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: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 3:15 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 2/27/2017 Time: 3:15 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 OTTAWA REGIONAL HOSPITAL & HEALTHCAR (14-0110) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	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	-79,666	38,453	292,872	0	1.00
2.00	Subprovider - IPF	0	16	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-79,650	38,453	292,872	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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1100 EAST NORRIS DRIVE	PO Box:			1.00
2.00	City: OTTAWA	State: IL	Zip Code: 61350	County: LASALLE	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	OTTAWA REGIONAL HOSPITAL & HEALTHCAR	140110	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	OTTAWA REGIONAL PSYCHIATRIC UNIT	14S110	16974	4	05/01/1984	N	P	O	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	OTTAWA VISITING NURSING SERVICE	147048	16974		11/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF COMMUNITY HOSPITAL	141570	16974		02/01/1984				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2015	09/30/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,101	868	0	0	2,773	137	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 3:08 pm

		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.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	10/01/2013	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	218,520	0	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 3:08 pm

		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	149006	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: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS	Contractor's Number: 00131	141.00
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61603	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.	N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 3:08 pm

		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)	10/01/2015	09/30/2016	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part II | Date/Time Prepared: 2/27/2017 3:08 pm

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/02/2017	Y	02/02/2017	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		Y		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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 3:08 pm

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

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	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.	PATRICIA	RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 3:08 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 2/27/2017 3:08 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	82	30,012	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)		82	30,012	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	5	1,830	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)		87	31,842	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	8	2,928		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	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		95				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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,452	938	11,206			1.00
2.00	HMO and other (see instructions)	559	3,641				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,452	938	11,206			7.00
8.00	INTENSIVE CARE UNIT	616	83	987			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		80	956			13.00
14.00	Total (see instructions)	5,068	1,101	13,149	0.00	535.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,211	96	1,755	0.00	8.83	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	544.73	27.00
28.00	Observation Bed Days		0	2,251			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	137	210			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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,477	1,313	3,764	1.00
2.00	HMO and other (see instructions)			157	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,477	1,313	3,764	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	208	17	316	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 2/27/2017 3:08 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	35,205,171	-132,891	35,072,280	1,115,410.00	31.44	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		146,473	0	146,473	1,554.00	94.26	3.00
4.00	Physician-Part A - Administrative		901,191	0	901,191	3,931.00	229.25	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		4,113,279	0	4,113,279	20,465.00	200.99	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)		468,977	18,484	487,461	19,475.00	25.03	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		824,843	0	824,843	19,312.00	42.71	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		807,102	0	807,102	5,503.00	146.67	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		6,930,569	0	6,930,569	132,168.00	52.44	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,799,463	0	7,799,463			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		136,386	0	136,386			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		23,350	0	23,350			21.00
22.00	Physician Part A - Administrative		120,584	0	120,584			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		560,735	0	560,735			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	134,424	0	134,424	4,310.00	31.19	26.00
27.00	Administrative & General	5.00	2,369,085	-4,041	2,365,044	75,508.00	31.32	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 2/27/2017 3:08 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	990,227	0	990,227	36,403.00	27.20	30.00
31.00	Laundry & Linen Service	8.00	28,443	0	28,443	2,080.00	13.67	31.00
32.00	Housekeeping	9.00	963,558	0	963,558	69,138.00	13.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	764,187	0	764,187	46,772.00	16.34	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	823,771	0	823,771	21,348.00	38.59	38.00
39.00	Central Services and Supply	14.00	51,567	0	51,567	4,001.00	12.89	39.00
40.00	Pharmacy	15.00	929,205	0	929,205	22,929.00	40.53	40.00
41.00	Medical Records & Medical Records Library	16.00	1,276,536	0	1,276,536	49,309.00	25.89	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part III Date/Time Prepared: 2/27/2017 3:08 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		30,945,419	-132,891	30,812,528	1,093,391.00	28.18	1.00
