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: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/10/2017 12:07 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/10/2017 Time: 12:07 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 SSM HEALTH ST. MARY'S HOSPITAL (14-0034) 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	-59,343	82,373	5,879	0	1.00
2.00	Subprovider - IPF	0	17	-1		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
12.20	OPT I	0		0		0	12.20
200.00	Total	0	-59,326	82,372	5,879	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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/10/2017 11:23 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 400 NORTH PLEASANT AVENUE	PO Box:			1.00
2.00	City: CENTRALIA	State: IL	Zip Code: 62801-	County: MARION	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	SSM HEALTH ST. MARY'S HOSPITAL	140034	99914	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	SSM HEALTH ST. MARYS PSYCH	14S034	99914	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I	ST MARYS WORK SAFETY INSTITUTE	146668	99914		03/08/2000	N	O	N	17.20
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 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.	2,677	553	0	4	246	128	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/10/2017 11:23 am

		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	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		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.	2		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.	2		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.	1		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.	01/01/2016	12/31/2016	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/10/2017 11:23 am

		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

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

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		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
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.	N	N	N	N	109.00

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	51,150	8,268	0	118.01

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		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	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
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	269020	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: SSM HEALTH	Contractor's Name: A	Contractor's Number: 05301	141.00
142.00	Street: 10101 WOODFIELD LANE	PO Box:		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63132	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
161.10	CORF		N	N	N	161.10
161.20	OPT		N	N	N	161.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/10/2017 11:23 am

		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

		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)	08/02/2016	10/30/2016	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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/10/2017 11:23 am

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

		Y/N	Date	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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2017	Y	04/03/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/10/2017 11:23 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been 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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC	LAMOND	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-989-3162	ERIC.LAMOND@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/10/2017 11:23 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - GOVERNEMENT 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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/10/2017 11:23 am

	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	84	30,836	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)		84	30,836	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,392	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						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		96	35,228	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
25.20	CMHC - OPT	99.20				0	25.20
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)		120				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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/10/2017 11:23 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,151	1,913	13,439			1.00
2.00	HMO and other (see instructions)	774	717				2.00
3.00	HMO IPF Subprovider	94	256				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,151	1,913	13,439			7.00
8.00	INTENSIVE CARE UNIT	1,109	344	2,406			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		506	547			13.00
14.00	Total (see instructions)	10,260	2,763	16,392	0.00	585.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	677	0	3,173	0.00	26.94	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
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)				0.00	611.98	27.00
28.00	Observation Bed Days		366	1,676			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			54			30.00
31.00	Employee discount days - IRF			19			31.00
32.00	Labor & delivery days (see instructions)	0	128	146			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/10/2017 11:23 am

	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	2,499	983	4,118	1.00
2.00	HMO and other (see instructions)			190	150		2.00
3.00	HMO IPF Subprovider				59		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,499	983	4,118	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	111	339	665	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OPT	0.00					25.20
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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/10/2017 11:23 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	32,371,796	0	32,371,796	1,271,930.01	25.45	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		206,823	0	206,823	2,127.28	97.22	3.00
4.00	Physician-Part A - Administrative		237,633	0	237,633	1,354.98	175.38	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		123,993	0	123,993	328.00	378.03	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	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office 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)		1,519,503	33,241	1,552,744	62,413.78	24.88	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		531,257	0	531,257	8,745.64	60.75	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		306,849	0	306,849	2,085.31	147.15	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,950,389	0	5,950,389	128,317.00	46.37	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)		17,025,849	0	17,025,849			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		561,887	0	561,887			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		113,091	0	113,091			21.00
22.00	Physician Part A - Administrative		17,902	0	17,902			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		17,509	0	17,509			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	263,407	0	263,407	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,220,113	-33,241	3,186,872	95,827.61	33.26	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/10/2017 11:23 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	794,046	0	794,046	37,078.08	21.42	30.00
31.00	Laundry & Linen Service	8.00	102,516	0	102,516	7,782.04	13.17	31.00
32.00	Housekeeping	9.00	1,018,819	0	1,018,819	76,616.22	13.30	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	771,158	-556,676	214,482	14,407.40	14.89	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	556,676	556,676	37,393.48	14.89	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	776,524	0	776,524	23,729.52	32.72	38.00
39.00	Central Services and Supply	14.00	279,211	0	279,211	4,324.87	64.56	39.00
40.00	Pharmacy	15.00	1,165,902	0	1,165,902	31,115.02	37.47	40.00
41.00	Medical Records & Medical Records Library	16.00	590,900	0	590,900	31,748.59	18.61	41.00
42.00	Social Service	17.00	749,601	0	749,601	24,638.29	30.42	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/10/2017 11:23 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		32,040,980	0	32,040,980	1,269,474.73	25.24	1.00
2.00	Excluded area salaries (see instructions)		1,519,503	33,241	1,552,744	62,413.78	24.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)		30,521,477	-33,241	30,488,236	1,207,060.95	25.26	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,788,495	0	6,788,495	139,147.95	48.79	4.00
5.00	Subtotal wage-related costs (see inst.)		17,043,751	0	17,043,751	0.00	55.90	5.00
6.00	Total (sum of lines 3 thru 5)		54,353,723	-33,241	54,320,482	1,346,208.90	40.35	6.00
7.00	Total overhead cost (see instructions)		9,732,197	-33,241	9,698,956	384,661.12	25.21	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/10/2017 11:23 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	297,254	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,665,129	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)	8,639,605	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	180,670	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,066	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	4,783	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	76,730	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	363,645	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	2,042,763	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	39,554	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	138,832	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,526,031	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER NON CORE BENEFITS	29,115	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V | Date/Time Prepared: 5/10/2017 11:23 am

	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	531,257	0	1.00
2.00	Hospital	531,257	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/10/2017 11:23 am

		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)	0.289916	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	12,523,228	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	4,856,626	5.00
6.00	Medicaid charges	75,234,762	6.00
7.00	Medicaid cost (line 1 times line 6)	21,811,761	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)	4,431,907	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)	4,431,907	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	1,652,300	473,928	2,126,228	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	479,028	137,399	616,427	21.00
22.00	Partial payment by patients approved for charity care	2,945	48,229	51,174	22.00
23.00	Cost of charity care (line 21 minus line 22)	476,083	89,170	565,253	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)	4,136,974	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	402,254	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	3,734,720	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,082,755	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,648,008	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,079,915	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,661,382	1,661,382	110,369	1,771,751	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,151,388	2,151,388	0	2,151,388	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	263,407	13,572,248	13,835,655	0	13,835,655	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,220,113	22,378,445	25,598,558	-133,216	25,465,342	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,174,682	1,174,682	0	1,174,682	6.00
7.00	00700	OPERATION OF PLANT	794,046	2,780,713	3,574,759	260,761	3,835,520	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	102,516	315,506	418,022	0	418,022	8.00
9.00	00900	HOUSEKEEPING	1,018,819	305,604	1,324,423	-128,636	1,195,787	9.00
10.00	01000	DIETARY	771,158	657,585	1,428,743	-1,031,367	397,376	10.00
11.00	01100	CAFETERIA	0	0	0	1,031,367	1,031,367	11.00
13.00	01300	NURSING ADMINISTRATION	776,524	70,356	846,880	0	846,880	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	279,211	189,773	468,984	-6,988	461,996	14.00
15.00	01500	PHARMACY	1,165,902	3,872,696	5,038,598	-3,624,125	1,414,473	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	590,900	287,518	878,418	-142	878,276	16.00
17.00	01700	SOCIAL SERVICE	749,601	297,386	1,046,987	-790	1,046,197	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,434,626	1,693,931	8,128,557	-1,278,156	6,850,401	30.00
31.00	03100	INTENSIVE CARE UNIT	1,850,212	948,297	2,798,509	-191,256	2,607,253	31.00
40.00	04000	SUBPROVIDER - IPF	1,374,278	89,309	1,463,587	-8,628	1,454,959	40.00
43.00	04300	NURSERY	0	0	0	417,758	417,758	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,462,635	2,699,224	4,161,859	-1,948,214	2,213,645	50.00
51.00	05100	RECOVERY ROOM	292,250	9,456	301,706	-7,419	294,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	317,710	317,710	52.00
53.00	05300	ANESTHESIOLOGY	206,823	2,045,979	2,252,802	-110,268	2,142,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,063,031	1,071,157	2,134,188	-45,096	2,089,092	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	401,389	133,161	534,550	-2,106	532,444	55.00
56.00	05600	RADIOISOTOPE	163,811	469,544	633,355	-3,070	630,285	56.00
57.00	05700	CT SCAN	310,401	85,783	396,184	-45,415	350,769	57.00
58.00	05800	MRI	152,965	41,529	194,494	-30,633	163,861	58.00
59.00	05900	CARDIAC CATHETERIZATION	195,251	156,318	351,569	-148,776	202,793	59.00
60.00	06000	LABORATORY	1,479,158	2,664,022	4,143,180	-64,801	4,078,379	60.00
64.00	06400	INTRAVENOUS THERAPY	267,847	61,219	329,066	-50,988	278,078	64.00
65.00	06500	RESPIRATORY THERAPY	892,429	177,563	1,069,992	-43,453	1,026,539	65.00
66.00	06600	PHYSICAL THERAPY	1,143,641	422,444	1,566,085	-21,741	1,544,344	66.00
66.01	06601	CLINICAL NUTRITION	154,967	908	155,875	0	155,875	66.01
67.00	06700	OCCUPATIONAL THERAPY	122,668	3,990	126,658	-1,414	125,244	67.00
68.00	06800	SPEECH PATHOLOGY	103,300	3,176	106,476	-16	106,460	68.00
69.00	06900	ELECTROCARDIOLOGY	705,893	433,667	1,139,560	-17,556	1,122,004	69.00
69.01	06901	CARDIAC REHABILITATION	94,025	1,319	95,344	-419	94,925	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	120,489	245,990	366,479	-2,678	363,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,140,560	3,140,560	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	666,835	666,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,624,125	3,624,125	73.00
74.00	07400	RENAL DIALYSIS	0	41,789	41,789	-1,114	40,675	74.00
76.00	03330	ENDOSCOPY	377,408	175,399	552,807	-134,574	418,233	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	925,718	414,831	1,340,549	-34,811	1,305,738	90.00
91.00	09100	EMERGENCY	2,199,159	1,250,338	3,449,497	-355,728	3,093,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,226,571	65,055,625	97,282,196	95,891	97,378,087	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	30,831	1,416	32,247	-4	32,243	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	148,443	148,443	-3,563	144,880	192.00
194.00	07950	OTHER NONREIMBURSABLE	114,394	268,146	382,540	-92,324	290,216	194.00
200.00		TOTAL (SUM OF LINES 118-199)	32,371,796	65,473,630	97,845,426	0	97,845,426	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/10/2017 11:23 am

		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	406,012	2,177,763		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	859,223	3,010,611		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,408,170	9,427,485		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,400,483	17,064,859		5.00
6.00	00600	MAINTENANCE & REPAIRS	-520,000	654,682		6.00
7.00	00700	OPERATION OF PLANT	-49,615	3,785,905		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	418,022		8.00
9.00	00900	HOUSEKEEPING	-140	1,195,647		9.00
10.00	01000	DIETARY	-89,941	307,435		10.00
11.00	01100	CAFETERIA	-238,426	792,941		11.00
13.00	01300	NURSING ADMINISTRATION	-3,693	843,187		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	461,996		14.00
15.00	01500	PHARMACY	-39,074	1,375,399		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-253	878,023		16.00
17.00	01700	SOCIAL SERVICE	-57	1,046,140		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-874,551	5,975,850		30.00
31.00	03100	INTENSIVE CARE UNIT	-195	2,607,058		31.00
40.00	04000	SUBPROVIDER - IPF	-125	1,454,834		40.00
43.00	04300	NURSERY	0	417,758		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,079	2,210,566		50.00
51.00	05100	RECOVERY ROOM	0	294,287		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	317,710		52.00
53.00	05300	ANESTHESIOLOGY	-1,869,742	272,792		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-996,211	1,092,881		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-50,415	482,029		55.00
56.00	05600	RADIOISOTOPE	-24,480	605,805		56.00
57.00	05700	CT SCAN	0	350,769		57.00
58.00	05800	MRI	0	163,861		58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,004	191,789		59.00
60.00	06000	LABORATORY	-414,459	3,663,920		60.00
64.00	06400	INTRAVENOUS THERAPY	-133	277,945		64.00
65.00	06500	RESPIRATORY THERAPY	-43,983	982,556		65.00
66.00	06600	PHYSICAL THERAPY	-62,883	1,481,461		66.00
66.01	06601	CLINICAL NUTRITION	0	155,875		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	125,244		67.00
68.00	06800	SPEECH PATHOLOGY	0	106,460		68.00
69.00	06900	ELECTROCARDIOLOGY	-422,871	699,133		69.00
69.01	06901	CARDIAC REHABILITATION	-18,877	76,048		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-241,668	122,133		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-46,191	3,094,369		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	666,835		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,624,125		73.00
74.00	07400	RENAL DIALYSIS	0	40,675		74.00
76.00	03330	ENDOSCOPY	-32,679	385,554		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-313,883	991,855		90.00
91.00	09100	EMERGENCY	-771,879	2,321,890		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
99.20	09920	OPT	0	0		99.20
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,683,925	78,694,162		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	32,243		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	144,880		192.00
194.00	07950	OTHER NONREIMBURSABLE	0	290,216		194.00
200.00		TOTAL (SUM OF LINES 118-199)	-18,683,925	79,161,501		200.00

RECLASSIFICATIONS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/10/2017 11:23 am

