GENERAL	5.00	0	45.00
45.01	RENTAL INCOME	B	-44,000	OPERATION OF PLANT	7.00	0	45.01
45.02	RENTAL INCOME	B	288	CAFETERIA	11.00	0	45.02
45.03	RENTAL INCOME	B	-9,231	RESPIRATORY THERAPY	65.00	0	45.03
46.00	MARKETING AND ADVERTISING	A	-5,751	ADMINISTRATIVE & GENERAL	5.00	0	46.00
46.01	MARKETING AND ADVERTISING	A	-2,000	EMERGENCY	91.00	0	46.01
46.02	MARKETING AND ADVERTISNG	A	-8,310	NURSING ADMINISTRATION	13.00	0	46.02
46.03	ADVERTISING	A	-2,849	ADMINISTRATIVE & GENERAL	5.00	0	46.03
47.01	CONTRIBUTIONS CHARITABLE	A	-224,356	ADMINISTRATIVE & GENERAL	5.00	9	47.01
48.00	PATIENT TRANSPORTATION	A	-255,794	PHYSICAL THERAPY	66.00	0	48.00
48.01	INCOME AND REAL ESTATE TAX	A	-61,829	ADMINISTRATIVE & GENERAL	5.00	0	48.01
48.02	CBISA CONTRIBUTION	A	-108,815	ADMINISTRATIVE & GENERAL	5.00	0	48.02
48.03	INVESTMENT INCOME MEDICAL STAFF	A	-19,605	ADMINISTRATIVE & GENERAL	5.00	0	48.03
48.04	FRANCISCAN ST JAMES INTERSHIP	A	64,251	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	48.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,920,368				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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/24/2017 1:16 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	DEPRECIATION	1,112,540	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	2,220,135	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINSTRATION	32,994,929	43,370,222	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	IT	3,917,785	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	748,869	0	3.02
3.03	31.00	INTENSIVE CARE UNIT	ICU	1,044,567	0	3.03
3.04	50.00	OPERATING ROOM	SURGERY	1,490,612	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	PURCHASING	230,797	0	3.05
3.06	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	41,220	0	3.06
3.07	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	1,349,195	0	3.07
3.08	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	-613,711	0	3.08
3.09	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	2,208,677	0	3.09
4.00	60.00	LABORATORY	LAB	12,297,492	12,250,750	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			59,043,107	55,620,972	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		
	Symbol (1)	Name	Percentage of Ownership	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	PRESENCE HEALTH	100.00		0.00	6.00
7.00	C	APHL LABS	66.67		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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/24/2017 1:16 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	1,112,540	9		1.00
2.00	2,220,135	0		2.00
3.00	-10,375,293	0		3.00
3.01	3,917,785	0		3.01
3.02	748,869	0		3.02
3.03	1,044,567	0		3.03
3.04	1,490,612	0		3.04
3.05	230,797	0		3.05
3.06	41,220	0		3.06
3.07	1,349,195	0		3.07
3.08	-613,711	9		3.08
3.09	2,208,677	0		3.09
4.00	46,742	0		4.00
5.00	3,422,135			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2017 1:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	945,917	371,882	574,035	211,500	4,592	1.00
2.00	13.00	NURSING ADMINISTRATION	-1,380	-8,380	7,000	211,500	56	2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	23,367	0	23,367	211,500	187	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,497,428	1,454,909	42,519	211,500	340	4.00
5.00	31.00	INTENSIVE CARE UNIT	-55,922	7,500	-63,422	211,500	-507	5.00
6.00	41.00	SUBPROVIDER - IRF	89,445	0	89,445	211,500	716	6.00
7.00	50.00	OPERATING ROOM	2,045,096	2,032,996	12,100	211,500	97	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	67,460	67,460	0	271,900	0	8.00
9.00	60.00	LABORATORY	54,000	0	54,000	260,300	360	9.00
10.00	65.00	RESPIRATORY THERAPY	57,800	0	57,800	211,500	518	10.00
11.00	69.00	ELECTROCARDIOLOGY	8,058	0	8,058	211,500	64	11.00
12.00	91.00	EMERGENCY	374,479	366,287	8,192	246,400	66	12.00
13.00	74.00	RENAL DIALYSIS	10,938	0	10,938	211,500	88	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	168,494	168,494	0	211,500	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	61,369	0	61,369	211,500	307	15.00
16.00	30.00	ADULTS & PEDIATRICS	130,821	130,821	0	211,500	0	16.00
17.00	43.00	NURSERY	69,685	69,685	0	211,500	0	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	88,055	0	88,055	211,500	704	18.00
200.00			5,635,110	4,661,654	973,456		7,588	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	466,927	23,346	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	5,694	285	0	0	0	2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	19,015	951	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	34,572	1,729	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	-51,553	-2,578	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	72,805	3,640	0	0	0	6.00
7.00	50.00	OPERATING ROOM	9,863	493	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	45,052	2,253	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	52,672	2,634	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	6,508	325	0	0	0	11.00
12.00	91.00	EMERGENCY	7,819	391	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	8,948	447	0	0	0	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	31,217	1,561	0	0	0	15.00
16.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	16.00
17.00	43.00	NURSERY	0	0	0	0	0	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	71,585	3,579	0	0	0	18.00
200.00			781,124	39,056	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	466,927	107,108	478,990		1.00
2.00	13.00	NURSING ADMINISTRATION	0	5,694	1,306	-7,074		2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	0	19,015	4,352	4,352		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	34,572	7,947	1,462,856		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	-54,131	0	7,500		5.00
6.00	41.00	SUBPROVIDER - IRF	0	72,805	16,640	16,640		6.00
7.00	50.00	OPERATING ROOM	0	9,863	2,237	2,035,233		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	67,460		8.00
9.00	60.00	LABORATORY	0	45,052	8,948	8,948		9.00
10.00	65.00	RESPIRATORY THERAPY	0	52,672	5,128	5,128		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	6,508	1,550	1,550		11.00
12.00	91.00	EMERGENCY	0	7,819	373	366,660		12.00
13.00	74.00	RENAL DIALYSIS	0	8,948	1,990	1,990		13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	168,494		14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	31,217	30,152	30,152		15.00
16.00	30.00	ADULTS & PEDIATRICS	0	0	0	130,821		16.00
17.00	43.00	NURSERY	0	0	0	69,685		17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	71,585	16,470	16,470		18.00
200.00			0	778,546	204,201	4,865,855		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	14,140,416	14,140,416				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,924,376		14,924,376			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,820,997	66,710	6,509	2,894,216		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	76,014,176	768,378	1,405,444	226,296	78,414,294	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	14,820,277	2,318,891	1,410,326	69,167	18,618,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,395,916	93,841	2,061	3,713	1,495,531	8.00
9.00	00900	HOUSEKEEPING	4,709,425	177,122	183,334	60,553	5,130,434	9.00
10.00	01000	DIETARY	3,700,938	207,420	84,529	32,630	4,025,517	10.00
11.00	01100	CAFETERIA	1,793,333	144,231	58,774	31,089	2,027,427	11.00
13.00	01300	NURSING ADMINISTRATION	5,956,537	90,689	534,904	94,656	6,676,786	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,518,377	127,101	39,265	0	1,684,743	14.00
15.00	01500	PHARMACY	5,356,647	55,589	24,456	90,209	5,526,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,561,032	156,722	44,661	6,620	4,769,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	120,975	0	0	1,336	122,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	110,534	0	0	0	110,534	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	372,100	3,535	0	6,937	382,572	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,205,769	3,567,595	675,191	721,958	43,170,513	30.00
31.00	03100	INTENSIVE CARE UNIT	9,676,369	403,308	284,801	155,488	10,519,966	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,792,041	320,013	198,845	100,962	6,411,861	34.00
41.00	04100	SUBPROVIDER - IRF	4,713,509	251,918	58,557	73,820	5,097,804	41.00
43.00	04300	NURSERY	2,754,862	214,491	100,093	49,508	3,118,954	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,251,814	1,466,658	2,639,507	268,077	27,626,056	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,480,691	228,705	165,055	41,340	2,915,791	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,161,124	657,288	3,436,927	112,587	11,367,926	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	950,769	141,447	59,571	15,349	1,167,136	55.00
56.00	05600	RADIOISOTOPE	3,180,324	65,723	89,385	42,230	3,377,662	56.00
57.00	05700	CT SCAN	1,222,967	31,919	19,744	23,813	1,298,443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,172,063	35,631	425,727	14,909	1,648,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,643,897	134,392	660,430	54,830	3,493,549	59.00
60.00	06000	LABORATORY	14,087,303	189,819	442,122	0	14,719,244	60.00
64.00	06400	INTRAVENOUS THERAPY	7,616,056	60,995	5,982	111,493	7,794,526	64.00
65.00	06500	RESPIRATORY THERAPY	3,538,412	69,199	146,962	61,746	3,816,319	65.00
66.00	06600	PHYSICAL THERAPY	12,588,264	450,589	207,042	54,089	13,299,984	66.00
69.00	06900	ELECTROCARDIOLOGY	1,723,618	119,368	738,633	32,215	2,613,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	528,553	65,723	78,210	9,697	682,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,441,755	0	0	0	23,441,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,061,790	0	0	0	16,061,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,058,096	0	0	0	18,058,096	73.00
74.00	07400	RENAL DIALYSIS	1,133,317	18,191	79,433	17,571	1,248,512	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	150,400	4,655	1,607	2,918	159,580	76.10
76.97	07697	CARDIAC REHABILITATION	627,147	79,834	18,447	12,848	738,276	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	9,248,176	485,484	195,150	163,867	10,092,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	364,325,142	13,273,174	14,521,684	2,764,521	362,925,513	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	17,342,216	867,242	402,692	129,695	18,741,845	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	381,667,358	14,140,416	14,924,376	2,894,216	381,667,358	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	78,414,294					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,814,358	0	23,433,019			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	386,710	0	200,155	2,082,396		8.00
9.00	00900	HOUSEKEEPING	1,326,612	0	377,784	0	6,834,830	9.00
10.00	01000	DIETARY	1,040,906	0	442,408	0	132,302	10.00
11.00	01100	CAFETERIA	524,246	0	307,631	0	91,997	11.00
13.00	01300	NURSING ADMINISTRATION	1,726,463	0	193,432	0	57,846	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	435,636	0	271,094	0	81,071	14.00
15.00	01500	PHARMACY	1,429,129	0	118,566	0	35,457	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,233,163	0	334,272	0	99,964	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	31,627	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,582	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	98,924	0	7,540	0	2,255	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,162,930	0	7,609,341	1,502,533	2,275,583	30.00
31.00	03100	INTENSIVE CARE UNIT	2,720,221	0	860,217	165,652	257,249	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,657,960	0	682,556	119,696	204,119	34.00
41.00	04100	SUBPROVIDER - IRF	1,318,175	0	537,318	223,756	160,685	41.00
43.00	04300	NURSERY	806,490	0	457,488	70,759	136,812	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,143,463	0	3,128,242	0	935,503	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	753,956	0	487,805	0	145,878	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,939,484	0	1,401,933	0	419,249	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	301,795	0	301,693	0	90,222	55.00
56.00	05600	RADIOISOTOPE	873,386	0	140,181	0	41,921	56.00
57.00	05700	CT SCAN	335,747	0	68,080	0	20,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	426,220	0	75,997	0	22,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	903,351	0	286,645	0	85,721	59.00