	Cost Center	Increases Line #	Increases Salary	Increases Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS FROM OB TO NURSERY					
1.00	NURSERY	43.00	363,121	54,637		1.00
	0		363,121	54,637		
	B - RECLASS FROM OB TO DELIVERY ROOM					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	276,158	41,552		1.00
	0		276,158	41,552		
	C - RECLASS FROM DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	556,676	474,691		1.00
	0		556,676	474,691		
	J - RECLASS O/S PRINTING TO NON-REIMBURS					
1.00	OTHER NONREIMBURSABLE	194.00	33,241	38,504		1.00
	0		33,241	38,504		
	L - RECLASS UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	260,761		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	0		0	260,761		
	M - RECLASS REAL ESTATE TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	110,369		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	110,369		
	P - C. SUPPLIES - CHARGEABLE IMPLANTABLE					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	666,835		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	666,835		
	Q - C. SUPPLIES-CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	3,140,560		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00

RECLASSIFICATIONS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/10/2017 11:23 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		0	3,140,560		
	R - PHARM-DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,624,125		1.00
	0		0	3,624,125		
500.00	Grand Total: Increases		1,229,196	8,412,034		500.00

RECLASSIFICATIONS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/10/2017 11:23 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS FROM OB TO NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	363,121	54,637	0		1.00
	0		363,121	54,637			
	B - RECLASS FROM OB TO DELIVERY ROOM						
1.00	ADULTS & PEDIATRICS	30.00	276,158	41,552	0		1.00
	0		276,158	41,552			
	C - RECLASS FROM DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	556,676	474,691	0		1.00
	0		556,676	474,691			
	J - RECLASS O/S PRINTING TO NON-REIMBURS						
1.00	ADMINISTRATIVE & GENERAL	5.00	33,241	38,504	0		1.00
	0		33,241	38,504			
	L - RECLASS UTILITIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	57,595	0		1.00
2.00	HOUSEKEEPING	9.00	0	128,636	0		2.00
3.00	CENTRAL SERVICE & SUPPLY	14.00	0	18	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	142	0		4.00
5.00	SOCIAL SERVICE	17.00	0	790	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	380	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	11	0		7.00
8.00	LABORATORY	60.00	0	100	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	10,567	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	32	0		10.00
11.00	CLINIC	90.00	0	1,363	0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	953	0		12.00
13.00	OTHER NONREIMBURSABLE	194.00	0	60,174	0		13.00
	0		0	260,761			
	M - RECLASS REAL ESTATE TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,876	13		1.00
2.00	OTHER NONREIMBURSABLE	194.00	0	103,883	13		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,610	13		3.00
	0		0	110,369			
	P - C. SUPPLIES - CHARGEABLE IMPLANTABLE						
1.00	CENTRAL SERVICE & SUPPLY	14.00	0	6,970	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2	0		2.00
3.00	OPERATING ROOM	50.00	0	528,330	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	138	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	150	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	103,139	0		6.00
7.00	LABORATORY	60.00	0	242	0		7.00
8.00	INTRAVENOUS THERAPY	64.00	0	626	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	182	0		9.00
10.00	ENDOSCOPY	76.00	0	27,056	0		10.00
	0		0	666,835			
	Q - C. SUPPLIES-CHARGEABLE MED SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	542,306	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	191,256	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	8,628	0		3.00
4.00	OPERATING ROOM	50.00	0	1,419,884	0		4.00
5.00	RECOVERY ROOM	51.00	0	7,419	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	110,119	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,946	0		7.00
8.00	RADIOLOGY - THERAPEUTIC	55.00	0	2,106	0		8.00
9.00	RADIOISOTOPE	56.00	0	3,070	0		9.00
10.00	CT SCAN	57.00	0	45,415	0		10.00
11.00	MRI	58.00	0	30,633	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	45,637	0		12.00
13.00	LABORATORY	60.00	0	64,459	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	0	50,362	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	43,271	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	11,174	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	1,414	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	16	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	17,524	0		19.00
20.00	CARDIAC REHABILITATION	69.01	0	419	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,678	0		21.00
22.00	RENAL DIALYSIS	74.00	0	1,114	0		22.00
23.00	ENDOSCOPY	76.00	0	107,518	0		23.00
24.00	CLINIC	90.00	0	33,448	0		24.00
25.00	EMERGENCY	91.00	0	355,728	0		25.00
26.00	GIFT FLOWER COFFEE SHOP & CAN	190.00	0	4	0		26.00
27.00	OTHER NONREIMBURSABLE	194.00	0	12	0		27.00
	0		0	3,140,560			

RECLASSIFICATIONS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/10/2017 11:23 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	R - PHARM-DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	3,624,125	0		1.00
	0		0	3,624,125			
500.00	Grand Total: Decreases		1,229,196	8,412,034			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/10/2017 11:23 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	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	1,259,000	0	0	0	0	1.00
2.00	Land Improvements	667,527	0	0	0	0	2.00
3.00	Buildings and Fixtures	28,829,089	3,618,333	0	3,618,333	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	2,514,360	766,901	0	766,901	2,213	5.00
6.00	Movable Equipment	20,764,688	1,567,713	0	1,567,713	282,194	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	54,034,664	5,952,947	0	5,952,947	284,407	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	54,034,664	5,952,947	0	5,952,947	284,407	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,259,000	0	1.00
2.00	Land Improvements	667,527	0	2.00
3.00	Buildings and Fixtures	32,447,422	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	3,279,048	0	5.00
6.00	Movable Equipment	22,050,207	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	59,703,204	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	59,703,204	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/10/2017 11:23 am

	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	1,703,718	-42,336	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,109,052	42,336	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,812,770	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	1,661,382		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,151,388		2.00
3.00	Total (sum of lines 1-2)	0	3,812,770		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/10/2017 11:23 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,109,730	-42,336	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,679,076	42,336	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,788,806	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	110,369	0	2,177,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	289,199	0	0	0	3,010,611	2.00
3.00	Total (sum of lines 1-2)	289,199	0	110,369	0	5,188,374	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/10/2017 11:23 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	520,762	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-14,527	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,171,211			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	-12,385,588			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-89,941	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	A	-43	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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	A	278,659	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	32,219	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/10/2017 11:23 am

	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	
34.00	MISC. REVENUE	B	-49,397	OPERATION OF PLANT	7.00	0	34.00
35.02	MISC. REVENUE	B	-140	HOUSEKEEPING	9.00	0	35.02
39.00	MISC. REVENUE	B	-144	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
40.00	GIFTS CONTRIBUTIONS & ENTERTAI	A	-404	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.01	MISC. REVENUE	B	-3,516	RESPIRATORY THERAPY	65.00	0	41.01
42.00	MISC. REVENUE	B	-12,600	CARDIAC REHABILITATION	69.01	0	42.00
44.00	MISC. REVENUE	B	-238,426	CAFETERIA	11.00	0	44.00
44.01	MISC. REVENUE	B	-39,074	PHARMACY	15.00	0	44.01
44.02	GIFTS CONTRIBUTIONS & ENTERTAI	A	-10	CARDIAC CATHETERIZATION	59.00	0	44.02
44.03	MISC. REVENUE	B	-266	RADIOLOGY-DIAGNOSTIC	54.00	0	44.03
45.00	MISC. REVENUE	B	-42,125	RADIOLOGY - THERAPEUTIC	55.00	0	45.00
45.01	GIFTS CONTRIBUTIONS & ENTERTAI	A	-57,169	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.01
45.02	GIFTS CONTRIBUTIONS & ENTERTAI	A	-26,580	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03	GIFTS CONTRIBUTIONS & ENTERTAI	A	-218	OPERATION OF PLANT	7.00	0	45.03
45.04	MISC. REVENUE	B	-20	INTENSIVE CARE UNIT	31.00	0	45.04
45.05	GIFTS CONTRIBUTIONS & ENTERTAI	A	-210	MEDICAL RECORDS & LIBRARY	16.00	0	45.05
45.06	GIFTS CONTRIBUTIONS & ENTERTAI	A	-3,693	NURSING ADMINISTRATION	13.00	0	45.06
45.07	GIFTS CONTRIBUTIONS & ENTERTAI	A	-57	SOCIAL SERVICE	17.00	0	45.07
45.08	GIFTS CONTRIBUTIONS & ENTERTAI	A	-133	INTRAVENOUS THERAPY	64.00	0	45.08
45.09	GIFTS CONTRIBUTIONS & ENTERTAI	A	-2,894	ADULTS & PEDIATRICS	30.00	0	45.09
45.10	GIFTS CONTRIBUTIONS & ENTERTAI	A	-175	INTENSIVE CARE UNIT	31.00	0	45.10
45.11	GIFTS CONTRIBUTIONS & ENTERTAI	A	-125	SUBPROVIDER - IPF	40.00	0	45.11
45.12	AMORTIZATION OF GOODWILL	A	-140,151	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.12
45.13	GIFTS CONTRIBUTIONS & ENTERTAINMENT	A	-368	OPERATING ROOM	50.00	0	45.13
45.15	GIFTS CONTRIBUTIONS & ENTERTAI	A	-981	LABORATORY	60.00	0	45.15
45.16	PATIENT TELEPHONE SERVICE	A	-17,161	ADMINISTRATIVE & GENERAL	5.00	0	45.16
45.17	PATIENT TELEPHONE SERVICE	A	-29	CAP REL COSTS-BLDG & FIXT	1.00	9	45.17
45.18	PERSONAL USE (AUTO)	A	-750	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.18
45.21	GIFTS CONTRIBUTIONS & ENTERTAI	A	-1,162	EMERGENCY	91.00	0	45.21
45.25	PHYSICIAN RECRUITMENT	A	-135,998	ADMINISTRATIVE & GENERAL	5.00	0	45.25
45.27	GIFTS CONTRIBUTIONS & ENTERTAI	A	-66	CLINIC	90.00	0	45.27
45.29	PATIENT TELEPHONE SERVICE	A	-42	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.29
45.30	PATIENT TELEPHONE SERVICE BENEF	A	-6,423	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.30
45.31	MEDICAL RECORDS BENEFITS	A	-11	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.31
45.32	PROF LIAB INS DEDUCTIBLE RESERV	A	-20,346	ADMINISTRATIVE & GENERAL	5.00	0	45.32
45.40	WSI RENT EXPENSE	A	-49,593	PHYSICAL THERAPY	66.00	0	45.40
45.46	DUES RELATED TO LOBBYING EXP.	A	-3,798	ADMINISTRATIVE & GENERAL	5.00	0	45.46
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,683,925				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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/10/2017 11:23 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	127,382	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	678,748	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE - INTEREST	289,199	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	7,480,424	11,824,991	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	7,241,321	15,811,480	4.01
4.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	0	520,000	4.02
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-46,191	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,770,883	28,156,471	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:					
6.00	B		0.00	MOTHERHOUSE	0.00	6.00
7.00	B		0.00	SSM	0.00	7.00
8.00	B		0.00	FSI	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

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.

(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: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/10/2017 11:23 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	127,382	9		1.00
2.00	678,748	9		2.00
3.00	289,199	11		3.00
4.00	-4,344,567	0		4.00
4.01	-8,570,159	0		4.01
4.02	-520,000	0		4.02
4.03	-46,191	0		4.03
5.00	-12,385,588			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	CONVENT		6.00
7.00	CORPORATE		7.00
8.00	CORPORATE		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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/10/2017 11:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	308,610	2,248	306,362	159,800	2,290	1.00
2.00	30.00	ADULTS & PEDIATRICS	871,657	871,657	0	130,900	0	2.00
3.00	40.00	SUBPROVIDER - IPF	6,125	0	6,125	138,700	92	3.00
4.00	53.00	ANESTHESIOLOGY	1,890,841	1,843,681	47,160	167,500	262	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	995,397	948,897	0	217,600	0	5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	8,290	8,290	0	217,600	0	6.00
7.00	56.00	RADIOISOTOPE	24,480	24,480	0	217,600	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	15,911	0	15,911	159,800	64	8.00
9.00	60.00	LABORATORY	440,578	391,951	48,627	208,000	271	9.00
10.00	65.00	RESPIRATORY THERAPY	54,065	20,727	33,338	159,800	177	10.00
11.00	66.00	PHYSICAL THERAPY	13,290	13,290	0	159,800	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	431,015	407,370	23,645	159,800	106	12.00
13.00	69.01	CARDIAC REHABILITATION	9,504	0	9,504	159,800	42	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	246,278	236,078	10,200	159,800	60	14.00
15.00	76.00	ENDOSCOPY	49,735	0	49,735	159,800	222	15.00
16.00	90.00	CLINIC	313,817	313,817	0	159,800	0	16.00
17.00	91.00	EMERGENCY	770,717	770,717	0	159,800	0	17.00
18.00	50.00	OPERATING ROOM	2,711	2,711	0	159,800	0	18.00
200.00			6,453,021	5,855,914	550,607		3,586	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	175,934	8,797	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	6,135	307	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	21,099	1,055	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	4,917	246	0	0	0	8.00
9.00	60.00	LABORATORY	27,100	1,355	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	13,598	680	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	8,144	407	0	0	0	12.00
13.00	69.01	CARDIAC REHABILITATION	3,227	161	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	4,610	231	0	0	0	14.00
15.00	76.00	ENDOSCOPY	17,056	853	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
18.00	50.00	OPERATING ROOM	0	0	0	0	0	18.00
200.00			281,820	14,092	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	175,934	130,428	132,676		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	871,657		2.00
3.00	40.00	SUBPROVIDER - IPF	0	6,135	0	0		3.00
4.00	53.00	ANESTHESIOLOGY	0	21,099	26,061	1,869,742		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	995,397		5.00
6.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	8,290		6.00
7.00	56.00	RADIOISOTOPE	0	0	0	24,480		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	4,917	10,994	10,994		8.00
9.00	60.00	LABORATORY	0	27,100	21,527	413,478		9.00
10.00	65.00	RESPIRATORY THERAPY	0	13,598	19,740	40,467		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	13,290		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	8,144	15,501	422,871		12.00
13.00	69.01	CARDIAC REHABILITATION	0	3,227	6,277	6,277		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	4,610	5,590	241,668		14.00
15.00	76.00	ENDOSCOPY	0	17,056	32,679	32,679		15.00
16.00	90.00	CLINIC	0	0	0	313,817		16.00
17.00	91.00	EMERGENCY	0	0	0	770,717		17.00
18.00	50.00	OPERATING ROOM	0	0	0	2,711		18.00
200.00			0	281,820	268,797	6,171,211		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/10/2017 11:23 am

		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	2,177,763	2,177,763				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,010,611		3,010,611			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,427,485	11,891	0	9,439,376		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,064,859	682,935	280,786	946,496	18,975,076	5.00
6.00	00600	MAINTENANCE & REPAIRS	654,682	0	0	0	654,682	6.00
7.00	00700	OPERATION OF PLANT	3,785,905	164,692	1,179,417	236,824	5,366,838	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	418,022	44,039	1,451	30,575	494,087	8.00
9.00	00900	HOUSEKEEPING	1,195,647	28,318	3,530	303,863	1,531,358	9.00
10.00	01000	DIETARY	307,435	16,117	4,219	63,970	391,741	10.00
11.00	01100	CAFETERIA	792,941	41,322	10,950	166,029	1,011,242	11.00
13.00	01300	NURSING ADMINISTRATION	843,187	4,064	153,256	231,598	1,232,105	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	461,996	0	0	27,823	489,819	14.00
15.00	01500	PHARMACY	1,375,399	0	3,253	347,730	1,726,382	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	878,023	24,559	1,729	176,228	1,080,539	16.00
17.00	01700	SOCIAL SERVICE	1,046,140	10,103	0	223,568	1,279,811	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,975,850	278,128	128,817	1,723,109	8,105,904	30.00
31.00	03100	INTENSIVE CARE UNIT	2,607,058	29,456	116,331	551,826	3,304,671	31.00
40.00	04000	SUBPROVIDER - IPF	1,454,834	36,390	5,364	409,878	1,906,466	40.00
43.00	04300	NURSERY	417,758	19,759	285	108,301	546,103	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,210,566	232,128	246,517	448,102	3,137,313	50.00
51.00	05100	RECOVERY ROOM	294,287	0	0	87,164	381,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,710	33,535	216	82,364	433,825	52.00
53.00	05300	ANESTHESIOLOGY	272,792	2,113	4,756	0	279,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,092,881	71,062	127,551	303,385	1,594,879	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	482,029	0	182,027	117,242	781,298	55.00
56.00	05600	RADIOISOTOPE	605,805	4,795	13,963	48,857	673,420	56.00
57.00	05700	CT SCAN	350,769	3,561	58,252	92,588	505,170	57.00
58.00	05800	MRI	163,861	2,072	8,258	45,622	219,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	191,789	13,009	11,667	66,476	282,941	59.00
60.00	06000	LABORATORY	3,663,920	36,054	45,240	441,159	4,186,373	60.00
64.00	06400	INTRAVENOUS THERAPY	277,945	5,389	234	79,885	363,453	64.00
65.00	06500	RESPIRATORY THERAPY	982,556	6,354	13,913	285,359	1,288,182	65.00
66.00	06600	PHYSICAL THERAPY	1,481,461	24,183	7,207	342,183	1,855,034	66.00
66.01	06601	CLINICAL NUTRITION	155,875	0	0	46,219	202,094	66.01
67.00	06700	OCCUPATIONAL THERAPY	125,244	0	1	36,590	161,835	67.00
68.00	06800	SPEECH PATHOLOGY	106,460	3,672	396	31,006	141,534	68.00
69.00	06900	ELECTROCARDIOLOGY	699,133	30,472	69,585	199,465	998,655	69.00
69.01	06901	CARDIAC REHABILITATION	76,048	0	1,711	28,043	105,802	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	122,133	11,200	2,975	34,616	170,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,094,369	0	0	0	3,094,369	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	666,835	0	0	0	666,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,624,125	0	0	0	3,624,125	73.00
74.00	07400	RENAL DIALYSIS	40,675	0	0	0	40,675	74.00
76.00	03330	ENDOSCOPY	385,554	0	4,608	112,562	502,724	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	991,855	56,073	47,910	290,722	1,386,560	90.00
91.00	09100	EMERGENCY	2,321,890	30,213	18,056	653,016	3,023,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,694,162	1,957,658	2,754,431	9,420,443	78,198,944	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	32,243	1,666	0	9,195	43,104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	144,880	0	10,940	0	155,820	192.00
194.00	07950	OTHER NONREIMBURSABLE	290,216	218,439	245,240	9,738	763,633	194.00
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)	79,161,501	2,177,763	3,010,611	9,439,376	79,161,501	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/10/2017 11:23 am

		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	18,975,076					5.00
6.00	00600	MAINTENANCE & REPAIRS	206,403	861,085				6.00
7.00	00700	OPERATION OF PLANT	1,692,014	33,422	7,092,274			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	155,772	0	236,935	886,794		8.00
9.00	00900	HOUSEKEEPING	482,794	0	152,354	84,772	2,251,278	9.00
10.00	01000	DIETARY	123,505	0	86,712	3,169	906	10.00
11.00	01100	CAFETERIA	318,816	0	222,314	8,223	2,417	11.00
13.00	01300	NURSING ADMINISTRATION	388,448	38,487	21,862	0	3,324	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	154,426	85,075	0	0	0	14.00
15.00	01500	PHARMACY	544,280	0	0	0	18,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	340,664	0	132,131	0	11,784	16.00
17.00	01700	SOCIAL SERVICE	403,489	0	54,356	0	10,877	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,555,546	69,681	1,496,354	290,489	703,087	30.00
31.00	03100	INTENSIVE CARE UNIT	1,041,870	21,674	158,476	52,177	103,938	31.00
40.00	04000	SUBPROVIDER - IPF	601,055	3,038	195,779	25,061	100,010	40.00
43.00	04300	NURSERY	172,171	0	106,306	4,259	35,049	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	989,107	153,338	1,248,867	85,011	306,979	50.00
51.00	05100	RECOVERY ROOM	120,261	0	0	0	11,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	136,773	0	180,420	0	16,920	52.00
53.00	05300	ANESTHESIOLOGY	88,169	41,322	11,368	0	6,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	502,821	107,560	382,320	77,508	26,287	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	246,321	7,090	0	5,103	12,388	55.00
56.00	05600	RADIOISOTOPE	212,310	11,141	25,798	0	18,129	56.00
57.00	05700	CT SCAN	159,266	33,220	19,157	0	9,064	57.00
58.00	05800	MRI	69,301	20,864	11,150	0	3,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,203	27,548	69,987	3,353	24,474	59.00
60.00	06000	LABORATORY	1,319,846	18,230	193,975	0	69,493	60.00
64.00	06400	INTRAVENOUS THERAPY	114,587	0	28,995	4,179	18,431	64.00
65.00	06500	RESPIRATORY THERAPY	406,128	66,845	34,187	0	19,337	65.00
66.00	06600	PHYSICAL THERAPY	584,840	10,736	130,109	52,938	93,967	66.00
66.01	06601	CLINICAL NUTRITION	63,715	0	0	0	3,324	66.01
67.00	06700	OCCUPATIONAL THERAPY	51,022	0	0	0	5,439	67.00
68.00	06800	SPEECH PATHOLOGY	44,622	203	19,758	0	6,345	68.00
69.00	06900	ELECTROCARDIOLOGY	314,848	43,956	163,941	17,059	26,589	69.00
69.01	06901	CARDIAC REHABILITATION	33,356	1,418	0	0	5,741	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	53,888	37,069	60,258	7,498	6,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	975,568	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	210,234	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,142,585	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,824	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	158,495	9,115	0	0	28,402	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	437,144	0	301,675	8,885	204,250	90.00
91.00	09100	EMERGENCY	953,122	20,053	162,548	133,633	170,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,671,609	861,085	5,908,092	863,317	2,083,588	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	13,589	0	8,964	0	1,813	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,126	0	0	23,477	906	192.00
194.00	07950	OTHER NONREIMBURSABLE	240,752	0	1,175,218	0	164,971	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,975,076	861,085	7,092,274	886,794	2,251,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & 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	606,033					10.00
11.00	01100	CAFETERIA	0	1,563,012				11.00
13.00	01300	NURSING ADMINISTRATION	0	35,670	1,719,896			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	6,486	7,597	743,403		14.00
15.00	01500	PHARMACY	0	48,641	54,657	3,040	2,395,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,641	55,771	162	0	16.00
17.00	01700	SOCIAL SERVICE	0	38,913	43,280	14	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,638	418,313	470,369	105,622	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,419	94,040	107,653	37,250	0	31.00
40.00	04000	SUBPROVIDER - IPF	85,494	87,555	98,444	1,680	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,009	97,283	109,741	379,446	0	50.00
51.00	05100	RECOVERY ROOM	0	12,971	15,081	1,445	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,243	3,736	21,474	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,613	69,443	8,783	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	8,505	19,457	21,325	410	0	55.00
56.00	05600	RADIOISOTOPE	0	6,486	8,449	598	0	56.00
57.00	05700	CT SCAN	0	16,214	19,688	8,845	0	57.00
58.00	05800	MRI	0	9,728	9,507	5,966	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,158	9,728	11,488	28,976	0	59.00
60.00	06000	LABORATORY	0	110,254	123,515	12,601	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,442	16,214	17,348	9,930	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	68,098	75,027	8,463	0	65.00
66.00	06600	PHYSICAL THERAPY	0	61,613	69,978	2,176	0	66.00
66.01	06601	CLINICAL NUTRITION	0	9,728	12,305	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	6,486	6,893	275	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,486	6,204	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,840	38,913	44,906	3,413	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	6,486	5,799	82	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,765	6,486	8,217	522	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,395,733	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	217	0	74.00
76.00	03330	ENDOSCOPY	9,594	19,457	21,308	26,210	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	850	61,613	68,406	6,514	0	90.00
91.00	09100	EMERGENCY	27,319	123,225	138,787	69,283	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	606,033	1,550,041	1,704,922	743,400	2,395,733	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	3,243	3,661	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	9,728	11,313	2	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	606,033	1,563,012	1,719,896	743,403	2,395,733	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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 SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,669,692					16.00
17.00	01700	SOCIAL SERVICE	0	1,830,740				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	450,814	1,318,133	16,405,950	0	16,405,950	30.00
31.00	03100	INTENSIVE CARE UNIT	83,485	237,996	5,282,649	0	5,282,649	31.00
40.00	04000	SUBPROVIDER - IPF	100,182	274,611	3,479,375	0	3,479,375	40.00
43.00	04300	NURSERY	16,697	0	880,585	0	880,585	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,485	0	6,593,579	0	6,593,579	50.00
51.00	05100	RECOVERY ROOM	16,697	0	559,085	0	559,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	767,938	0	767,938	52.00
53.00	05300	ANESTHESIOLOGY	16,697	0	472,619	0	472,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,788	0	2,898,002	0	2,898,002	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	16,697	0	1,118,594	0	1,118,594	55.00
56.00	05600	RADIOISOTOPE	33,394	0	989,725	0	989,725	56.00
57.00	05700	CT SCAN	150,272	0	920,896	0	920,896	57.00
58.00	05800	MRI	33,394	0	382,744	0	382,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	549,856	0	549,856	59.00
60.00	06000	LABORATORY	217,060	0	6,251,347	0	6,251,347	60.00
64.00	06400	INTRAVENOUS THERAPY	16,697	0	592,276	0	592,276	64.00
65.00	06500	RESPIRATORY THERAPY	16,697	0	1,982,964	0	1,982,964	65.00
66.00	06600	PHYSICAL THERAPY	33,394	0	2,894,785	0	2,894,785	66.00
66.01	06601	CLINICAL NUTRITION	0	0	291,166	0	291,166	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	231,950	0	231,950	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	225,155	0	225,155	68.00
69.00	06900	ELECTROCARDIOLOGY	50,091	0	1,706,211	0	1,706,211	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	158,684	0	158,684	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	352,670	0	352,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	4,069,937	0	4,069,937	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	877,069	0	877,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,485	0	7,245,928	0	7,245,928	73.00
74.00	07400	RENAL DIALYSIS	0	0	53,716	0	53,716	74.00
76.00	03330	ENDOSCOPY	33,394	0	808,699	0	808,699	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33,394	0	2,509,291	0	2,509,291	90.00
91.00	09100	EMERGENCY	116,878	0	4,938,735	0	4,938,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,669,692	1,830,740	76,492,180	0	76,492,180	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	74,375	0	74,375	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	229,329	0	229,329	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	2,365,617	0	2,365,617	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,669,692	1,830,740	79,161,501	0	79,161,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/10/2017 11:23 am