60.00	06000	LABORATORY	3,806,058	0	404,865	0	121,075	60.00
64.00	06400	INTRAVENOUS THERAPY	2,015,485	0	130,096	0	38,905	64.00
65.00	06500	RESPIRATORY THERAPY	986,812	0	147,595	0	44,138	65.00
66.00	06600	PHYSICAL THERAPY	3,439,070	0	961,064	0	287,407	66.00
69.00	06900	ELECTROCARDIOLOGY	675,877	0	254,600	0	76,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176,397	0	140,181	0	41,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,061,499	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,153,209	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,669,408	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	322,836	0	38,799	0	11,603	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	41,264	0	9,928	0	2,969	76.10
76.97	07697	CARDIAC REHABILITATION	190,901	0	170,278	0	50,922	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,609,734	0	1,035,490	0	309,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,568,084	0	21,583,274	2,082,396	6,281,662	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	4,846,210	0	1,849,745	0	553,168	192.01
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)	78,414,294	0	23,433,019	2,082,396	6,834,830	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,641,133					10.00
11.00	01100	CAFETERIA	0	2,951,301				11.00
13.00	01300	NURSING ADMINISTRATION	0	75,821	8,730,348			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,808	0	2,512,352		14.00
15.00	01500	PHARMACY	0	70,809	0	31,166	7,212,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,448	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	6,865	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,179,401	1,100,849	3,948,588	94,143	2,066	30.00
31.00	03100	INTENSIVE CARE UNIT	454,110	196,686	705,480	32,653	131	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	332,941	132,977	476,978	23,383	370	34.00
41.00	04100	SUBPROVIDER - IRF	622,383	118,164	423,839	4,520	71	41.00
43.00	04300	NURSERY	0	59,824	214,586	3,361	101	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	232,454	833,797	80,998	14,039	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,061	183,148	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,447	0	3,731	6,340	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	12,112	0	679	7	55.00
56.00	05600	RADIOISOTOPE	0	40,724	0	48,428	1,271	56.00
57.00	05700	CT SCAN	0	27,428	0	179	1,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,370	0	1,367	558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,117	183,333	5,625	0	59.00
60.00	06000	LABORATORY	0	0	0	8,332	31	60.00
64.00	06400	INTRAVENOUS THERAPY	0	89,329	320,395	1,287	1,672	64.00
65.00	06500	RESPIRATORY THERAPY	0	89,876	322,378	956	2,455	65.00
66.00	06600	PHYSICAL THERAPY	0	36,616	0	14,348	442	66.00
69.00	06900	ELECTROCARDIOLOGY	0	36,258	130,052	1,417	524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,867	42,563	931	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,274,764	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	873,456	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,171,251	73.00
74.00	07400	RENAL DIALYSIS	0	22,115	79,335	5,171	323	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	2,523	9,054	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	9,466	33,960	488	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	52,298	229,406	822,862	22	8,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,641,133	2,898,420	8,730,348	2,511,406	7,211,995	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	52,881	0	946	33	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,641,133	2,951,301	8,730,348	2,512,352	7,212,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	6,453,883					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	153,938			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		139,116		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			498,156	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	633,666	0	76,969	69,558	0	30.00
31.00	03100	INTENSIVE CARE UNIT	165,259	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	106,300	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	68,474	0	0	0	0	41.00
43.00	04300	NURSERY	32,937	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	582,990	0	76,969	69,558	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,675	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	394,633	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	12,989	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	162,366	0	0	0	0	56.00
57.00	05700	CT SCAN	507,129	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,423	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	215,838	0	0	0	0	59.00
60.00	06000	LABORATORY	793,248	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	184,936	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	159,533	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	246,435	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	216,054	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,025	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	434,719	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	394,199	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	434,483	0	0	0	498,156	73.00
74.00	07400	RENAL DIALYSIS	15,471	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	3,315	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	9,239	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	489,547	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,453,883	0	153,938	139,116	498,156	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
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)	6,453,883	0	153,938	139,116	498,156	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	75,826,140	-146,527	75,679,613		30.00
31.00	03100	INTENSIVE CARE UNIT	16,077,624	0	16,077,624		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,149,141	0	10,149,141		34.00
41.00	04100	SUBPROVIDER - IRF	8,575,189	0	8,575,189		41.00
43.00	04300	NURSERY	4,901,312	0	4,901,312		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	40,724,069	-146,527	40,577,542		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,568,314	0	4,568,314		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,652,743	0	16,652,743		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,886,633	0	1,886,633		55.00
56.00	05600	RADIOISOTOPE	4,685,939	0	4,685,939		56.00
57.00	05700	CT SCAN	2,258,859	0	2,258,859		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,331,992	0	2,331,992		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,225,179	0	5,225,179		59.00
60.00	06000	LABORATORY	19,852,853	0	19,852,853		60.00
64.00	06400	INTRAVENOUS THERAPY	10,576,631	0	10,576,631		64.00
65.00	06500	RESPIRATORY THERAPY	5,570,062	0	5,570,062		65.00
66.00	06600	PHYSICAL THERAPY	18,285,366	0	18,285,366		66.00
69.00	06900	ELECTROCARDIOLOGY	4,004,754	0	4,004,754		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,116,076	0	1,116,076		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,212,737	0	31,212,737		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,482,654	0	21,482,654		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,831,394	0	30,831,394		73.00
74.00	07400	RENAL DIALYSIS	1,744,165	0	1,744,165		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	228,633	0	228,633		76.10
76.97	07697	CARDIAC REHABILITATION	1,203,530	0	1,203,530		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	15,650,541	0	15,650,541		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	355,622,530	-293,054	355,329,476		118.00
		NONREIMBURSABLE COST CENTERS					
192.01	19201	OTHER NRCC	26,044,828	0	26,044,828		192.01
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	381,667,358	-293,054	381,374,304		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	66,710	6,509	73,219	73,219	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	768,378	1,405,444	2,173,822	5,728	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,318,891	1,410,326	3,729,217	1,751	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	93,841	2,061	95,902	94	8.00
9.00	00900	HOUSEKEEPING	0	177,122	183,334	360,456	1,533	9.00
10.00	01000	DIETARY	0	207,420	84,529	291,949	826	10.00
11.00	01100	CAFETERIA	0	144,231	58,774	203,005	787	11.00
13.00	01300	NURSING ADMINISTRATION	0	90,689	534,904	625,593	2,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,101	39,265	166,366	0	14.00
15.00	01500	PHARMACY	0	55,589	24,456	80,045	2,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	156,722	44,661	201,383	168	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	34	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,535	0	3,535	176	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,567,595	675,191	4,242,786	18,236	30.00
31.00	03100	INTENSIVE CARE UNIT	0	403,308	284,801	688,109	3,936	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	320,013	198,845	518,858	2,555	34.00
41.00	04100	SUBPROVIDER - IRF	0	251,918	58,557	310,475	1,868	41.00
43.00	04300	NURSERY	0	214,491	100,093	314,584	1,253	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,466,658	2,639,507	4,106,165	6,785	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	228,705	165,055	393,760	1,046	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	657,288	3,436,927	4,094,215	2,850	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	141,447	59,571	201,018	388	55.00
56.00	05600	RADIOISOTOPE	0	65,723	89,385	155,108	1,069	56.00
57.00	05700	CT SCAN	0	31,919	19,744	51,663	603	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,631	425,727	461,358	377	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	134,392	660,430	794,822	1,388	59.00
60.00	06000	LABORATORY	0	189,819	442,122	631,941	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	60,995	5,982	66,977	2,822	64.00
65.00	06500	RESPIRATORY THERAPY	0	69,199	146,962	216,161	1,563	65.00
66.00	06600	PHYSICAL THERAPY	0	450,589	207,042	657,631	1,369	66.00
69.00	06900	ELECTROCARDIOLOGY	0	119,368	738,633	858,001	815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65,723	78,210	143,933	245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	18,191	79,433	97,624	445	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	4,655	1,607	6,262	74	76.10
76.97	07697	CARDIAC REHABILITATION	0	79,834	18,447	98,281	325	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	485,484	195,150	680,634	4,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	13,273,174	14,521,684	27,794,858	69,936	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	867,242	402,692	1,269,934	3,283	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	14,140,416	14,924,376	29,064,792	73,219	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,179,550					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	133,812	0	3,864,780			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,748	0	33,011	139,755		8.00
9.00	00900	HOUSEKEEPING	36,872	0	62,308	0	461,169	9.00
10.00	01000	DIETARY	28,931	0	72,966	0	8,927	10.00
11.00	01100	CAFETERIA	14,571	0	50,737	0	6,207	11.00
13.00	01300	NURSING ADMINISTRATION	47,986	0	31,902	0	3,903	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,108	0	44,711	0	5,470	14.00
15.00	01500	PHARMACY	39,722	0	19,555	0	2,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,275	0	55,131	0	6,745	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	879	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	794	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,750	0	1,244	0	152	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	310,338	0	1,255,000	100,839	153,542	30.00
31.00	03100	INTENSIVE CARE UNIT	75,607	0	141,875	11,117	17,357	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	46,082	0	112,573	8,033	13,773	34.00
41.00	04100	SUBPROVIDER - IRF	36,638	0	88,619	15,017	10,842	41.00
43.00	04300	NURSERY	22,416	0	75,453	4,749	9,231	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	198,548	0	515,937	0	63,122	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,956	0	80,453	0	9,843	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,701	0	231,219	0	28,288	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	8,388	0	49,758	0	6,088	55.00
56.00	05600	RADIOISOTOPE	24,275	0	23,120	0	2,829	56.00
57.00	05700	CT SCAN	9,332	0	11,228	0	1,374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,847	0	12,534	0	1,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,108	0	47,276	0	5,784	59.00
60.00	06000	LABORATORY	105,787	0	66,774	0	8,169	60.00
64.00	06400	INTRAVENOUS THERAPY	56,019	0	21,457	0	2,625	64.00
65.00	06500	RESPIRATORY THERAPY	27,428	0	24,343	0	2,978	65.00
66.00	06600	PHYSICAL THERAPY	95,587	0	158,507	0	19,392	66.00
69.00	06900	ELECTROCARDIOLOGY	18,786	0	41,991	0	5,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,903	0	23,120	0	2,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,476	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,436	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,784	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,973	0	6,399	0	783	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	1,147	0	1,637	0	200	76.10
76.97	07697	CARDIAC REHABILITATION	5,306	0	28,084	0	3,436	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	72,536	0	170,782	0	20,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,044,852	0	3,559,704	139,755	423,845	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	134,698	0	305,076	0	37,324	192.01
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)	2,179,550	0	3,864,780	139,755	461,169	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	403,599					10.00
11.00	01100	CAFETERIA	0	275,307				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,073	718,853			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,713	0	232,368		14.00
15.00	01500	PHARMACY	0	6,605	0	2,883	153,485	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,628	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	640	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	299,017	102,690	325,126	8,708	44	30.00
31.00	03100	INTENSIVE CARE UNIT	32,490	18,348	58,089	3,020	3	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,821	12,405	39,274	2,163	8	34.00
41.00	04100	SUBPROVIDER - IRF	44,529	11,023	34,899	418	2	41.00
43.00	04300	NURSERY	0	5,581	17,669	311	2	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,684	68,654	7,492	299	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,763	15,080	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,142	0	345	135	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,130	0	63	0	55.00
56.00	05600	RADIOISOTOPE	0	3,799	0	4,479	27	56.00
57.00	05700	CT SCAN	0	2,559	0	17	32	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,620	0	126	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,768	15,096	520	0	59.00
60.00	06000	LABORATORY	0	0	0	771	1	60.00
64.00	06400	INTRAVENOUS THERAPY	0	8,333	26,381	119	36	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,384	26,544	88	52	65.00
66.00	06600	PHYSICAL THERAPY	0	3,416	0	1,327	9	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,382	10,708	131	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,107	3,505	86	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	117,897	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,791	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	152,616	73.00
74.00	07400	RENAL DIALYSIS	0	2,063	6,532	478	7	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	235	746	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	883	2,796	45	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,742	21,400	67,754	2	188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	403,599	270,374	718,853	232,280	153,484	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	4,933	0	88	1	192.01
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)	403,599	275,307	718,853	232,368	153,485	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	299,330					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	913			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		794		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			8,497	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,487	0				30.00
31.00	03100	INTENSIVE CARE UNIT	7,690	0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,947	0				34.00
41.00	04100	SUBPROVIDER - IRF	3,186	0				41.00
43.00	04300	NURSERY	1,533	0				43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,129	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,427	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,364	0				54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	604	0				55.00
56.00	05600	RADIOISOTOPE	7,555	0				56.00
57.00	05700	CT SCAN	23,599	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,488	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	10,044	0				59.00
60.00	06000	LABORATORY	35,918	0				60.00
64.00	06400	INTRAVENOUS THERAPY	8,606	0				64.00
65.00	06500	RESPIRATORY THERAPY	7,424	0				65.00
66.00	06600	PHYSICAL THERAPY	11,468	0				66.00
69.00	06900	ELECTROCARDIOLOGY	10,054	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	932	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,229	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,344	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,218	0				73.00
74.00	07400	RENAL DIALYSIS	720	0				74.00
76.00	03950	OTHER ANCILLARY	0	0				76.00
76.10	03550	OUTPATIENT PSYCH	154	0				76.10
76.97	07697	CARDIAC REHABILITATION	430	0				76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	22,780	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	299,330	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0				192.01
200.00		Cross Foot Adjustments			913	794	8,497	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	299,330	0	913	794	8,497	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	6,845,813	0	6,845,813		30.00
31.00	03100	INTENSIVE CARE UNIT	1,057,641	0	1,057,641		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	784,492	0	784,492		34.00
41.00	04100	SUBPROVIDER - IRF	557,516	0	557,516		41.00
43.00	04300	NURSERY	452,782	0	452,782		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,015,815	0	5,015,815		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,328	0	527,328		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,468,259	0	4,468,259		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	267,437	0	267,437		55.00
56.00	05600	RADIOISOTOPE	222,261	0	222,261		56.00
57.00	05700	CT SCAN	100,407	0	100,407		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495,895	0	495,895		58.00
59.00	05900	CARDIAC CATHETERIZATION	904,806	0	904,806		59.00
60.00	06000	LABORATORY	849,361	0	849,361		60.00
64.00	06400	INTRAVENOUS THERAPY	193,375	0	193,375		64.00
65.00	06500	RESPIRATORY THERAPY	314,965	0	314,965		65.00
66.00	06600	PHYSICAL THERAPY	948,706	0	948,706		66.00
69.00	06900	ELECTROCARDIOLOGY	949,016	0	949,016		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,660	0	180,660		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	306,602	0	306,602		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	214,571	0	214,571		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,618	0	302,618		73.00
74.00	07400	RENAL DIALYSIS	124,024	0	124,024		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	10,455	0	10,455		76.10
76.97	07697	CARDIAC REHABILITATION	139,586	0	139,586		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	1,064,860	0	1,064,860		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,299,251	0	27,299,251		118.00
		NONREIMBURSABLE COST CENTERS					
192.01	19201	OTHER NRCC	1,755,337	0	1,755,337		192.01
200.00		Cross Foot Adjustments	10,204	0	10,204		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	29,064,792	0	29,064,792		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	960,008					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,211,887				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,529	2,709	122,913,640			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,166	584,980	9,610,390	-78,414,294	303,253,064	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	157,432	587,012	2,937,409	0	18,618,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,371	858	157,698	0	1,495,531	8.00
9.00	00900	HOUSEKEEPING	12,025	76,308	2,571,580	0	5,130,434	9.00
10.00	01000	DIETARY	14,082	35,183	1,385,757	0	4,025,517	10.00
11.00	01100	CAFETERIA	9,792	24,463	1,320,300	0	2,027,427	11.00
13.00	01300	NURSING ADMINISTRATION	6,157	222,640	4,019,872	0	6,676,786	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,629	16,343	0	0	1,684,743	14.00
15.00	01500	PHARMACY	3,774	10,179	3,831,005	0	5,526,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,640	18,589	281,135	0	4,769,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	56,724	0	122,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	110,534	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	240	0	294,609	0	382,572	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	242,208	281,031	30,661,584	0	43,170,513	30.00
31.00	03100	INTENSIVE CARE UNIT	27,381	118,541	6,603,323	0	10,519,966	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,726	82,764	4,287,690	0	6,411,861	34.00
41.00	04100	SUBPROVIDER - IRF	17,103	24,373	3,135,006	0	5,097,804	41.00
43.00	04300	NURSERY	14,562	41,661	2,102,530	0	3,118,954	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	99,573	1,098,627	11,384,777	0	27,626,056	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,527	68,700	1,755,643	0	2,915,791	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,624	1,430,532	4,781,353	0	11,367,926	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,603	24,795	651,832	0	1,167,136	55.00
56.00	05600	RADIOISOTOPE	4,462	37,204	1,793,421	0	3,377,662	56.00
57.00	05700	CT SCAN	2,167	8,218	1,011,282	0	1,298,443	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,419	177,198	633,173	0	1,648,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,124	274,887	2,328,531	0	3,493,549	59.00
60.00	06000	LABORATORY	12,887	184,022	0	0	14,719,244	60.00
64.00	06400	INTRAVENOUS THERAPY	4,141	2,490	4,734,898	0	7,794,526	64.00
65.00	06500	RESPIRATORY THERAPY	4,698	61,169	2,622,229	0	3,816,319	65.00
66.00	06600	PHYSICAL THERAPY	30,591	86,176	2,297,046	0	13,299,984	66.00
69.00	06900	ELECTROCARDIOLOGY	8,104	307,437	1,368,113	0	2,613,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,462	32,553	411,822	0	682,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	23,441,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,061,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,058,096	73.00
74.00	07400	RENAL DIALYSIS	1,235	33,062	746,211	0	1,248,512	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	316	669	123,943	0	159,580	76.10
76.97	07697	CARDIAC REHABILITATION	5,420	7,678	545,649	0	738,276	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	32,960	81,226	6,959,164	0	10,092,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	901,130	6,044,277	117,405,699	-78,414,294	284,511,219	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	58,878	167,610	5,507,941	0	18,741,845	192.01
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)	14,140,416	14,924,376	2,894,216		78,414,294	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.729477	2.402551	0.023547		0.258577	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			73,219		2,179,550	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000596		0.007187	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	745,881				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,371	102,679			8.00
9.00	00900	HOUSEKEEPING	0	12,025	0	727,485		9.00
10.00	01000	DIETARY	0	14,082	0	14,082	380,225	10.00
11.00	01100	CAFETERIA	0	9,792	0	9,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,157	0	6,157	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,629	0	8,629	0	14.00
15.00	01500	PHARMACY	0	3,774	0	3,774	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,640	0	10,640	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	240	0	240	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	242,208	74,087	242,208	281,701	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,381	8,168	27,381	30,608	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	21,726	5,902	21,726	22,441	34.00