		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	11,891	0	11,891	11,891	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,311	682,935	280,786	966,032	1,193	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	74,712	164,692	1,179,417	1,418,821	299	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	84	44,039	1,451	45,574	39	8.00
9.00	00900	HOUSEKEEPING	35,750	28,318	3,530	67,598	383	9.00
10.00	01000	DIETARY	0	16,117	4,219	20,336	81	10.00
11.00	01100	CAFETERIA	0	41,322	10,950	52,272	209	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,064	153,256	157,320	292	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	15,168	0	0	15,168	35	14.00
15.00	01500	PHARMACY	91,883	0	3,253	95,136	438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,559	1,729	26,288	222	16.00
17.00	01700	SOCIAL SERVICE	0	10,103	0	10,103	282	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,424	278,128	128,817	477,369	2,161	30.00
31.00	03100	INTENSIVE CARE UNIT	9,372	29,456	116,331	155,159	696	31.00
40.00	04000	SUBPROVIDER - IPF	0	36,390	5,364	41,754	517	40.00
43.00	04300	NURSERY	0	19,759	285	20,044	137	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	69,813	232,128	246,517	548,458	565	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,535	216	33,751	104	52.00
53.00	05300	ANESTHESIOLOGY	2,838	2,113	4,756	9,707	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,062	127,551	198,613	382	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	18,588	0	182,027	200,615	148	55.00
56.00	05600	RADIOISOTOPE	0	4,795	13,963	18,758	62	56.00
57.00	05700	CT SCAN	0	3,561	58,252	61,813	117	57.00
58.00	05800	MRI	8,672	2,072	8,258	19,002	58	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,009	11,667	24,676	84	59.00
60.00	06000	LABORATORY	80,624	36,054	45,240	161,918	556	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,389	234	5,623	101	64.00
65.00	06500	RESPIRATORY THERAPY	7,855	6,354	13,913	28,122	360	65.00
66.00	06600	PHYSICAL THERAPY	86,446	24,183	7,207	117,836	431	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	58	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1	1	46	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,672	396	4,068	39	68.00
69.00	06900	ELECTROCARDIOLOGY	720	30,472	69,585	100,777	251	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	1,711	1,711	35	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,200	2,975	14,175	44	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	42	0	4,608	4,650	142	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	564	56,073	47,910	104,547	367	90.00
91.00	09100	EMERGENCY	0	30,213	18,056	48,269	823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	575,866	1,957,658	2,754,431	5,287,955	11,867	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,666	0	1,666	12	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	102,764	0	10,940	113,704	0	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	218,439	245,240	463,679	12	194.00
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)	678,630	2,177,763	3,010,611	5,867,004	11,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/10/2017 11:23 am

		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	967,225					5.00
6.00	00600	MAINTENANCE & REPAIRS	10,521	10,521				6.00
7.00	00700	OPERATION OF PLANT	86,245	408	1,505,773			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,940	0	50,304	103,857		8.00
9.00	00900	HOUSEKEEPING	24,609	0	32,347	9,928	134,865	9.00
10.00	01000	DIETARY	6,295	0	18,410	371	54	10.00
11.00	01100	CAFETERIA	16,251	0	47,200	963	145	11.00
13.00	01300	NURSING ADMINISTRATION	19,800	470	4,642	0	199	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	7,871	1,039	0	0	0	14.00
15.00	01500	PHARMACY	27,743	0	0	0	1,122	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,364	0	28,053	0	706	16.00
17.00	01700	SOCIAL SERVICE	20,567	0	11,540	0	652	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,289	851	317,693	34,021	42,119	30.00
31.00	03100	INTENSIVE CARE UNIT	53,106	265	33,646	6,111	6,226	31.00
40.00	04000	SUBPROVIDER - IPF	30,637	37	41,566	2,935	5,991	40.00
43.00	04300	NURSERY	8,776	0	22,570	499	2,100	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,417	1,875	265,149	9,956	18,390	50.00
51.00	05100	RECOVERY ROOM	6,130	0	0	0	670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,972	0	38,305	0	1,014	52.00
53.00	05300	ANESTHESIOLOGY	4,494	505	2,414	0	416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,630	1,314	81,171	9,077	1,575	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	12,555	87	0	598	742	55.00
56.00	05600	RADIOISOTOPE	10,822	136	5,477	0	1,086	56.00
57.00	05700	CT SCAN	8,118	406	4,067	0	543	57.00
58.00	05800	MRI	3,532	255	2,367	0	181	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,547	337	14,859	393	1,466	59.00
60.00	06000	LABORATORY	67,275	223	41,183	0	4,163	60.00
64.00	06400	INTRAVENOUS THERAPY	5,841	0	6,156	489	1,104	64.00
65.00	06500	RESPIRATORY THERAPY	20,701	817	7,258	0	1,158	65.00
66.00	06600	PHYSICAL THERAPY	29,810	131	27,624	6,200	5,629	66.00
66.01	06601	CLINICAL NUTRITION	3,248	0	0	0	199	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,601	0	0	0	326	67.00
68.00	06800	SPEECH PATHOLOGY	2,274	2	4,195	0	380	68.00
69.00	06900	ELECTROCARDIOLOGY	16,048	537	34,807	1,998	1,593	69.00
69.01	06901	CARDIAC REHABILITATION	1,700	17	0	0	344	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,747	453	12,794	878	362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	49,727	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,716	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,240	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	654	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	8,079	111	0	0	1,701	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,282	0	64,049	1,041	12,236	90.00
91.00	09100	EMERGENCY	48,582	245	34,511	15,650	10,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	951,756	10,521	1,254,357	101,108	124,819	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	693	0	1,903	0	109	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,504	0	0	2,749	54	192.00
194.00	07950	OTHER NONREIMBURSABLE	12,272	0	249,513	0	9,883	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	967,225	10,521	1,505,773	103,857	134,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & 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	45,547					10.00
11.00	01100	CAFETERIA	0	117,040				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,671	185,394			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	486	819	25,418		14.00
15.00	01500	PHARMACY	0	3,642	5,892	104	134,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,642	6,012	6	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,914	4,665	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,688	31,323	50,703	3,611	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,963	7,042	11,604	1,274	0	31.00
40.00	04000	SUBPROVIDER - IPF	6,425	6,556	10,612	57	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	226	7,285	11,829	12,976	0	50.00
51.00	05100	RECOVERY ROOM	0	971	1,626	49	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	243	403	734	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,614	7,485	300	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	639	1,457	2,299	14	0	55.00
56.00	05600	RADIOISOTOPE	0	486	911	20	0	56.00
57.00	05700	CT SCAN	0	1,214	2,122	302	0	57.00
58.00	05800	MRI	0	728	1,025	204	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	162	728	1,238	991	0	59.00
60.00	06000	LABORATORY	0	8,256	13,314	431	0	60.00
64.00	06400	INTRAVENOUS THERAPY	184	1,214	1,870	340	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,099	8,087	289	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,614	7,543	74	0	66.00
66.01	06601	CLINICAL NUTRITION	0	728	1,326	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	486	743	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	486	669	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	289	2,914	4,841	117	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	486	625	3	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	133	486	886	18	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	134,077	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7	0	74.00
76.00	03330	ENDOSCOPY	721	1,457	2,297	896	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	64	4,614	7,374	223	0	90.00
91.00	09100	EMERGENCY	2,053	9,227	14,960	2,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,547	116,069	183,780	25,418	134,077	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	243	395	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	728	1,219	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	45,547	117,040	185,394	25,418	134,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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 SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,293					16.00
17.00	01700	SOCIAL SERVICE	0	50,723				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,216	36,521	1,180,565	0	1,180,565	30.00
31.00	03100	INTENSIVE CARE UNIT	4,115	6,594	288,801	0	288,801	31.00
40.00	04000	SUBPROVIDER - IPF	4,938	7,608	159,633	0	159,633	40.00
43.00	04300	NURSERY	823	0	54,949	0	54,949	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,115	0	931,241	0	931,241	50.00
51.00	05100	RECOVERY ROOM	823	0	10,379	0	10,379	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	80,146	0	80,146	52.00
53.00	05300	ANESTHESIOLOGY	823	0	19,739	0	19,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,292	0	333,453	0	333,453	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	823	0	219,977	0	219,977	55.00
56.00	05600	RADIOISOTOPE	1,646	0	39,404	0	39,404	56.00
57.00	05700	CT SCAN	7,406	0	86,108	0	86,108	57.00
58.00	05800	MRI	1,646	0	28,998	0	28,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	49,481	0	49,481	59.00
60.00	06000	LABORATORY	10,698	0	308,017	0	308,017	60.00
64.00	06400	INTRAVENOUS THERAPY	823	0	23,745	0	23,745	64.00
65.00	06500	RESPIRATORY THERAPY	823	0	72,714	0	72,714	65.00
66.00	06600	PHYSICAL THERAPY	1,646	0	201,538	0	201,538	66.00
66.01	06601	CLINICAL NUTRITION	0	0	5,559	0	5,559	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,212	0	4,212	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,113	0	12,113	68.00
69.00	06900	ELECTROCARDIOLOGY	2,469	0	166,641	0	166,641	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	4,921	0	4,921	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	32,976	0	32,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	49,727	0	49,727	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	10,716	0	10,716	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,115	0	196,432	0	196,432	73.00
74.00	07400	RENAL DIALYSIS	0	0	661	0	661	74.00
76.00	03330	ENDOSCOPY	1,646	0	21,700	0	21,700	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,646	0	218,443	0	218,443	90.00
91.00	09100	EMERGENCY	5,761	0	192,677	0	192,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,293	50,723	5,005,666	0	5,005,666	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	5,021	0	5,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	119,011	0	119,011	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	737,306	0	737,306	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	82,293	50,723	5,867,004	0	5,867,004	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/10/2017 11:23 am

		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	428,736					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,941,116				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,341	0	31,649,192			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	134,449	367,570	3,173,500	-18,975,076	60,186,425	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	654,682	6.00
7.00	00700	OPERATION OF PLANT	32,423	1,543,947	794,046	0	5,366,838	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,670	1,899	102,516	0	494,087	8.00
9.00	00900	HOUSEKEEPING	5,575	4,621	1,018,819	0	1,531,358	9.00
10.00	01000	DIETARY	3,173	5,523	214,483	0	391,741	10.00
11.00	01100	CAFETERIA	8,135	14,334	556,676	0	1,011,242	11.00
13.00	01300	NURSING ADMINISTRATION	800	200,623	776,524	0	1,232,105	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	93,288	0	489,819	14.00
15.00	01500	PHARMACY	0	4,259	1,165,902	0	1,726,382	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,835	2,264	590,874	0	1,080,539	16.00
17.00	01700	SOCIAL SERVICE	1,989	0	749,601	0	1,279,811	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,755	168,631	5,777,382	0	8,105,904	30.00
31.00	03100	INTENSIVE CARE UNIT	5,799	152,286	1,850,212	0	3,304,671	31.00
40.00	04000	SUBPROVIDER - IPF	7,164	7,022	1,374,278	0	1,906,466	40.00
43.00	04300	NURSERY	3,890	373	363,121	0	546,103	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,699	322,709	1,502,439	0	3,137,313	50.00
51.00	05100	RECOVERY ROOM	0	0	292,250	0	381,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,602	283	276,158	0	433,825	52.00
53.00	05300	ANESTHESIOLOGY	416	6,226	0	0	279,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,990	166,974	1,017,218	0	1,594,879	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	238,287	393,099	0	781,298	55.00
56.00	05600	RADIOISOTOPE	944	18,278	163,811	0	673,420	56.00
57.00	05700	CT SCAN	701	76,256	310,437	0	505,170	57.00
58.00	05800	MRI	408	10,810	152,965	0	219,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,561	15,273	222,886	0	282,941	59.00
60.00	06000	LABORATORY	7,098	59,222	1,479,158	0	4,186,373	60.00
64.00	06400	INTRAVENOUS THERAPY	1,061	306	267,847	0	363,453	64.00
65.00	06500	RESPIRATORY THERAPY	1,251	18,213	956,777	0	1,288,182	65.00
66.00	06600	PHYSICAL THERAPY	4,761	9,435	1,147,303	0	1,855,034	66.00
66.01	06601	CLINICAL NUTRITION	0	0	154,967	0	202,094	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1	122,683	0	161,835	67.00
68.00	06800	SPEECH PATHOLOGY	723	518	103,959	0	141,534	68.00
69.00	06900	ELECTROCARDIOLOGY	5,999	91,092	668,783	0	998,655	69.00
69.01	06901	CARDIAC REHABILITATION	0	2,240	94,025	0	105,802	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,205	3,895	116,063	0	170,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	3,094,369	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	666,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,624,125	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	40,675	74.00
76.00	03330	ENDOSCOPY	0	6,032	377,408	0	502,724	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,039	62,718	974,761	0	1,386,560	90.00
91.00	09100	EMERGENCY	5,948	23,637	2,189,492	0	3,023,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	385,404	3,605,757	31,585,711	-18,975,076	59,223,868	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	328	0	30,831	0	43,104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,321	0	0	155,820	192.00
194.00	07950	OTHER NONREIMBURSABLE	43,004	321,038	32,650	0	763,633	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,177,763	3,010,611	9,439,376		18,975,076	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.079496	0.763898	0.298250		0.315272	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			11,891		967,225	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/10/2017 11:23 am

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000376		0.016070	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OFL AUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	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	4,251					6.00
7.00	00700	OPERATION OF PLANT	165	259,523				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,670	615,134			8.00
9.00	00900	HOUSEKEEPING	0	5,575	58,803	7,451		9.00
10.00	01000	DIETARY	0	3,173	2,198	3	94,059	10.00
11.00	01100	CAFETERIA	0	8,135	5,704	8	0	11.00
13.00	01300	NURSING ADMINISTRATION	190	800	0	11	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	420	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	62	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,835	0	39	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,989	0	36	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	344	54,755	201,501	2,327	65,440	30.00
31.00	03100	INTENSIVE CARE UNIT	107	5,799	36,193	344	6,118	31.00
40.00	04000	SUBPROVIDER - IPF	15	7,164	17,384	331	13,269	40.00
43.00	04300	NURSERY	0	3,890	2,954	116	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	757	45,699	58,969	1,016	467	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,602	0	56	0	52.00
53.00	05300	ANESTHESIOLOGY	204	416	0	23	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	531	13,990	53,764	87	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	35	0	3,540	41	1,320	55.00
56.00	05600	RADIOISOTOPE	55	944	0	60	0	56.00
57.00	05700	CT SCAN	164	701	0	30	0	57.00
58.00	05800	MRI	103	408	0	10	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	136	2,561	2,326	81	335	59.00
60.00	06000	LABORATORY	90	7,098	0	230	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,061	2,899	61	379	64.00
65.00	06500	RESPIRATORY THERAPY	330	1,251	0	64	0	65.00
66.00	06600	PHYSICAL THERAPY	53	4,761	36,721	311	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	11	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	723	0	21	0	68.00
69.00	06900	ELECTROCARDIOLOGY	217	5,999	11,833	88	596	69.00
69.01	06901	CARDIAC REHABILITATION	7	0	0	19	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	183	2,205	5,201	20	274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	45	0	0	94	1,489	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,039	6,163	676	132	90.00
91.00	09100	EMERGENCY	99	5,948	92,696	565	4,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,251	216,191	598,849	6,896	94,059	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	328	0	6	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,285	3	0	192.00
194.00	07950	OTHER NONREIMBURSABLE	0	43,004	0	546	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	861,085	7,092,274	886,794	2,251,278	606,033	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	202.560574	27.328114	1.441627	302.144410	6.443115	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,521	1,505,773	103,857	134,865	45,547	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.474947	5.802079	0.168836	18.100255	0.484239	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	CAFETERIA (FULL TIME EQUIVALENT)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			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	482					11.00
13.00	01300	NURSING ADMINISTRATION	11	979,095				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2	4,325	3,816,937			14.00
15.00	01500	PHARMACY	15	31,115	15,610	2,104,436		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15	31,749	834	0	100	16.00
17.00	01700	SOCIAL SERVICE	12	24,638	71	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	129	267,769	542,309	0	27	30.00
31.00	03100	INTENSIVE CARE UNIT	29	61,284	191,256	0	5	31.00
40.00	04000	SUBPROVIDER - IPF	27	56,042	8,628	0	6	40.00
43.00	04300	NURSERY	0	0	0	0	1	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30	62,473	1,948,215	0	5	50.00
51.00	05100	RECOVERY ROOM	4	8,585	7,419	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1	2,127	110,256	0	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	39,532	45,096	0	4	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	6	12,140	2,106	0	1	55.00
56.00	05600	RADIOISOTOPE	2	4,810	3,070	0	2	56.00
57.00	05700	CT SCAN	5	11,208	45,415	0	9	57.00
58.00	05800	MRI	3	5,412	30,633	0	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	3	6,540	148,775	0	0	59.00
60.00	06000	LABORATORY	34	70,314	64,701	0	13	60.00
64.00	06400	INTRAVENOUS THERAPY	5	9,876	50,987	0	1	64.00
65.00	06500	RESPIRATORY THERAPY	21	42,711	43,453	0	1	65.00
66.00	06600	PHYSICAL THERAPY	19	39,837	11,174	0	2	66.00
66.01	06601	CLINICAL NUTRITION	3	7,005	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2	3,924	1,414	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	3,532	16	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12	25,564	17,524	0	3	69.00
69.01	06901	CARDIAC REHABILITATION	2	3,301	419	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2	4,678	2,678	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,104,436	5	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,114	0	0	74.00
76.00	03330	ENDOSCOPY	6	12,130	134,573	0	2	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19	38,942	33,447	0	2	90.00
91.00	09100	EMERGENCY	38	79,008	355,728	0	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	478	970,571	3,816,921	2,104,436	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1	2,084	4	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE	3	6,440	12	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,563,012	1,719,896	743,403	2,395,733	1,669,692	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,242.763485	1.756618	0.194764	1.138420	16,696.920000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	117,040	185,394	25,418	134,077	82,293	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	242.821577	0.189352	0.006659	0.063712	822.930000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/10/2017 11:23 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT) 17.00		
		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 SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	100		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	72		30.00
31.00	03100	INTENSIVE CARE UNIT	13		31.00
40.00	04000	SUBPROVIDER - IPF	15		40.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
66.01	06601	CLINICAL NUTRITION	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
69.01	06901	CARDIAC REHABILITATION	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03330	ENDOSCOPY	0		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0		99.10
99.20	09920	OPT	0		99.20
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	100		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	OTHER NONREIMBURSABLE	0		194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,830,740		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18,307.400000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	50,723		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	507.230000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,405,950		16,405,950	0	16,405,950	30.00
31.00	03100	INTENSIVE CARE UNIT	5,282,649		5,282,649	0	5,282,649	31.00
40.00	04000	SUBPROVIDER - IPF	3,479,375		3,479,375	0	3,479,375	40.00
43.00	04300	NURSERY	880,585		880,585	0	880,585	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,593,579		6,593,579	0	6,593,579	50.00
51.00	05100	RECOVERY ROOM	559,085		559,085	0	559,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,938		767,938	0	767,938	52.00
53.00	05300	ANESTHESIOLOGY	472,619		472,619	26,061	498,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,898,002		2,898,002	0	2,898,002	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,118,594		1,118,594	0	1,118,594	55.00
56.00	05600	RADIOISOTOPE	989,725		989,725	0	989,725	56.00
57.00	05700	CT SCAN	920,896		920,896	0	920,896	57.00
58.00	05800	MRI	382,744		382,744	0	382,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,856		549,856	10,994	560,850	59.00
60.00	06000	LABORATORY	6,251,347		6,251,347	21,527	6,272,874	60.00
64.00	06400	INTRAVENOUS THERAPY	592,276		592,276	0	592,276	64.00
65.00	06500	RESPIRATORY THERAPY	1,982,964	0	1,982,964	19,740	2,002,704	65.00
66.00	06600	PHYSICAL THERAPY	2,894,785	0	2,894,785	0	2,894,785	66.00
66.01	06601	CLINICAL NUTRITION	291,166	0	291,166	0	291,166	66.01
67.00	06700	OCCUPATIONAL THERAPY	231,950	0	231,950	0	231,950	67.00
68.00	06800	SPEECH PATHOLOGY	225,155	0	225,155	0	225,155	68.00
69.00	06900	ELECTROCARDIOLOGY	1,706,211		1,706,211	15,501	1,721,712	69.00
69.01	06901	CARDIAC REHABILITATION	158,684		158,684	6,277	164,961	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	352,670		352,670	5,590	358,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,069,937		4,069,937	0	4,069,937	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	877,069		877,069	0	877,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,245,928		7,245,928	0	7,245,928	73.00
74.00	07400	RENAL DIALYSIS	53,716		53,716	0	53,716	74.00
76.00	03330	ENDOSCOPY	808,699		808,699	32,679	841,378	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,509,291		2,509,291	0	2,509,291	90.00
91.00	09100	EMERGENCY	4,938,735		4,938,735	0	4,938,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,819,147		1,819,147		1,819,147	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
200.00		Subtotal (see instructions)	78,311,327	0	78,311,327	138,369	78,449,696	200.00
201.00		Less Observation Beds	1,819,147		1,819,147		1,819,147	201.00
202.00		Total (see instructions)	76,492,180	0	76,492,180	138,369	76,630,549	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges					
			Inpatient	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	19,949,626		19,949,626			30.00
31.00	03100	INTENSIVE CARE UNIT	4,257,182		4,257,182			31.00
40.00	04000	SUBPROVIDER - IPF	2,955,833		2,955,833			40.00
43.00	04300	NURSERY	457,715		457,715			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,684,512	13,823,775	22,508,287	0.292940	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,535,766	2,438,667	3,974,433	0.140670	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,034,331	0	2,034,331	0.377489	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,630,891	2,232,582	3,863,473	0.122330	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,932,462	10,961,606	13,894,068	0.208578	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	108,939	3,492,836	3,601,775	0.310567	0.000000	55.00
56.00	05600	RADIOISOTOPE	584,576	5,447,313	6,031,889	0.164082	0.000000	56.00
57.00	05700	CT SCAN	7,049,696	21,893,524	28,943,220	0.031817	0.000000	57.00
58.00	05800	MRI	736,254	6,017,746	6,754,000	0.056669	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,293	840,834	1,391,127	0.395259	0.000000	59.00
60.00	06000	LABORATORY	18,235,068	31,331,624	49,566,692	0.126120	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	10,125	2,003,630	2,013,755	0.294115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,077,249	3,613,679	11,690,928	0.169616	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	880,560	4,794,161	5,674,721	0.510119	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	95,267	3.056315	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,103	188,747	190,850	1.215352	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	97,347	194,075	291,422	0.772608	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,122	7,057,980	11,946,102	0.142826	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	383,145	0.414162	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	158,936	818,706	977,642	0.360735	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,789,859	601,745	3,391,604	1.200004	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	708,885	564,362	1,273,247	0.688844	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,803,569	11,984,951	23,788,520	0.304598	0.000000	73.00
74.00	07400	RENAL DIALYSIS	107,696	0	107,696	0.498774	0.000000	74.00
76.00	03330	ENDOSCOPY	256,844	4,888,556	5,145,400	0.157169	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,943	4,710,223	4,717,166	0.531949	0.000000	90.00
91.00	09100	EMERGENCY	4,216,912	15,343,405	19,560,317	0.252487	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	319,717	2,090,983	2,410,700	0.754614	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
200.00		Subtotal (see instructions)	106,028,011	157,814,122	263,842,133			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	106,028,011	157,814,122	263,842,133			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.292940	50.00
51.00	05100	RECOVERY ROOM	0.140670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489	52.00
53.00	05300	ANESTHESIOLOGY	0.129076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567	55.00
56.00	05600	RADIOISOTOPE	0.164082	56.00
57.00	05700	CT SCAN	0.031817	57.00
58.00	05800	MRI	0.056669	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.403162	59.00
60.00	06000	LABORATORY	0.126554	60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115	64.00
65.00	06500	RESPIRATORY THERAPY	0.171304	65.00
66.00	06600	PHYSICAL THERAPY	0.510119	66.00
66.01	06601	CLINICAL NUTRITION	3.056315	66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352	67.00
68.00	06800	SPEECH PATHOLOGY	0.772608	68.00
69.00	06900	ELECTROCARDIOLOGY	0.144123	69.00
69.01	06901	CARDIAC REHABILITATION	0.430545	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598	73.00
74.00	07400	RENAL DIALYSIS	0.498774	74.00
76.00	03330	ENDOSCOPY	0.163520	76.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.531949	90.00
91.00	09100	EMERGENCY	0.252487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614	92.00
		OTHER REIMBURSABLE COST CENTERS		
99.10	09910	CORF		99.10
99.20	09920	OPT		99.20
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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,405,950		16,405,950	0	16,405,950	30.00
31.00	03100	INTENSIVE CARE UNIT	5,282,649		5,282,649	0	5,282,649	31.00
40.00	04000	SUBPROVIDER - IPF	3,479,375		3,479,375	0	3,479,375	40.00
43.00	04300	NURSERY	880,585		880,585	0	880,585	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,593,579		6,593,579	0	6,593,579	50.00
51.00	05100	RECOVERY ROOM	559,085		559,085	0	559,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,938		767,938	0	767,938	52.00
53.00	05300	ANESTHESIOLOGY	472,619		472,619	26,061	498,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,898,002		2,898,002	0	2,898,002	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,118,594		1,118,594	0	1,118,594	55.00
56.00	05600	RADIOISOTOPE	989,725		989,725	0	989,725	56.00
57.00	05700	CT SCAN	920,896		920,896	0	920,896	57.00
58.00	05800	MRI	382,744		382,744	0	382,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,856		549,856	10,994	560,850	59.00
60.00	06000	LABORATORY	6,251,347		6,251,347	21,527	6,272,874	60.00
64.00	06400	INTRAVENOUS THERAPY	592,276		592,276	0	592,276	64.00
65.00	06500	RESPIRATORY THERAPY	1,982,964	0	1,982,964	19,740	2,002,704	65.00
66.00	06600	PHYSICAL THERAPY	2,894,785	0	2,894,785	0	2,894,785	66.00
66.01	06601	CLINICAL NUTRITION	291,166	0	291,166	0	291,166	66.01
67.00	06700	OCCUPATIONAL THERAPY	231,950	0	231,950	0	231,950	67.00
68.00	06800	SPEECH PATHOLOGY	225,155	0	225,155	0	225,155	68.00
69.00	06900	ELECTROCARDIOLOGY	1,706,211		1,706,211	15,501	1,721,712	69.00
69.01	06901	CARDIAC REHABILITATION	158,684		158,684	6,277	164,961	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	352,670		352,670	5,590	358,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,069,937		4,069,937	0	4,069,937	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	877,069		877,069	0	877,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,245,928		7,245,928	0	7,245,928	73.00
74.00	07400	RENAL DIALYSIS	53,716		53,716	0	53,716	74.00
76.00	03330	ENDOSCOPY	808,699		808,699	32,679	841,378	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,509,291		2,509,291	0	2,509,291	90.00
91.00	09100	EMERGENCY	4,938,735		4,938,735	0	4,938,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,819,147		1,819,147		1,819,147	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
200.00		Subtotal (see instructions)	78,311,327	0	78,311,327	138,369	78,449,696	200.00
201.00		Less Observation Beds	1,819,147		1,819,147		1,819,147	201.00
202.00		Total (see instructions)	76,492,180	0	76,492,180	138,369	76,630,549	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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	19,949,626		19,949,626			30.00
31.00	03100	INTENSIVE CARE UNIT	4,257,182		4,257,182			31.00
40.00	04000	SUBPROVIDER - IPF	2,955,833		2,955,833			40.00
43.00	04300	NURSERY	457,715		457,715			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,684,512	13,823,775	22,508,287	0.292940	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,535,766	2,438,667	3,974,433	0.140670	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,034,331	0	2,034,331	0.377489	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,630,891	2,232,582	3,863,473	0.122330	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,932,462	10,961,606	13,894,068	0.208578	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	108,939	3,492,836	3,601,775	0.310567	0.000000	55.00
56.00	05600	RADIOISOTOPE	584,576	5,447,313	6,031,889	0.164082	0.000000	56.00
57.00	05700	CT SCAN	7,049,696	21,893,524	28,943,220	0.031817	0.000000	57.00
58.00	05800	MRI	736,254	6,017,746	6,754,000	0.056669	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,293	840,834	1,391,127	0.395259	0.000000	59.00
60.00	06000	LABORATORY	18,235,068	31,331,624	49,566,692	0.126120	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	10,125	2,003,630	2,013,755	0.294115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,077,249	3,613,679	11,690,928	0.169616	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	880,560	4,794,161	5,674,721	0.510119	0.000000	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	95,267	3.056315	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,103	188,747	190,850	1.215352	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	97,347	194,075	291,422	0.772608	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,122	7,057,980	11,946,102	0.142826	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	383,145	0.414162	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	158,936	818,706	977,642	0.360735	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,789,859	601,745	3,391,604	1.200004	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	708,885	564,362	1,273,247	0.688844	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,803,569	11,984,951	23,788,520	0.304598	0.000000	73.00
74.00	07400	RENAL DIALYSIS	107,696	0	107,696	0.498774	0.000000	74.00
76.00	03330	ENDOSCOPY	256,844	4,888,556	5,145,400	0.157169	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,943	4,710,223	4,717,166	0.531949	0.000000	90.00
91.00	09100	EMERGENCY	4,216,912	15,343,405	19,560,317	0.252487	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	319,717	2,090,983	2,410,700	0.754614	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
200.00		Subtotal (see instructions)	106,028,011	157,814,122	263,842,133			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	106,028,011	157,814,122	263,842,133			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.292940		50.00
51.00	05100	RECOVERY ROOM	0.140670		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489		52.00
53.00	05300	ANESTHESIOLOGY	0.129076		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567		55.00
56.00	05600	RADIOISOTOPE	0.164082		56.00
57.00	05700	CT SCAN	0.031817		57.00
58.00	05800	MRI	0.056669		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.403162		59.00
60.00	06000	LABORATORY	0.126554		60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115		64.00
65.00	06500	RESPIRATORY THERAPY	0.171304		65.00
66.00	06600	PHYSICAL THERAPY	0.510119		66.00
66.01	06601	CLINICAL NUTRITION	3.056315		66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352		67.00
68.00	06800	SPEECH PATHOLOGY	0.772608		68.00
69.00	06900	ELECTROCARDIOLOGY	0.144123		69.00
69.01	06901	CARDIAC REHABILITATION	0.430545		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366453		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598		73.00
74.00	07400	RENAL DIALYSIS	0.498774		74.00
76.00	03330	ENDOSCOPY	0.163520		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.531949		90.00
91.00	09100	EMERGENCY	0.252487		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,593,579	931,241	5,662,338	0	0	50.00
51.00	05100	RECOVERY ROOM	559,085	10,379	548,706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,938	80,146	687,792	0	0	52.00
53.00	05300	ANESTHESIOLOGY	472,619	19,739	452,880	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,898,002	333,453	2,564,549	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,118,594	219,977	898,617	0	0	55.00
56.00	05600	RADIOISOTOPE	989,725	39,404	950,321	0	0	56.00
57.00	05700	CT SCAN	920,896	86,108	834,788	0	0	57.00
58.00	05800	MRI	382,744	28,998	353,746	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,856	49,481	500,375	0	0	59.00
60.00	06000	LABORATORY	6,251,347	308,017	5,943,330	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	592,276	23,745	568,531	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,982,964	72,714	1,910,250	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,894,785	201,538	2,693,247	0	0	66.00
66.01	06601	CLINICAL NUTRITION	291,166	5,559	285,607	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	231,950	4,212	227,738	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	225,155	12,113	213,042	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,706,211	166,641	1,539,570	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	158,684	4,921	153,763	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	352,670	32,976	319,694	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,069,937	49,727	4,020,210	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	877,069	10,716	866,353	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,245,928	196,432	7,049,496	0	0	73.00
74.00	07400	RENAL DIALYSIS	53,716	661	53,055	0	0	74.00
76.00	03330	ENDOSCOPY	808,699	21,700	786,999	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,509,291	218,443	2,290,848	0	0	90.00
91.00	09100	EMERGENCY	4,938,735	192,677	4,746,058	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,819,147	130,906	1,688,241	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
200.00		Subtotal (sum of lines 50 thru 199)	52,262,768	3,452,624	48,810,144	0	0	200.00
201.00		Less Observation Beds	1,819,147	130,906	1,688,241	0	0	201.00
202.00		Total (line 200 minus line 201)	50,443,621	3,321,718	47,121,903	0	0	202.00