41.00	04100	SUBPROVIDER - IRF	0	17,103	11,033	17,103	41,950	41.00
43.00	04300	NURSERY	0	14,562	3,489	14,562	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	99,573	0	99,573	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,527	0	15,527	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,624	0	44,624	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,603	0	9,603	0	55.00
56.00	05600	RADIOISOTOPE	0	4,462	0	4,462	0	56.00
57.00	05700	CT SCAN	0	2,167	0	2,167	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,419	0	2,419	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,124	0	9,124	0	59.00
60.00	06000	LABORATORY	0	12,887	0	12,887	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,141	0	4,141	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,698	0	4,698	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30,591	0	30,591	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,104	0	8,104	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,462	0	4,462	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,235	0	1,235	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	316	0	316	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	5,420	0	5,420	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	32,960	0	32,960	3,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	687,003	102,679	668,607	380,225	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	58,878	0	58,878	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	23,433,019	2,082,396	6,834,830	5,641,133	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	31.416565	20.280642	9.395149	14.836302	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,864,780	139,755	461,169	403,599	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.181497	1.361086	0.633922	1.061474	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	264,375					11.00
13.00	01300	NURSING ADMINISTRATION	6,792	4,121,153				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,566	0	46,199,472			14.00
15.00	01500	PHARMACY	6,343	0	573,106	17,228,648		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,563	0	23	0	2,042,742,644	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	615	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,613	1,863,928	1,731,175	4,936	200,590,630	30.00
31.00	03100	INTENSIVE CARE UNIT	17,619	333,021	600,455	314	52,313,695	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,912	225,157	429,984	884	33,649,787	34.00
41.00	04100	SUBPROVIDER - IRF	10,585	200,073	83,119	170	21,675,910	41.00
43.00	04300	NURSERY	5,359	101,295	61,809	241	10,426,286	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,823	393,593	1,489,453	33,537	184,548,855	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,574	86,455	0	0	9,710,297	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,700	0	68,609	15,146	124,923,255	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,085	0	12,480	16	4,111,639	55.00
56.00	05600	RADIOISOTOPE	3,648	0	890,530	3,036	51,397,878	56.00
57.00	05700	CT SCAN	2,457	0	3,286	3,569	160,534,505	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,556	0	25,139	1,334	44,135,322	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,579	86,542	103,443	0	68,324,875	59.00
60.00	06000	LABORATORY	0	0	153,213	73	250,835,967	60.00
64.00	06400	INTRAVENOUS THERAPY	8,002	151,242	23,662	3,995	58,542,632	64.00
65.00	06500	RESPIRATORY THERAPY	8,051	152,178	17,575	5,865	50,501,130	65.00
66.00	06600	PHYSICAL THERAPY	3,280	0	263,840	1,055	78,010,480	66.00
69.00	06900	ELECTROCARDIOLOGY	3,248	61,391	26,057	1,251	68,393,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,063	20,092	17,120	19	6,338,908	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	23,441,754	0	137,612,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,061,790	0	124,785,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,131,237	137,538,103	73.00
74.00	07400	RENAL DIALYSIS	1,981	37,450	95,082	771	4,897,537	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	226	4,274	0	0	1,049,276	76.10
76.97	07697	CARDIAC REHABILITATION	848	16,031	8,968	0	2,924,668	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	20,550	388,431	401	21,119	154,968,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,638	4,121,153	46,182,073	17,228,568	2,042,742,644	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	4,737	0	17,399	80	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,951,301	8,730,348	2,512,352	7,212,028	6,453,883	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.163313	2.118424	0.054381	0.418607	0.003159	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	275,307	718,853	232,368	153,485	299,330	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.041350	0.174430	0.005030	0.008909	0.000147	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 1:16 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	100				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		100			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	50	50	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	50	50	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	100		118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0		192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	153,938	139,116	498,156		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,539.380000	1,391.160000	4,981.560000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	913	794	8,497		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	9.130000	7.940000	84.970000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,679,613		75,679,613	7,947	75,687,560	30.00
31.00	03100	INTENSIVE CARE UNIT	16,077,624		16,077,624	0	16,077,624	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,149,141		10,149,141	0	10,149,141	34.00
41.00	04100	SUBPROVIDER - IRF	8,575,189		8,575,189	16,640	8,591,829	41.00
43.00	04300	NURSERY	4,901,312		4,901,312	0	4,901,312	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,577,542		40,577,542	2,237	40,579,779	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,568,314		4,568,314	0	4,568,314	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,652,743		16,652,743	0	16,652,743	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,886,633		1,886,633	4,352	1,890,985	55.00
56.00	05600	RADIOISOTOPE	4,685,939		4,685,939	0	4,685,939	56.00
57.00	05700	CT SCAN	2,258,859		2,258,859	0	2,258,859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,331,992		2,331,992	0	2,331,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,225,179		5,225,179	30,152	5,255,331	59.00
60.00	06000	LABORATORY	19,852,853		19,852,853	8,948	19,861,801	60.00
64.00	06400	INTRAVENOUS THERAPY	10,576,631		10,576,631	0	10,576,631	64.00
65.00	06500	RESPIRATORY THERAPY	5,570,062	0	5,570,062	5,128	5,575,190	65.00
66.00	06600	PHYSICAL THERAPY	18,285,366	0	18,285,366	0	18,285,366	66.00
69.00	06900	ELECTROCARDIOLOGY	4,004,754		4,004,754	1,550	4,006,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,116,076		1,116,076	0	1,116,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,212,737		31,212,737	0	31,212,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,482,654		21,482,654	0	21,482,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,831,394		30,831,394	0	30,831,394	73.00
74.00	07400	RENAL DIALYSIS	1,744,165		1,744,165	1,990	1,746,155	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	228,633		228,633	0	228,633	76.10
76.97	07697	CARDIAC REHABILITATION	1,203,530		1,203,530	0	1,203,530	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,650,541		15,650,541	373	15,650,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,032,956		12,032,956		12,032,956	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	367,362,432	0	367,362,432	79,317	367,441,749	200.00
201.00		Less Observation Beds	12,032,956		12,032,956		12,032,956	201.00
202.00		Total (see instructions)	355,329,476	0	355,329,476	79,317	355,408,793	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,968,635		173,968,635			30.00
31.00	03100	INTENSIVE CARE UNIT	52,313,695		52,313,695			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	33,649,787		33,649,787			34.00
41.00	04100	SUBPROVIDER - IRF	21,675,910		21,675,910			41.00
43.00	04300	NURSERY	10,426,286		10,426,286			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,823,928	102,724,927	184,548,855	0.219874	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,526,184	1,184,113	9,710,297	0.470461	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,450,614	97,472,641	124,923,255	0.133304	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,512,079	2,599,560	4,111,639	0.458852	0.000000	55.00
56.00	05600	RADIOISOTOPE	23,774,960	27,622,918	51,397,878	0.091170	0.000000	56.00
57.00	05700	CT SCAN	70,166,927	90,367,578	160,534,505	0.014071	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,457,500	24,677,822	44,135,322	0.052837	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,654,662	39,670,213	68,324,875	0.076476	0.000000	59.00
60.00	06000	LABORATORY	129,189,520	121,646,447	250,835,967	0.079147	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	3,800,750	54,741,882	58,542,632	0.180665	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	40,325,492	10,175,638	50,501,130	0.110296	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	38,824,345	39,186,135	78,010,480	0.234396	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	33,531,261	34,862,037	68,393,298	0.058555	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,138,579	4,200,329	6,338,908	0.176068	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,543,356	59,069,379	137,612,735	0.226816	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,205,222	39,580,777	124,785,999	0.172156	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,267,784	33,270,319	137,538,103	0.224166	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,498,150	399,387	4,897,537	0.356131	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	946,348	102,928	1,049,276	0.217896	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	12,213	2,912,455	2,924,668	0.411510	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	53,147,676	101,821,301	154,968,977	0.100991	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,081,050	19,540,945	26,621,995	0.451993	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,134,912,913	907,829,731	2,042,742,644			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,134,912,913	907,829,731	2,042,742,644			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.219886	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470461	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133304	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.459910	55.00
56.00	05600	RADIOISOTOPE	0.091170	56.00
57.00	05700	CT SCAN	0.014071	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052837	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076917	59.00
60.00	06000	LABORATORY	0.079182	60.00
64.00	06400	INTRAVENOUS THERAPY	0.180665	64.00
65.00	06500	RESPIRATORY THERAPY	0.110397	65.00
66.00	06600	PHYSICAL THERAPY	0.234396	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.172156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224166	73.00
74.00	07400	RENAL DIALYSIS	0.356537	74.00
76.00	03950	OTHER ANCILLARY	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0.217896	76.10
76.97	07697	CARDIAC REHABILITATION	0.411510	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.100994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.451993	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XIX | Hospital | Cost

		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	75,679,613		75,679,613	7,947	75,687,560	30.00
31.00	03100	INTENSIVE CARE UNIT	16,077,624		16,077,624	0	16,077,624	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,149,141		10,149,141	0	10,149,141	34.00
41.00	04100	SUBPROVIDER - IRF	8,575,189		8,575,189	16,640	8,591,829	41.00