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

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	6,593,579	22,508,287	0.292940		50.00
51.00	05100	RECOVERY ROOM	559,085	3,974,433	0.140670		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,938	2,034,331	0.377489		52.00
53.00	05300	ANESTHESIOLOGY	472,619	3,863,473	0.122330		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,898,002	13,894,068	0.208578		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,118,594	3,601,775	0.310567		55.00
56.00	05600	RADIOISOTOPE	989,725	6,031,889	0.164082		56.00
57.00	05700	CT SCAN	920,896	28,943,220	0.031817		57.00
58.00	05800	MRI	382,744	6,754,000	0.056669		58.00
59.00	05900	CARDIAC CATHETERIZATION	549,856	1,391,127	0.395259		59.00
60.00	06000	LABORATORY	6,251,347	49,566,692	0.126120		60.00
64.00	06400	INTRAVENOUS THERAPY	592,276	2,013,755	0.294115		64.00
65.00	06500	RESPIRATORY THERAPY	1,982,964	11,690,928	0.169616		65.00
66.00	06600	PHYSICAL THERAPY	2,894,785	5,674,721	0.510119		66.00
66.01	06601	CLINICAL NUTRITION	291,166	95,267	3.056315		66.01
67.00	06700	OCCUPATIONAL THERAPY	231,950	190,850	1.215352		67.00
68.00	06800	SPEECH PATHOLOGY	225,155	291,422	0.772608		68.00
69.00	06900	ELECTROCARDIOLOGY	1,706,211	11,946,102	0.142826		69.00
69.01	06901	CARDIAC REHABILITATION	158,684	383,145	0.414162		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	352,670	977,642	0.360735		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,069,937	3,391,604	1.200004		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	877,069	1,273,247	0.688844		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,245,928	23,788,520	0.304598		73.00
74.00	07400	RENAL DIALYSIS	53,716	107,696	0.498774		74.00
76.00	03330	ENDOSCOPY	808,699	5,145,400	0.157169		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,509,291	4,717,166	0.531949		90.00
91.00	09100	EMERGENCY	4,938,735	19,560,317	0.252487		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,819,147	2,410,700	0.754614		92.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0.000000		99.10
99.20	09920	OPT	0	0	0.000000		99.20
200.00		Subtotal (sum of lines 50 thru 199)	52,262,768	236,221,777			200.00
201.00		Less Observation Beds	1,819,147	0			201.00
202.00		Total (line 200 minus line 201)	50,443,621	236,221,777			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/10/2017 11:23 am

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	1,180,565	0	1,180,565	15,115	78.11	30.00
31.00	INTENSIVE CARE UNIT	288,801		288,801	2,406	120.03	31.00
40.00	SUBPROVIDER - IPF	159,633	0	159,633	3,173	50.31	40.00
43.00	NURSERY	54,949		54,949	547	100.46	43.00
200.00	Total (lines 30-199)	1,683,948		1,683,948	21,241		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,151	714,785				30.00
31.00	INTENSIVE CARE UNIT	1,109	133,113				31.00
40.00	SUBPROVIDER - IPF	677	34,060				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	10,937	881,958				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	931,241	22,508,287	0.041373	5,102,690	211,114	50.00
51.00	05100	RECOVERY ROOM	10,379	3,974,433	0.002611	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,146	2,034,331	0.039397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,739	3,863,473	0.005109	489,984	2,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,453	13,894,068	0.024000	1,968,840	47,252	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	219,977	3,601,775	0.061075	20,000	1,222	55.00
56.00	05600	RADIOISOTOPE	39,404	6,031,889	0.006533	372,942	2,436	56.00
57.00	05700	CT SCAN	86,108	28,943,220	0.002975	4,065,375	12,094	57.00
58.00	05800	MRI	28,998	6,754,000	0.004293	472,150	2,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,481	1,391,127	0.035569	264,128	9,395	59.00
60.00	06000	LABORATORY	308,017	49,566,692	0.006214	11,999,342	74,564	60.00
64.00	06400	INTRAVENOUS THERAPY	23,745	2,013,755	0.011791	626	7	64.00
65.00	06500	RESPIRATORY THERAPY	72,714	11,690,928	0.006220	5,338,853	33,208	65.00
66.00	06600	PHYSICAL THERAPY	201,538	5,674,721	0.035515	784,069	27,846	66.00
66.01	06601	CLINICAL NUTRITION	5,559	95,267	0.058352	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,212	190,850	0.022070	1,903	42	67.00
68.00	06800	SPEECH PATHOLOGY	12,113	291,422	0.041565	81,273	3,378	68.00
69.00	06900	ELECTROCARDIOLOGY	166,641	11,946,102	0.013949	3,454,920	48,193	69.00
69.01	06901	CARDIAC REHABILITATION	4,921	383,145	0.012844	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	32,976	977,642	0.033730	116,562	3,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	49,727	3,391,604	0.014662	2,045,791	29,995	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,716	1,273,247	0.008416	473,596	3,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,432	23,788,520	0.008257	7,693,315	63,524	73.00
74.00	07400	RENAL DIALYSIS	661	107,696	0.006138	89,957	552	74.00
76.00	03330	ENDOSCOPY	21,700	5,145,400	0.004217	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	218,443	4,717,166	0.046308	686	32	90.00
91.00	09100	EMERGENCY	192,677	19,560,317	0.009850	2,309,787	22,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	130,906	2,410,700	0.054302	297,917	16,177	92.00
200.00		Total (lines 50-199)	3,452,624	236,221,777		47,444,706	616,230	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/10/2017 11:23 am

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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	15,115	0.00	9,151	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,406	0.00	1,109	0		31.00
40.00	04000	SUBPROVIDER - IPF	3,173	0.00	677	0		40.00
43.00	04300	NURSERY	547	0.00	0	0		43.00
200.00		Total (lines 30-199)	21,241		10,937	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,508,287	0.000000	0.000000	5,102,690	50.00
51.00	05100	RECOVERY ROOM	0	3,974,433	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,034,331	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,863,473	0.000000	0.000000	489,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,894,068	0.000000	0.000000	1,968,840	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,601,775	0.000000	0.000000	20,000	55.00
56.00	05600	RADIOISOTOPE	0	6,031,889	0.000000	0.000000	372,942	56.00
57.00	05700	CT SCAN	0	28,943,220	0.000000	0.000000	4,065,375	57.00
58.00	05800	MRI	0	6,754,000	0.000000	0.000000	472,150	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,391,127	0.000000	0.000000	264,128	59.00
60.00	06000	LABORATORY	0	49,566,692	0.000000	0.000000	11,999,342	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,013,755	0.000000	0.000000	626	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,690,928	0.000000	0.000000	5,338,853	65.00
66.00	06600	PHYSICAL THERAPY	0	5,674,721	0.000000	0.000000	784,069	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	190,850	0.000000	0.000000	1,903	67.00
68.00	06800	SPEECH PATHOLOGY	0	291,422	0.000000	0.000000	81,273	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,946,102	0.000000	0.000000	3,454,920	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	977,642	0.000000	0.000000	116,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,391,604	0.000000	0.000000	2,045,791	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,273,247	0.000000	0.000000	473,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,788,520	0.000000	0.000000	7,693,315	73.00
74.00	07400	RENAL DIALYSIS	0	107,696	0.000000	0.000000	89,957	74.00
76.00	03330	ENDOSCOPY	0	5,145,400	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,717,166	0.000000	0.000000	686	90.00
91.00	09100	EMERGENCY	0	19,560,317	0.000000	0.000000	2,309,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0.000000	297,917	92.00
200.00		Total (lines 50-199)	0	236,221,777			47,444,706	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/10/2017 11:23 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,393,177	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	585,368	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,863,445	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	40,000	0		55.00
56.00	05600	RADIOISOTOPE	0	2,435,191	0		56.00
57.00	05700	CT SCAN	0	7,488,795	0		57.00
58.00	05800	MRI	0	2,064,550	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	319,996	0		59.00
60.00	06000	LABORATORY	0	6,277,567	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	238,428	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	914,089	0		65.00
66.00	06600	PHYSICAL THERAPY	0	43,225	0		66.00
66.01	06601	CLINICAL NUTRITION	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	110,324	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,835	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,310,769	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	213,867	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	719,581	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	238,844	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	223,140	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,681,141	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	21,539	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	20,983	0		90.00
91.00	09100	EMERGENCY	0	4,158,698	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,060,106	0		92.00
200.00		Total (lines 50-199)	0	50,426,658	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/10/2017 11:23 am