43.00	04300	NURSERY	4,901,312		4,901,312	0	4,901,312	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,577,542		40,577,542	2,237	40,579,779	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,568,314		4,568,314	0	4,568,314	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,652,743		16,652,743	0	16,652,743	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,886,633		1,886,633	4,352	1,890,985	55.00
56.00	05600	RADIOISOTOPE	4,685,939		4,685,939	0	4,685,939	56.00
57.00	05700	CT SCAN	2,258,859		2,258,859	0	2,258,859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,331,992		2,331,992	0	2,331,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,225,179		5,225,179	30,152	5,255,331	59.00
60.00	06000	LABORATORY	19,852,853		19,852,853	8,948	19,861,801	60.00
64.00	06400	INTRAVENOUS THERAPY	10,576,631		10,576,631	0	10,576,631	64.00
65.00	06500	RESPIRATORY THERAPY	5,570,062	0	5,570,062	5,128	5,575,190	65.00
66.00	06600	PHYSICAL THERAPY	18,285,366	0	18,285,366	0	18,285,366	66.00
69.00	06900	ELECTROCARDIOLOGY	4,004,754		4,004,754	1,550	4,006,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,116,076		1,116,076	0	1,116,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,212,737		31,212,737	0	31,212,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,482,654		21,482,654	0	21,482,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,831,394		30,831,394	0	30,831,394	73.00
74.00	07400	RENAL DIALYSIS	1,744,165		1,744,165	1,990	1,746,155	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	228,633		228,633	0	228,633	76.10
76.97	07697	CARDIAC REHABILITATION	1,203,530		1,203,530	0	1,203,530	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,650,541		15,650,541	373	15,650,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,032,956		12,032,956		12,032,956	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	367,362,432	0	367,362,432	79,317	367,441,749	200.00
201.00		Less Observation Beds	12,032,956		12,032,956		12,032,956	201.00
202.00		Total (see instructions)	355,329,476	0	355,329,476	79,317	355,408,793	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,968,635		173,968,635			30.00
31.00	03100	INTENSIVE CARE UNIT	52,313,695		52,313,695			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	33,649,787		33,649,787			34.00
41.00	04100	SUBPROVIDER - IRF	21,675,910		21,675,910			41.00
43.00	04300	NURSERY	10,426,286		10,426,286			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,823,928	102,724,927	184,548,855	0.219874	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,526,184	1,184,113	9,710,297	0.470461	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,450,614	97,472,641	124,923,255	0.133304	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,512,079	2,599,560	4,111,639	0.458852	0.000000	55.00
56.00	05600	RADIOISOTOPE	23,774,960	27,622,918	51,397,878	0.091170	0.000000	56.00
57.00	05700	CT SCAN	70,166,927	90,367,578	160,534,505	0.014071	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,457,500	24,677,822	44,135,322	0.052837	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,654,662	39,670,213	68,324,875	0.076476	0.000000	59.00
60.00	06000	LABORATORY	129,189,520	121,646,447	250,835,967	0.079147	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	3,800,750	54,741,882	58,542,632	0.180665	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	40,325,492	10,175,638	50,501,130	0.110296	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	38,824,345	39,186,135	78,010,480	0.234396	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	33,531,261	34,862,037	68,393,298	0.058555	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,138,579	4,200,329	6,338,908	0.176068	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,543,356	59,069,379	137,612,735	0.226816	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,205,222	39,580,777	124,785,999	0.172156	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,267,784	33,270,319	137,538,103	0.224166	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,498,150	399,387	4,897,537	0.356131	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	946,348	102,928	1,049,276	0.217896	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	12,213	2,912,455	2,924,668	0.411510	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	53,147,676	101,821,301	154,968,977	0.100991	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,081,050	19,540,945	26,621,995	0.451993	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,134,912,913	907,829,731	2,042,742,644			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,134,912,913	907,829,731	2,042,742,644			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XIX | Hospital | Cost

		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

	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)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,845,813	0	6,845,813	88,092	77.71	30.00
31.00	INTENSIVE CARE UNIT	1,057,641		1,057,641	8,168	129.49	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	784,492		784,492	5,902	132.92	34.00
41.00	SUBPROVIDER - IRF	557,516	0	557,516	11,033	50.53	41.00
43.00	NURSERY	452,782		452,782	3,489	129.77	43.00
200.00	Total (lines 30-199)	9,698,244		9,698,244	116,684		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	35,458	2,755,441				30.00
31.00	INTENSIVE CARE UNIT	2,757	357,004				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,387	317,280				34.00
41.00	SUBPROVIDER - IRF	7,795	393,881				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	48,397	3,823,606				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,015,815	184,548,855	0.027179	32,759,868	890,380	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,328	9,710,297	0.054306	14,541	790	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,468,259	124,923,255	0.035768	12,425,610	444,439	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	267,437	4,111,639	0.065044	612,654	39,849	55.00
56.00	05600	RADIOISOTOPE	222,261	51,397,878	0.004324	11,310,908	48,908	56.00
57.00	05700	CT SCAN	100,407	160,534,505	0.000625	36,180,888	22,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495,895	44,135,322	0.011236	9,217,629	103,569	58.00
59.00	05900	CARDIAC CATHETERIZATION	904,806	68,324,875	0.013243	14,873,940	196,976	59.00
60.00	06000	LABORATORY	849,361	250,835,967	0.003386	63,909,185	216,397	60.00
64.00	06400	INTRAVENOUS THERAPY	193,375	58,542,632	0.003303	77,113	255	64.00
65.00	06500	RESPIRATORY THERAPY	314,965	50,501,130	0.006237	18,038,199	112,504	65.00
66.00	06600	PHYSICAL THERAPY	948,706	78,010,480	0.012161	11,210,006	136,325	66.00
69.00	06900	ELECTROCARDIOLOGY	949,016	68,393,298	0.013876	20,345,877	282,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,660	6,338,908	0.028500	834,398	23,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	306,602	137,612,735	0.002228	36,175,528	80,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	214,571	124,785,999	0.001720	32,883,063	56,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,618	137,538,103	0.002200	49,669,060	109,272	73.00
74.00	07400	RENAL DIALYSIS	124,024	4,897,537	0.025324	2,467,638	62,490	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	10,455	1,049,276	0.009964	113,806	1,134	76.10
76.97	07697	CARDIAC REHABILITATION	139,586	2,924,668	0.047727	6,628	316	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,064,860	154,968,977	0.006871	26,040,296	178,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,088,357	26,621,995	0.040882	4,727,899	193,286	92.00
200.00		Total (lines 50-199)	18,689,364	1,750,708,331		383,894,734	3,201,683	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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	88,092	0.00	35,458	0		30.00
31.00	03100	INTENSIVE CARE UNIT	8,168	0.00	2,757	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,902	0.00	2,387	0		34.00
41.00	04100	SUBPROVIDER - IRF	11,033	0.00	7,795	0		41.00
43.00	04300	NURSERY	3,489	0.00	0	0		43.00
200.00		Total (lines 30-199)	116,684		48,397	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	498,156	0	498,156	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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
200.00		Total (lines 50-199)	0	0	498,156	0	498,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	184,548,855	0.000000	0.000000	32,759,868	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,710,297	0.000000	0.000000	14,541	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	124,923,255	0.000000	0.000000	12,425,610	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	4,111,639	0.000000	0.000000	612,654	55.00
56.00	05600	RADIOISOTOPE	0	51,397,878	0.000000	0.000000	11,310,908	56.00
57.00	05700	CT SCAN	0	160,534,505	0.000000	0.000000	36,180,888	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,135,322	0.000000	0.000000	9,217,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,324,875	0.000000	0.000000	14,873,940	59.00
60.00	06000	LABORATORY	0	250,835,967	0.000000	0.000000	63,909,185	60.00
64.00	06400	INTRAVENOUS THERAPY	0	58,542,632	0.000000	0.000000	77,113	64.00
65.00	06500	RESPIRATORY THERAPY	0	50,501,130	0.000000	0.000000	18,038,199	65.00
66.00	06600	PHYSICAL THERAPY	0	78,010,480	0.000000	0.000000	11,210,006	66.00
69.00	06900	ELECTROCARDIOLOGY	0	68,393,298	0.000000	0.000000	20,345,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,338,908	0.000000	0.000000	834,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	137,612,735	0.000000	0.000000	36,175,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,785,999	0.000000	0.000000	32,883,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	498,156	137,538,103	0.003622	0.003622	49,669,060	73.00
74.00	07400	RENAL DIALYSIS	0	4,897,537	0.000000	0.000000	2,467,638	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	1,049,276	0.000000	0.000000	113,806	76.10
76.97	07697	CARDIAC REHABILITATION	0	2,924,668	0.000000	0.000000	6,628	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	154,968,977	0.000000	0.000000	26,040,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	26,621,995	0.000000	0.000000	4,727,899	92.00
200.00		Total (lines 50-199)	498,156	1,750,708,331			383,894,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,448,551	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,991,470	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,383,360	0		55.00
56.00	05600	RADIOISOTOPE	0	8,395,685	0		56.00
57.00	05700	CT SCAN	0	23,059,400	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,674,831	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,251,594	0		59.00
60.00	06000	LABORATORY	0	17,021,249	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,513,166	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,852,112	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,873,335	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,781,543	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,029,970	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,828,184	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,561,304	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,901	20,413,025	73,936		73.00
74.00	07400	RENAL DIALYSIS	0	216,758	0		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	1,678	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	1,568,654	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	16,864,000	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,259,654	0		92.00
200.00		Total (lines 50-199)	179,901	212,989,523	73,936		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.219874	25,448,551	0	1,634	5,595,475	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470461	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133304	17,991,470	0	0	2,398,335	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.458852	1,383,360	0	0	634,758	55.00
56.00	05600	RADIOISOTOPE	0.091170	8,395,685	0	0	765,435	56.00
57.00	05700	CT SCAN	0.014071	23,059,400	0	0	324,469	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052837	6,674,831	0	0	352,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076476	18,251,594	0	0	1,395,809	59.00
60.00	06000	LABORATORY	0.079147	17,021,249	635	0	1,347,181	60.00
64.00	06400	INTRAVENOUS THERAPY	0.180665	2,513,166	0	0	454,041	64.00