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	0.292940	7,393,177	0	0	2,165,757	50.00
51.00	05100	RECOVERY ROOM	0.140670	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122330	585,368	0	0	71,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578	4,863,445	0	0	1,014,408	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567	40,000	0	0	12,423	55.00
56.00	05600	RADIOISOTOPE	0.164082	2,435,191	0	0	399,571	56.00
57.00	05700	CT SCAN	0.031817	7,488,795	0	0	238,271	57.00
58.00	05800	MRI	0.056669	2,064,550	0	0	116,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.395259	319,996	0	0	126,481	59.00
60.00	06000	LABORATORY	0.126120	6,277,567	1,541	0	791,727	60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115	238,428	0	0	70,125	64.00
65.00	06500	RESPIRATORY THERAPY	0.169616	914,089	0	0	155,044	65.00
66.00	06600	PHYSICAL THERAPY	0.510119	43,225	0	0	22,050	66.00
66.01	06601	CLINICAL NUTRITION	3.056315	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352	110,324	0	0	134,082	67.00
68.00	06800	SPEECH PATHOLOGY	0.772608	3,835	0	0	2,963	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142826	3,310,769	0	0	472,864	69.00
69.01	06901	CARDIAC REHABILITATION	0.414162	213,867	0	0	88,576	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360735	719,581	0	0	259,578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004	238,844	0	0	286,614	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844	223,140	0	0	153,709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598	6,681,141	0	418,485	2,035,062	73.00
74.00	07400	RENAL DIALYSIS	0.498774	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.157169	21,539	0	0	3,385	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.531949	20,983	0	0	11,162	90.00
91.00	09100	EMERGENCY	0.252487	4,158,698	0	0	1,050,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614	2,060,106	0	0	1,554,585	92.00
200.00		Subtotal (see instructions)		50,426,658	1,541	418,485	11,237,058	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		50,426,658	1,541	418,485	11,237,058	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/10/2017 11:23 am

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	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	194	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
66.01	06601	CLINICAL NUTRITION	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,470		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	194	127,470		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	194	127,470		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	931,241	22,508,287	0.041373	0	0	50.00
51.00	05100	RECOVERY ROOM	10,379	3,974,433	0.002611	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,146	2,034,331	0.039397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,739	3,863,473	0.005109	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,453	13,894,068	0.024000	8,895	213	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	219,977	3,601,775	0.061075	0	0	55.00
56.00	05600	RADIOISOTOPE	39,404	6,031,889	0.006533	0	0	56.00
57.00	05700	CT SCAN	86,108	28,943,220	0.002975	24,200	72	57.00
58.00	05800	MRI	28,998	6,754,000	0.004293	3,800	16	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,481	1,391,127	0.035569	0	0	59.00
60.00	06000	LABORATORY	308,017	49,566,692	0.006214	179,620	1,116	60.00
64.00	06400	INTRAVENOUS THERAPY	23,745	2,013,755	0.011791	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72,714	11,690,928	0.006220	79,844	497	65.00
66.00	06600	PHYSICAL THERAPY	201,538	5,674,721	0.035515	1,522	54	66.00
66.01	06601	CLINICAL NUTRITION	5,559	95,267	0.058352	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,212	190,850	0.022070	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,113	291,422	0.041565	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	166,641	11,946,102	0.013949	5,132	72	69.00
69.01	06901	CARDIAC REHABILITATION	4,921	383,145	0.012844	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	32,976	977,642	0.033730	1,316	44	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	49,727	3,391,604	0.014662	1,526	22	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,716	1,273,247	0.008416	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,432	23,788,520	0.008257	66,101	546	73.00
74.00	07400	RENAL DIALYSIS	661	107,696	0.006138	0	0	74.00
76.00	03330	ENDOSCOPY	21,700	5,145,400	0.004217	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	218,443	4,717,166	0.046308	149	7	90.00
91.00	09100	EMERGENCY	192,677	19,560,317	0.009850	87,863	865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0	0	92.00
200.00		Total (lines 50-199)	3,321,718	236,221,777		459,968	3,524	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,508,287	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	3,974,433	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,034,331	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,863,473	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,894,068	0.000000	0.000000	8,895	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,601,775	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	6,031,889	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	28,943,220	0.000000	0.000000	24,200	57.00
58.00	05800	MRI	0	6,754,000	0.000000	0.000000	3,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,391,127	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	49,566,692	0.000000	0.000000	179,620	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,013,755	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,690,928	0.000000	0.000000	79,844	65.00
66.00	06600	PHYSICAL THERAPY	0	5,674,721	0.000000	0.000000	1,522	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	190,850	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	291,422	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,946,102	0.000000	0.000000	5,132	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	977,642	0.000000	0.000000	1,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,391,604	0.000000	0.000000	1,526	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,273,247	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,788,520	0.000000	0.000000	66,101	73.00
74.00	07400	RENAL DIALYSIS	0	107,696	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	5,145,400	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,717,166	0.000000	0.000000	149	90.00
91.00	09100	EMERGENCY	0	19,560,317	0.000000	0.000000	87,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	236,221,777			459,968	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	584	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	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
66.01	06601	CLINICAL NUTRITION	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	304	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	316	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	278,204	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
200.00		Total (lines 50-199)	0	279,408	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | 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	0.292940	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.140670	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122330	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578	584	0	0	122	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.164082	0	0	0	0	56.00
57.00	05700	CT SCAN	0.031817	0	0	0	0	57.00
58.00	05800	MRI	0.056669	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.395259	0	0	0	0	59.00
60.00	06000	LABORATORY	0.126120	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.169616	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.510119	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	3.056315	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.772608	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142826	304	0	0	43	69.00
69.01	06901	CARDIAC REHABILITATION	0.414162	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360735	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598	316	0	0	96	73.00
74.00	07400	RENAL DIALYSIS	0.498774	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.157169	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.531949	278,204	0	0	147,990	90.00
91.00	09100	EMERGENCY	0.252487	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614	0	0	0	0	92.00
200.00		Subtotal (see instructions)		279,408	0	0	148,251	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		279,408	0	0	148,251	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | 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	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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	1,180,565	0	1,180,565	15,115	78.11	30.00
31.00	INTENSIVE CARE UNIT	288,801		288,801	2,406	120.03	31.00
40.00	SUBPROVIDER - IPF	159,633	0	159,633	3,173	50.31	40.00
43.00	NURSERY	54,949		54,949	547	100.46	43.00
200.00	Total (lines 30-199)	1,683,948		1,683,948	21,241		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	1,913	149,424		30.00
31.00	INTENSIVE CARE UNIT	344	41,290		31.00
40.00	SUBPROVIDER - IPF	0	0		40.00
43.00	NURSERY	506	50,833		43.00
200.00	Total (lines 30-199)	2,763	241,547		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	931,241	22,508,287	0.041373	0	0	50.00
51.00	05100	RECOVERY ROOM	10,379	3,974,433	0.002611	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,146	2,034,331	0.039397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,739	3,863,473	0.005109	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,453	13,894,068	0.024000	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	219,977	3,601,775	0.061075	0	0	55.00
56.00	05600	RADIOISOTOPE	39,404	6,031,889	0.006533	0	0	56.00
57.00	05700	CT SCAN	86,108	28,943,220	0.002975	0	0	57.00
58.00	05800	MRI	28,998	6,754,000	0.004293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,481	1,391,127	0.035569	0	0	59.00
60.00	06000	LABORATORY	308,017	49,566,692	0.006214	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	23,745	2,013,755	0.011791	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72,714	11,690,928	0.006220	0	0	65.00
66.00	06600	PHYSICAL THERAPY	201,538	5,674,721	0.035515	0	0	66.00
66.01	06601	CLINICAL NUTRITION	5,559	95,267	0.058352	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,212	190,850	0.022070	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,113	291,422	0.041565	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	166,641	11,946,102	0.013949	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	4,921	383,145	0.012844	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	32,976	977,642	0.033730	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	49,727	3,391,604	0.014662	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,716	1,273,247	0.008416	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,432	23,788,520	0.008257	0	0	73.00
74.00	07400	RENAL DIALYSIS	661	107,696	0.006138	0	0	74.00
76.00	03330	ENDOSCOPY	21,700	5,145,400	0.004217	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	218,443	4,717,166	0.046308	0	0	90.00
91.00	09100	EMERGENCY	192,677	19,560,317	0.009850	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	130,906	2,410,700	0.054302	0	0	92.00
200.00		Total (lines 50-199)	3,452,624	236,221,777		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	15,115	0.00	1,913	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,406	0.00	344	0		31.00
40.00	04000	SUBPROVIDER - IPF	3,173	0.00	0	0		40.00
43.00	04300	NURSERY	547	0.00	506	0		43.00
200.00		Total (lines 30-199)	21,241		2,763	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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	22,508,287	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	3,974,433	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,034,331	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,863,473	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,894,068	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,601,775	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	6,031,889	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	28,943,220	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	6,754,000	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,391,127	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	49,566,692	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,013,755	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,690,928	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,674,721	0.000000	0.000000	0	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	190,850	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	291,422	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,946,102	0.000000	0.000000	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	977,642	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,391,604	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,273,247	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,788,520	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	107,696	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	5,145,400	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,717,166	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	19,560,317	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	236,221,777			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	931,241	22,508,287	0.041373	0	0	50.00
51.00	05100	RECOVERY ROOM	10,379	3,974,433	0.002611	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,146	2,034,331	0.039397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,739	3,863,473	0.005109	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,453	13,894,068	0.024000	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	219,977	3,601,775	0.061075	0	0	55.00
56.00	05600	RADIOISOTOPE	39,404	6,031,889	0.006533	0	0	56.00
57.00	05700	CT SCAN	86,108	28,943,220	0.002975	0	0	57.00
58.00	05800	MRI	28,998	6,754,000	0.004293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,481	1,391,127	0.035569	0	0	59.00
60.00	06000	LABORATORY	308,017	49,566,692	0.006214	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	23,745	2,013,755	0.011791	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72,714	11,690,928	0.006220	0	0	65.00
66.00	06600	PHYSICAL THERAPY	201,538	5,674,721	0.035515	0	0	66.00
66.01	06601	CLINICAL NUTRITION	5,559	95,267	0.058352	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,212	190,850	0.022070	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,113	291,422	0.041565	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	166,641	11,946,102	0.013949	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	4,921	383,145	0.012844	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	32,976	977,642	0.033730	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	49,727	3,391,604	0.014662	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,716	1,273,247	0.008416	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,432	23,788,520	0.008257	0	0	73.00
74.00	07400	RENAL DIALYSIS	661	107,696	0.006138	0	0	74.00
76.00	03330	ENDOSCOPY	21,700	5,145,400	0.004217	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	218,443	4,717,166	0.046308	0	0	90.00
91.00	09100	EMERGENCY	192,677	19,560,317	0.009850	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0	0	92.00
200.00		Total (lines 50-199)	3,321,718	236,221,777		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,508,287	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	3,974,433	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,034,331	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,863,473	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,894,068	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,601,775	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	6,031,889	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	28,943,220	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	6,754,000	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,391,127	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	49,566,692	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,013,755	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,690,928	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,674,721	0.000000	0.000000	0	66.00
66.01	06601	CLINICAL NUTRITION	0	95,267	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	190,850	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	291,422	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,946,102	0.000000	0.000000	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	383,145	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	977,642	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,391,604	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,273,247	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,788,520	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	107,696	0.000000	0.000000	0	74.00
76.00	03330	ENDOSCOPY	0	5,145,400	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,717,166	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	19,560,317	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,410,700	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	236,221,777			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
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	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
66.01	06601	CLINICAL NUTRITION	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

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)	15,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,115	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.	13,219	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	220	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,151	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)	16,405,950	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)	16,405,950	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	19,949,626	28.00
29.00	Private room charges (excluding swing-bed charges)	19,887,143	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	62,483	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.822369	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,504.44	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	284.01	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	1,220.43	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	1,003.64	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	13,267,117	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,138,833	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,085.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	9,932,587	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)	9,932,587	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,282,649	2,406	2,195.61	1,109	2,434,931	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	11,715,509	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	24,083,027	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)	847,898	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	616,230	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,464,128	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	22,618,899	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)	1,676	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,085.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,819,147	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

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	1,180,565	16,405,950	0.071960	1,819,147	130,906	90.00
91.00	Nursing School cost	0	16,405,950	0.000000	1,819,147	0	91.00
92.00	Allied health cost	0	16,405,950	0.000000	1,819,147	0	92.00
93.00	All other Medical Education	0	16,405,950	0.000000	1,819,147	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0034 Component CCN: 14-S034	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Subprovider - IPF	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)	3,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,173	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)	3,173	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)	677	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)	3,479,375	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)	3,479,375	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)	3,479,375	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,096.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	742,371	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)	742,371	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	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						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)	85,476	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	827,847	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)	34,060	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,524	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	37,584	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	790,263	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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-S034 | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	159,633	3,479,375	0.045880	0	0	90.00
91.00	Nursing School cost	0	3,479,375	0.000000	0	0	91.00
92.00	Allied health cost	0	3,479,375	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,479,375	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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)	15,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,115	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)	13,439	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,913	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)	547	15.00
16.00	Nursery days (title V or XIX only)	506	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)	16,405,950	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)	16,405,950	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)	16,405,950	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,085.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,076,389	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)	2,076,389	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	880,585	547	1,609.84	506	814,579	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,282,649	2,406	2,195.61	344	755,290	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,646,258	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)	241,547	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	241,547	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,404,711	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)	1,676	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,085.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,819,147	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | 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	1,180,565	16,405,950	0.071960	1,819,147	130,906	90.00
91.00	Nursing School cost	0	16,405,950	0.000000	1,819,147	0	91.00
92.00	Allied health cost	0	16,405,950	0.000000	1,819,147	0	92.00
93.00	All other Medical Education	0	16,405,950	0.000000	1,819,147	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0034 Component CCN: 14-S034	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/10/2017 11:23 am
	Title XIX	Subprovider - IPF	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)	3,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,173	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)	3,173	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)	0	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)	547	15.00
16.00	Nursery days (title V or XIX only)	506	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)	3,479,375	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)	3,479,375	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)	3,479,375	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,096.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	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						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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/10/2017 11:23 am