65.00	06500	RESPIRATORY THERAPY	0.110296	1,852,112	0	0	204,281	65.00
66.00	06600	PHYSICAL THERAPY	0.234396	1,873,335	0	442	439,102	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058555	8,781,543	0	0	514,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176068	1,029,970	0	0	181,345	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226816	17,828,184	0	0	4,043,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.172156	13,561,304	0	0	2,334,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224166	20,413,025	0	85,135	4,575,906	73.00
74.00	07400	RENAL DIALYSIS	0.356131	216,758	0	0	77,194	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.217896	1,678	0	0	366	76.10
76.97	07697	CARDIAC REHABILITATION	0.411510	1,568,654	0	0	645,517	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.100991	16,864,000	0	0	1,703,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.451993	8,259,654	0	0	3,733,306	92.00
200.00		Subtotal (see instructions)		212,989,523	635	87,211	31,720,890	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		212,989,523	635	87,211	31,720,890	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	359		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	50	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	104		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 PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,084		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	50	19,547		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	50	19,547		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,015,815	184,548,855	0.027179	74,554	2,026	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,328	9,710,297	0.054306	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,468,259	124,923,255	0.035768	264,100	9,446	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	267,437	4,111,639	0.065044	135	9	55.00
56.00	05600	RADIOISOTOPE	222,261	51,397,878	0.004324	127,778	553	56.00
57.00	05700	CT SCAN	100,407	160,534,505	0.000625	538,710	337	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495,895	44,135,322	0.011236	189,188	2,126	58.00
59.00	05900	CARDIAC CATHETERIZATION	904,806	68,324,875	0.013243	27,457	364	59.00
60.00	06000	LABORATORY	849,361	250,835,967	0.003386	3,218,967	10,899	60.00
64.00	06400	INTRAVENOUS THERAPY	193,375	58,542,632	0.003303	537	2	64.00
65.00	06500	RESPIRATORY THERAPY	314,965	50,501,130	0.006237	969,704	6,048	65.00
66.00	06600	PHYSICAL THERAPY	948,706	78,010,480	0.012161	13,131,261	159,689	66.00
69.00	06900	ELECTROCARDIOLOGY	949,016	68,393,298	0.013876	316,806	4,396	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,660	6,338,908	0.028500	7,548	215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	306,602	137,612,735	0.002228	567,767	1,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	214,571	124,785,999	0.001720	2,376	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,618	137,538,103	0.002200	2,472,749	5,440	73.00
74.00	07400	RENAL DIALYSIS	124,024	4,897,537	0.025324	251,005	6,356	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	10,455	1,049,276	0.009964	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	139,586	2,924,668	0.047727	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,064,860	154,968,977	0.006871	81,547	560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	26,621,995	0.000000	67,114	0	92.00
200.00		Total (lines 50-199)	17,601,007	1,750,708,331		22,309,303	209,735	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	498,156	0	498,156	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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
200.00		Total (lines 50-199)	0	0	498,156	0	498,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	184,548,855	0.000000	0.000000	74,554	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,710,297	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	124,923,255	0.000000	0.000000	264,100	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	4,111,639	0.000000	0.000000	135	55.00
56.00	05600	RADIOISOTOPE	0	51,397,878	0.000000	0.000000	127,778	56.00
57.00	05700	CT SCAN	0	160,534,505	0.000000	0.000000	538,710	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,135,322	0.000000	0.000000	189,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,324,875	0.000000	0.000000	27,457	59.00
60.00	06000	LABORATORY	0	250,835,967	0.000000	0.000000	3,218,967	60.00
64.00	06400	INTRAVENOUS THERAPY	0	58,542,632	0.000000	0.000000	537	64.00
65.00	06500	RESPIRATORY THERAPY	0	50,501,130	0.000000	0.000000	969,704	65.00
66.00	06600	PHYSICAL THERAPY	0	78,010,480	0.000000	0.000000	13,131,261	66.00
69.00	06900	ELECTROCARDIOLOGY	0	68,393,298	0.000000	0.000000	316,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,338,908	0.000000	0.000000	7,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	137,612,735	0.000000	0.000000	567,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,785,999	0.000000	0.000000	2,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	498,156	137,538,103	0.003622	0.003622	2,472,749	73.00
74.00	07400	RENAL DIALYSIS	0	4,897,537	0.000000	0.000000	251,005	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	1,049,276	0.000000	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	2,924,668	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	154,968,977	0.000000	0.000000	81,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	26,621,995	0.000000	0.000000	67,114	92.00
200.00		Total (lines 50-199)	498,156	1,750,708,331			22,309,303	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,956	1,386	5		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	8,956	1,386	5		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.219874	0	0	56	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470461	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133304	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.458852	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.091170	0	0	0	0	56.00
57.00	05700	CT SCAN	0.014071	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052837	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076476	0	0	0	0	59.00
60.00	06000	LABORATORY	0.079147	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.180665	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.110296	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.234396	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058555	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176068	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226816	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.172156	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224166	1,386	0	2,627	311	73.00
74.00	07400	RENAL DIALYSIS	0.356131	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.217896	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.411510	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.100991	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.451993	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,386	0	2,683	311	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,386	0	2,683	311	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	12		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	589		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	601		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	601		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	88,092	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	88,092	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)	74,087	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)	35,458	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)	75,687,560	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)	75,687,560	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)	75,687,560	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)	859.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	30,465,159	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)	30,465,159	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 1:16 pm

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	16,077,624	8,168	1,968.37	2,757	5,426,796	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	10,149,141	5,902	1,719.61	2,387	4,104,709	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	54,026,419	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	94,023,083	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,429,725	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,381,584	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,811,309	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	87,211,774	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)	14,005	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	859.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	12,032,956	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,845,813	75,687,560	0.090448	12,032,956	1,088,357	90.00
91.00	Nursing School cost	0	75,687,560	0.000000	12,032,956	0	91.00
92.00	Allied health cost	0	75,687,560	0.000000	12,032,956	0	92.00
93.00	All other Medical Education	0	75,687,560	0.000000	12,032,956	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,033	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,033	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)	11,033	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,795	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)	8,591,829	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)	8,591,829	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)	8,591,829	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)	778.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,070,278	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,070,278	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,354,392	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	10,424,670	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)	393,881	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	218,691	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	612,572	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,812,098	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	557,516	8,591,829	0.064889	0	0	90.00
91.00	Nursing School cost	0	8,591,829	0.000000	0	0	91.00
92.00	Allied health cost	0	8,591,829	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,591,829	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		78,972,033		30.00
31.00	03100	INTENSIVE CARE UNIT		24,884,752		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,251,497		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.219886	32,759,868	7,203,436	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470461	14,541	6,841	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133304	12,425,610	1,656,384	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.459910	612,654	281,766	55.00
56.00	05600	RADIOISOTOPE	0.091170	11,310,908	1,031,215	56.00
57.00	05700	CT SCAN	0.014071	36,180,888	509,101	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052837	9,217,629	487,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076917	14,873,940	1,144,059	59.00
60.00	06000	LABORATORY	0.079182	63,909,185	5,060,457	60.00
64.00	06400	INTRAVENOUS THERAPY	0.180665	77,113	13,932	64.00
65.00	06500	RESPIRATORY THERAPY	0.110397	18,038,199	1,991,363	65.00
66.00	06600	PHYSICAL THERAPY	0.234396	11,210,006	2,627,581	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058577	20,345,877	1,191,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176068	834,398	146,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226816	36,175,528	8,205,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.172156	32,883,063	5,661,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224166	49,669,060	11,134,115	73.00
74.00	07400	RENAL DIALYSIS	0.356537	2,467,638	879,804	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.217896	113,806	24,798	76.10
76.97	07697	CARDIAC REHABILITATION	0.411510	6,628	2,727	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.100994	26,040,296	2,629,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.451993	4,727,899	2,136,977	92.00