Title XIX | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	159,633	3,479,375	0.045880	0	0	90.00
91.00	Nursing School cost	0	3,479,375	0.000000	0	0	91.00
92.00	Allied health cost	0	3,479,375	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,479,375	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/10/2017 11:23 am

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		9,857,305		30.00
31.00	03100	INTENSIVE CARE UNIT		1,994,850		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.292940	5,102,690	1,494,782	50.00
51.00	05100	RECOVERY ROOM	0.140670	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.129076	489,984	63,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578	1,968,840	410,657	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567	20,000	6,211	55.00
56.00	05600	RADIOISOTOPE	0.164082	372,942	61,193	56.00
57.00	05700	CT SCAN	0.031817	4,065,375	129,348	57.00
58.00	05800	MRI	0.056669	472,150	26,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.403162	264,128	106,486	59.00
60.00	06000	LABORATORY	0.126554	11,999,342	1,518,565	60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115	626	184	64.00
65.00	06500	RESPIRATORY THERAPY	0.171304	5,338,853	914,567	65.00
66.00	06600	PHYSICAL THERAPY	0.510119	784,069	399,968	66.00
66.01	06601	CLINICAL NUTRITION	3.056315	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352	1,903	2,313	67.00
68.00	06800	SPEECH PATHOLOGY	0.772608	81,273	62,792	68.00
69.00	06900	ELECTROCARDIOLOGY	0.144123	3,454,920	497,933	69.00
69.01	06901	CARDIAC REHABILITATION	0.430545	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366453	116,562	42,714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004	2,045,791	2,454,957	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844	473,596	326,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598	7,693,315	2,343,368	73.00
74.00	07400	RENAL DIALYSIS	0.498774	89,957	44,868	74.00
76.00	03330	ENDOSCOPY	0.163520	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.531949	686	365	90.00
91.00	09100	EMERGENCY	0.252487	2,309,787	583,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614	297,917	224,812	92.00
200.00		Total (sum of lines 50-94 and 96-98)		47,444,706	11,715,509	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)		47,444,706		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		632,075		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.292940	0	0	50.00
51.00	05100	RECOVERY ROOM	0.140670	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.129076	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208578	8,895	1,855	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.310567	0	0	55.00
56.00	05600	RADIOISOTOPE	0.164082	0	0	56.00
57.00	05700	CT SCAN	0.031817	24,200	770	57.00
58.00	05800	MRI	0.056669	3,800	215	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.403162	0	0	59.00
60.00	06000	LABORATORY	0.126554	179,620	22,732	60.00
64.00	06400	INTRAVENOUS THERAPY	0.294115	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.171304	79,844	13,678	65.00
66.00	06600	PHYSICAL THERAPY	0.510119	1,522	776	66.00
66.01	06601	CLINICAL NUTRITION	3.056315	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1.215352	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.772608	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.144123	5,132	740	69.00
69.01	06901	CARDIAC REHABILITATION	0.430545	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.366453	1,316	482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.200004	1,526	1,831	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.688844	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.304598	66,101	20,134	73.00
74.00	07400	RENAL DIALYSIS	0.498774	0	0	74.00
76.00	03330	ENDOSCOPY	0.163520	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.531949	149	79	90.00
91.00	09100	EMERGENCY	0.252487	87,863	22,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.754614	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		459,968	85,476	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)		459,968		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	11,615,285	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,170,523	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)	240,172	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	91.67	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)	21.75	31.00
32.00	Sum of lines 30 and 31	28.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.78	33.00
34.00	Disproportionate share adjustment (see instructions)	504,356	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000129857	0.000135961	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	831,883	812,707	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	622,776	204,847	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	827,623		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)	17,357,959		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	19,376,593		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	18,871,935	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,277,769	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	1,588	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)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	20,151,292	59.00
60.00	Primary payer payments	4,325	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	20,146,967	61.00
62.00	Deductibles billed to program beneficiaries	2,114,392	62.00
63.00	Coinsurance billed to program beneficiaries	49,910	63.00
64.00	Allowable bad debts (see instructions)	400,982	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	260,638	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	400,982	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	18,243,303	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)	19,478	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	-25,043	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	203,789	70.93
70.94	HRR adjustment amount (see instructions)	-263,593	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,177,934	71.00
71.01	Sequestration adjustment (see instructions)		363,559	71.01
72.00	Interim payments		17,873,718	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)		-59,343	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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)	1,133,414	380,562	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	1.0120234049	1.0153733520	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	13,627	5,851	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.9865	0.9744	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	-15,301	-9,742	104.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,615,285	0	11,615,285		11,615,285	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,170,523	0		4,170,523	4,170,523	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	240,172	0	175,085	65,087	240,172	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1278	0.1278	0.1278	0.1278		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	504,356	0	371,108	133,248	504,356	11.00
11.01	Uncompensated care payments	36.00	827,623	0	827,623	0	827,623	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	17,357,959	0	12,989,101	4,368,858	17,357,959	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	19,376,593	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,871,935	0	14,503,077	4,368,858	18,871,935	15.00
16.00	Payment for inpatient program capital	50.00	1,277,769	0	938,478	339,291	1,277,769	16.00
17.00	Special add-on payments for new technologies	54.00	1,588	0	1,588	0	1,588	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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/10/2017 11:23 am

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		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	15,443,143	4,708,149	20,151,292	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,259,672	0	924,648	335,024	1,259,672	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	18,097	0	13,830	4,267	18,097	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,277,769	0	938,478	339,291	1,277,769	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/10/2017 11:23 am

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		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	11,615,285	11,615,285		11,615,285	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,170,523		4,170,523	4,170,523	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	240,172	175,085	65,087	240,172	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1278	0.1278	0.1278		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	504,356	371,108	133,248	504,356	11.00
11.01	Uncompensated care payments	36.00	827,623	622,776	204,847	827,623	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	17,357,959	12,784,254	4,573,705	17,357,959	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	19,376,593	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,871,935	14,298,230	4,573,705	18,871,935	15.00
16.00	Payment for inpatient program capital	50.00	1,277,769	938,478	339,291	1,277,769	16.00
17.00	Special add-on payments for new technologies	54.00	1,588	1,588	0	1,588	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			15,238,296	4,912,996	20,151,292	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/10/2017 11:23 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,259,672	924,648	335,024	1,259,672	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	18,097	13,830	4,267	18,097	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,277,769	938,478	339,291	1,277,769	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	203,789	139,674	64,115	203,789	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	19,478	13,627	5,851	19,478	30.01
31.00	HRR adjustment (see instructions)	70.94	-263,593	-156,828	-106,765	-263,593	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-25,043	-15,301	-9,742	-25,043	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: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	127,664	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	11,237,058	2.00
3.00	PPS payments	8,259,574	3.00
4.00	Outlier payment (see instructions)	45,990	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	127,664	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	420,026	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)	420,026	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)	420,026	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	292,362	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)	127,664	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)	8,305,564	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)	1,743,708	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)	6,689,520	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)	6,689,520	30.00
31.00	Primary payer payments	180	31.00
32.00	Subtotal (line 30 minus line 31)	6,689,340	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)	217,870	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	141,616	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	217,870	36.00
37.00	Subtotal (see instructions)	6,830,956	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)	6,830,956	40.00
40.01	Sequestration adjustment (see instructions)	136,619	40.01
41.00	Interim payments	6,611,964	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	82,373	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: 14-0034 Component CCN: 14-S034	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	148,251	2.00
3.00	PPS payments	93,144	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	93,144	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)	20,653	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)	72,491	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)	72,491	30.00
31.00	Primary payer payments	5	31.00
32.00	Subtotal (line 30 minus line 31)	72,486	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)	72,486	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)	72,486	40.00
40.01	Sequestration adjustment (see instructions)	1,450	40.01
41.00	Interim payments	71,037	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,681,740		6,531,097	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		284,447		133,235	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	09/12/2016	92,469	09/12/2016	52,368	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)		-92,469		-52,368	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)		17,873,718		6,611,964	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		82,373	6.01
6.02	SETTLEMENT TO PROGRAM		59,343		0	6.02
7.00	Total Medicare program liability (see instructions)		17,814,375		6,694,337	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: 14-0034 | Component CCN: 14-S034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/10/2017 11:23 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		505,480		71,037	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		505,480		71,037	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		17		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		505,497		71,036	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: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	4,118	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	10,260	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	774	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	15,845	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	263,842,133	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,126,228	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)	455,212	8.00
9.00	Sequestration adjustment amount (see instructions)	9,104	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	446,108	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	440,229	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)	5,879	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0034 Component CCN: 14-S034	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	608,521	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	8.669399	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	608,521	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	608,521	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	608,521	18.00
19.00	Deductibles	92,708	19.00
20.00	Subtotal (line 18 minus line 19)	515,813	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	515,813	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	515,813	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	515,813	31.00
31.01	Sequestration adjustment (see instructions)	10,316	31.01
32.00	Interim payments	505,480	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	17	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/10/2017 11:23 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-12,692,445	0	0	0	1.00
2.00	Temporary investments	-601,007	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	21,758,923	0	0	0	4.00
5.00	Other receivable	1,046,918	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,186,229	0	0	0	7.00
8.00	Prepaid expenses	214,835	0	0	0	8.00
9.00	Other current assets	0	132,112	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,913,453	132,112	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,259,001	0	0	0	12.00
13.00	Land improvements	667,527	0	0	0	13.00
14.00	Accumulated depreciation	-663,582	0	0	0	14.00
15.00	Buildings	32,307,067	0	0	0	15.00
16.00	Accumulated depreciation	-12,088,856	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	3,324,495	0	0	0	19.00
20.00	Accumulated depreciation	-1,313,435	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	22,193,890	0	0	0	23.00
24.00	Accumulated depreciation	-15,470,447	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)	30,215,660	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	257,082	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	1,411,880	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,668,962	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	43,798,075	132,112	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,193,433	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,721,707	0	0	0	38.00
39.00	Payroll taxes payable	97,381	0	0	0	39.00
40.00	Notes and loans payable (short term)	453,261	0	0	0	40.00
41.00	Deferred income	0	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	9,607,102	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,072,884	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	42,935,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,031,588	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	50,966,588	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,039,472	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-24,241,397				52.00
53.00	Specific purpose fund		132,112			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)	-24,241,397	132,112	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	43,798,075	132,112	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/10/2017 11:23 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-17,442,437		210,247		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,276,345				2.00
3.00	Total (sum of line 1 and line 2)		-18,718,782		210,247		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)	221,241		0		0	4.00
5.00	CORPORATE OFFICE	0		0		0	5.00
6.00	GAIN ON INVESTMENTS	0		0		0	6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA	0		0		0	7.00
8.00	TRANSFERS FROM OTHER FUNDS	8,005		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		229,246		0		10.00
11.00	Subtotal (line 3 plus line 10)		-18,489,536		210,247		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	0		74,346		0	12.00
13.00	CORPORATE OFFICE	0		0		0	13.00
14.00	LOSS ON INVESTMENTS	0		0		0	14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI	5,749,861		0		0	15.00
16.00	TRANSFER TO OTHER FUNDS	0		3,789		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,749,861		78,135		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-24,239,397		132,112		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)		0			4.00
5.00	CORPORATE OFFICE		0			5.00
6.00	GAIN ON INVESTMENTS		0			6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA		0			7.00
8.00	TRANSFERS FROM OTHER FUNDS		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)		0			12.00
13.00	CORPORATE OFFICE		0			13.00
14.00	LOSS ON INVESTMENTS		0			14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI		0			15.00
16.00	TRANSFER TO OTHER FUNDS		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: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/10/2017 11:23 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	15,681,220		15,681,220	1.00
2.00	SUBPROVIDER - IPF	2,968,575		2,968,575	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,649,795		18,649,795	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	4,189,917		4,189,917	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,189,917		4,189,917	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	22,839,712		22,839,712	17.00
18.00	Ancillary services	76,273,936	144,290,633	220,564,569	18.00
19.00	Outpatient services	5,105,262	22,504,908	27,610,170	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
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (PRO FEES)	1,136,901	3,919,959	5,056,860	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	105,355,811	170,715,500	276,071,311	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		97,845,426		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		97,845,426		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/10/2017 11:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	276,071,311	1.00
2.00	Less contractual allowances and discounts on patients' accounts	182,020,087	2.00
3.00	Net patient revenues (line 1 minus line 2)	94,051,224	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	97,845,426	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,794,202	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	161,351	6.00
7.00	Income from investments	-7,491	7.00
8.00	Revenues from telephone and other miscellaneous communication services	7	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	4,661	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,560	20.00
21.00	Rental of vending machines	9,142	21.00
22.00	Rental of hospital space	190,590	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC INCOME	2,762,694	24.00
25.00	Total other income (sum of lines 6-24)	3,122,514	25.00
26.00	Total (line 5 plus line 25)	-671,688	26.00
27.00	OTHER MISC EXPENSES	604,657	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	604,657	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,276,345	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 14-0034 | Period: From 01/01/2016 To 12/31/2016 | Worksheet I-5 | Date/Time Prepared: 5/10/2017 11:23 am

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

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0034	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/10/2017 11:23 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,259,672	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	18,097	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)	43.84	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	1,277,769	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