200.00		Total (sum of lines 50-94 and 96-98)		383,894,734	54,026,419	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)		383,894,734		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100	SUBPROVIDER - IRF		15,356,150		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.219886	74,554	16,393	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470461	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133304	264,100	35,206	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.459910	135	62	55.00
56.00	05600	RADIOISOTOPE	0.091170	127,778	11,650	56.00
57.00	05700	CT SCAN	0.014071	538,710	7,580	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052837	189,188	9,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076917	27,457	2,112	59.00
60.00	06000	LABORATORY	0.079182	3,218,967	254,884	60.00
64.00	06400	INTRAVENOUS THERAPY	0.180665	537	97	64.00
65.00	06500	RESPIRATORY THERAPY	0.110397	969,704	107,052	65.00
66.00	06600	PHYSICAL THERAPY	0.234396	13,131,261	3,077,915	66.00
69.00	06900	ELECTROCARDIOLOGY	0.058577	316,806	18,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176068	7,548	1,329	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226816	567,767	128,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.172156	2,376	409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224166	2,472,749	554,306	73.00
74.00	07400	RENAL DIALYSIS	0.356537	251,005	89,493	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.217896	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.411510	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.100994	81,547	8,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.451993	67,114	30,335	92.00
200.00		Total (sum of lines 50-94 and 96-98)		22,309,303	4,354,392	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)		22,309,303		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:16 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)	57,513,704	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	18,907,999	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)	2,097,913	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	15,318,874	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	391.96	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)	9.00	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)	5.85	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)	5.85	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)	9.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	1.59	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.99	11.00
12.00	Current year allowable FTE (see instructions)	2.58	12.00
13.00	Total allowable FTE count for the prior year.	0.46	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.	1.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	1.35	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	1.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.003444	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.002004	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.002004	21.00
22.00	IME payment adjustment (see instructions)	83,682	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	16,774	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)	-7.41	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)	83,682	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	16,774	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)	23.32	31.00
32.00	Sum of lines 30 and 31	26.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)	11.27	33.00
34.00	Disproportionate share adjustment (see instructions)	2,153,182	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:16 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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,208,144	2,919,530	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,401,726	735,882	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,137,608		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	83,894,088		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)	83,910,862	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	6,740,256	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).	41,742	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	13,464	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 intructions)	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)	179,901	58.00
59.00	Total (sum of amounts on lines 49 through 58)	90,886,225	59.00
60.00	Primary payer payments	21,974	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	90,864,251	61.00
62.00	Deductibles billed to program beneficiaries	7,313,908	62.00
63.00	Coinsurance billed to program beneficiaries	258,958	63.00
64.00	Allowable bad debts (see instructions)	825,800	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	536,770	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	553,036	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	83,828,155	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)	177,126	70.93
70.94	HRR adjustment amount (see instructions)	-2,141,998	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		81,863,283	71.00
71.01	Sequestration adjustment (see instructions)		1,637,266	71.01
72.00	Interim payments		79,516,540	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)		709,477	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		339,046	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	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	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	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/24/2017 1:16 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	57,513,704	0	57,513,704		57,513,704	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,907,999	0		18,907,999	18,907,999	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	2,097,913	0	1,451,132	646,782	2,097,914	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	15,318,874	0	0	15,318,874	15,318,874	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002004	0.002004	0.002004	0.002004		5.00
6.00	IME payment adjustment (see instructions)	22.00	83,682	0	62,978	20,704	83,682	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,774	0	16,774	0	16,774	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	83,682	0	62,978	20,704	83,682	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,774	0	16,774	0	16,774	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1127	0.1127	0.1127	0.1127		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,153,182	0	1,620,449	532,733	2,153,182	11.00
11.01	Uncompensated care payments	36.00	3,137,608	0	2,857,138	806,418	3,663,556	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	83,894,088	0	62,979,452	20,914,636	83,894,088	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	83,910,862	0	62,996,226	20,914,636	83,910,862	15.00
16.00	Payment for inpatient program capital	50.00	6,740,256	0	5,058,152	1,682,104	6,740,256	16.00
17.00	Special add-on payments for new technologies	54.00	13,464	0	12,429	1,036	13,465	17.00
17.01	Net organ aquisition 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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/24/2017 1:16 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	68,066,807	22,597,776	90,664,583	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	6,143,967	0	4,613,297	1,530,670	6,143,967	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	244,854	0	180,974	63,880	244,854	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	0.0016	0.0016	0.0016	0.0016		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,830	0	7,381	2,449	9,830	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0556	0.0556	0.0556	0.0556		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	341,605	0	256,500	85,105	341,605	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,740,256	0	5,058,152	1,682,104	6,740,256	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 1:16 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 (cols. 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	57,513,704	57,513,704		57,513,704	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,907,999		18,907,999	18,907,999	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	2,097,913	1,451,132	646,782	2,097,914	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	15,318,874	0	15,318,874	15,318,874	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002004	0.002004	0.002004		5.00
6.00	IME payment adjustment (see instructions)	22.00	83,682	62,978	20,704	83,682	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,774	0	16,774	16,774	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	83,682	62,978	20,704	83,682	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,774	0	16,774	16,774	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1127	0.1127	0.1127		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,153,182	1,620,449	532,733	2,153,182	11.00
11.01	Uncompensated care payments	36.00	3,137,608	2,401,726	735,882	3,137,608	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	83,894,088	63,049,988	20,844,100	83,894,088	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	83,910,862	63,049,988	20,860,874	83,910,862	15.00
16.00	Payment for inpatient program capital	50.00	6,740,256	5,058,152	1,682,104	6,740,256	16.00
17.00	Special add-on payments for new technologies	54.00	13,464	12,428	1,036	13,464	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			68,120,568	22,544,014	90,664,582	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 1:16 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	6,143,967	4,613,297	1,530,670	6,143,967	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	244,854	180,974	63,880	244,854	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	0.0016	0.0016	0.0016		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,830	7,381	2,449	9,830	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0556	0.0556	0.0556		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	341,605	256,500	85,105	341,605	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,740,256	5,058,152	1,682,104	6,740,256	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	177,126	144,881	32,245	177,126	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	-2,141,998	-1,604,981	-537,017	-2,141,998	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: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	19,597	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	31,646,954	2.00
3.00	PPS payments	26,523,628	3.00
4.00	Outlier payment (see instructions)	274,279	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	73,936	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	19,597	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	87,846	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)	87,846	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 chargebasis 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)	87,846	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	68,249	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)	19,597	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	26,871,843	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)	4,934,888	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	21,956,552	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	12,685	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	21,969,237	30.00
31.00	Primary payer payments	6,828	31.00
32.00	Subtotal (line 30 minus line 31)	21,962,409	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)	607,320	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	394,758	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	416,284	36.00
37.00	Subtotal (see instructions)	22,357,167	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-418	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	22,357,585	40.00
40.01	Sequestration adjustment (see instructions)	447,152	40.01
41.00	Interim payments	21,943,268	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-32,835	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	601	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	306	2.00
3.00	PPS payments	664	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	5	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	601	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,683	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)	2,683	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 chargebasis 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)	2,683	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,082	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)	601	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)	669	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	1,270	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)	1,270	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,270	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,270	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,270	40.00
40.01	Sequestration adjustment (see instructions)	25	40.01
41.00	Interim payments	1,082	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	163	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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 1:16 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		79,426,761		21,852,100	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	08/02/2016	89,779	08/02/2016	91,168	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)		89,779		91,168	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)		79,516,540		21,943,268	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		709,477		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		32,835	6.02
7.00	Total Medicare program liability (see instructions)		80,226,017		21,910,433	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Subprovider - IRF | 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		11,781,716		1,082	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/02/2016	24,388		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)		-24,388		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,757,328		1,082	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		123,344		163	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,880,672		1,245	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: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 1:16 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	21,964	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	40,602	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	8,324	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	88,157	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	2,042,742,644	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	42,603,257	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)	873,297	8.00
9.00	Sequestration adjustment amount (see instructions)	17,466	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	855,831	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	927,766	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)	-71,935	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	11,914,954	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0124	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	232,342	3.00
4.00	Outlier Payments	36,310	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	30.144809	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	12,183,606	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	12,183,606	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	12,183,606	19.00
20.00	Deductibles	42,504	20.00
21.00	Subtotal (line 19 minus line 20)	12,141,102	21.00
22.00	Coinsurance	27,979	22.00
23.00	Subtotal (line 21 minus line 22)	12,113,123	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,624	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,056	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,624	26.00
27.00	Subtotal (sum of lines 23 and 25)	12,114,179	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	8,956	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	12,123,135	32.00
32.01	Sequestration adjustment (see instructions)	242,463	32.01
33.00	Interim payments	11,757,328	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	123,344	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	3,211,759	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	36,310	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-4 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			9.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.85	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			5.85	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			9.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.59	6.00
7.00	Enter the lesser of line 5 or line 6			1.59	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.42	1.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	1.42	1.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.96		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	2.38		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.79		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.79		17.00
18.00	Per resident amount	121,761.39	121,761.39		18.00
19.00	Approved amount for resident costs	0	96,191	96,191	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			96,191	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	48,397	8,998		26.00
27.00	Total Inpatient Days (see instructions)	99,190	99,190		27.00
28.00	Ratio of inpatient days to total inpatient days	0.487922	0.090715		28.00
29.00	Program direct GME amount	46,934	8,726		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,233		30.00
31.00	Net Program direct GME amount			54,427	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-4 | Date/Time Prepared: 5/24/2017 1:16 pm

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	4,897,537	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	104,447,753	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	21,974	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	104,425,779	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	31,741,399	42.00
43.00	Primary payer payments (see instructions)	6,828	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	31,734,571	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	136,160,350	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.766932	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.233068	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	54,427	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	41,742	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	12,685	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/24/2017 1:16 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	4,633,597	0	0	0	1.00
2.00	Temporary investments	1,005,025	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	252,515,134	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-188,927,916	0	0	0	6.00
7.00	Inventory	9,546,859	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,551,689	0	0	0	9.00
10.00	Due from other funds	-6,377,698	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	76,946,690	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,884,595	0	0	0	12.00
13.00	Land improvements	2,758,858	0	0	0	13.00
14.00	Accumulated depreciation	-2,260,937	0	0	0	14.00
15.00	Buildings	342,384,613	0	0	0	15.00
16.00	Accumulated depreciation	-172,373,624	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	104,158	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	132,203,478	0	0	0	23.00
24.00	Accumulated depreciation	-100,445,491	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)	204,255,650	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,295,049	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	311,255	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,606,304	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	282,808,644	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,007,718	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	23,641	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	44,668,014	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,699,373	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	674,203	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	674,203	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,373,576	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	233,435,068				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)	233,435,068	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	282,808,644	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/24/2017 1:16 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		202,948,986		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,084,162				2.00
3.00	Total (sum of line 1 and line 2)		207,033,148		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSET TRANSFERS	25,865,214		0		0	5.00
6.00	OTHER UNRESTRICTED NET ASSETS	536,707		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		26,401,921		0		10.00
11.00	Subtotal (line 3 plus line 10)		233,435,069		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	1		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		233,435,068		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	NET ASSET TRANSFERS		0			5.00
6.00	OTHER UNRESTRICTED NET ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	ROUNDING		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: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/24/2017 1:16 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	184,394,920		184,394,920	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	21,675,910		21,675,910	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)	206,070,830		206,070,830	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	52,313,695		52,313,695	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	33,649,787		33,649,787	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	85,963,482		85,963,482	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	292,034,312		292,034,312	17.00
18.00	Ancillary services	842,897,019	907,829,731	1,750,726,750	18.00
19.00	Outpatient services	0	16,222,056	16,222,056	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 (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,134,931,331	924,051,787	2,058,983,118	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		391,587,726		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	2			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)		2		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)		391,587,728		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/24/2017 1:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,058,983,118	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,672,977,107	2.00
3.00	Net patient revenues (line 1 minus line 2)	386,006,011	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	391,587,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,581,717	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	45,183	6.00
7.00	Income from investments	374,866	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	1,747,947	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	ALL OTHERS	7,389,108	24.00
24.01	OTHER GAINS	108,775	24.01
25.00	Total other income (sum of lines 6-24)	9,665,879	25.00
26.00	Total (line 5 plus line 25)	4,084,162	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)	4,084,162	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 1:16 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	6,143,967	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	244,854	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)	242.76	3.00
4.00	Number of interns & residents (see instructions)	1.35	4.00
5.00	Indirect medical education percentage (see instructions)	0.16	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)	9,830	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	23.32	8.00
9.00	Sum of lines 7 and 8	26.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.56	10.00
11.00	Disproportionate share adjustment (see instructions)	341,605	11.00
12.00	Total prospective capital payments (see instructions)	6,740,256	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