2.00	Excluded area salaries (see instructions)		468,977	18,484	487,461	19,475.00	25.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)		30,476,442	-151,375	30,325,067	1,073,916.00	28.24	3.00
4.00	Subtotal other wages & related costs (see inst.)		8,562,514	0	8,562,514	156,983.00	54.54	4.00
5.00	Subtotal wage-related costs (see inst.)		7,920,047	0	7,920,047	0.00	26.12	5.00
6.00	Total (sum of lines 3 thru 5)		46,959,003	-151,375	46,807,628	1,230,899.00	38.03	6.00
7.00	Total overhead cost (see instructions)		8,331,003	-4,041	8,326,962	331,798.00	25.10	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 3:08 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,826,840	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,390,546	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	830	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	80,249	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	2,237,740	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	104,313	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,640,518	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-3 Part V Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet S-10 | Date/Time Prepared: 2/27/2017 3:08 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.227720	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,959,035	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	74,527,775	6.00
7.00	Medicaid cost (line 1 times line 6)	16,971,465	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)	6,012,430	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)	6,012,430	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)	2,891,970	5,600,432	8,492,402	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	658,559	1,275,330	1,933,889	21.00
22.00	Partial payment by patients approved for charity care	61,258	101,572	162,830	22.00
23.00	Cost of charity care (line 21 minus line 22)	597,301	1,173,758	1,771,059	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)	4,214,430	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	399,529	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	3,814,901	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	868,729	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,639,788	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,652,218	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,104,523	2,104,523	1,412,113	3,516,636	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,815,680	1,815,680	322,606	2,138,286	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	134,424	10,727,769	10,862,193	1,886	10,864,079	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,369,085	16,604,850	18,973,935	-2,271,145	16,702,790	5.00
7.00	00700	OPERATION OF PLANT	990,227	1,344,661	2,334,888	541,623	2,876,511	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,443	299,591	328,034	0	328,034	8.00
9.00	00900	HOUSEKEEPING	963,558	199,959	1,163,517	0	1,163,517	9.00
10.00	01000	DIETARY	764,187	743,751	1,507,938	0	1,507,938	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	823,771	197,808	1,021,579	0	1,021,579	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	51,567	516,341	567,908	-361,552	206,356	14.00
15.00	01500	PHARMACY	929,205	3,325,794	4,254,999	-3,015,768	1,239,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,276,536	124,677	1,401,213	0	1,401,213	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	216,201	216,201	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,657,163	2,043,600	7,700,763	-1,460,082	6,240,681	30.00
31.00	03100	INTENSIVE CARE UNIT	805,171	238,267	1,043,438	0	1,043,438	31.00
40.00	04000	SUBPROVIDER - IPF	454,807	4,003	458,810	8,188	466,998	40.00
43.00	04300	NURSERY	0	0	0	208,190	208,190	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,093,519	3,457,733	4,551,252	-2,135,889	2,415,363	50.00
51.00	05100	RECOVERY ROOM	180,779	1,657	182,436	0	182,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	977,197	977,197	52.00
53.00	05300	ANESTHESIOLOGY	1,751,249	221,255	1,972,504	-216,201	1,756,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,995,376	1,624,859	4,620,235	-64,750	4,555,485	54.00
58.00	05800	MRI	0	0	0	53,343	53,343	58.00
60.00	06000	LABORATORY	1,705,567	2,619,258	4,324,825	0	4,324,825	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	625,921	242,878	868,799	-152,377	716,422	65.00
66.00	06600	PHYSICAL THERAPY	2,343,579	230,034	2,573,613	-70,407	2,503,206	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,416	166,796	261,212	-1,410	259,802	67.00
68.00	06800	SPEECH PATHOLOGY	115,674	2,000	117,674	-4,177	113,497	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	164,252	164,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,695	2,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,109,293	2,109,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,315,381	1,315,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,045,241	3,045,241	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,067,057	750,527	2,817,584	-818,357	1,999,227	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,128,807	193,009	2,321,816	-35,539	2,286,277	76.01
76.02	03610	SLEEP LAB	187,973	-4,961	183,012	0	183,012	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	390,218	390,218	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,652,940	2,762,865	7,415,805	-166,365	7,249,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	14,414	32,862	47,276	-47,276	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	0	-28,014	-28,014	28,014	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,205,415	52,564,032	87,769,447	-24,854	87,744,593	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,466	32,174	56,640	0	56,640	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-24,710	936,248	911,538	24,854	936,392	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	35,205,171	53,532,454	88,737,625	0	88,737,625	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,003,374	6,520,010		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,138,286		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,078	10,860,001		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,397,840	11,304,950		5.00
7.00	00700	OPERATION OF PLANT	0	2,876,511		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	328,034		8.00
9.00	00900	HOUSEKEEPING	0	1,163,517		9.00
10.00	01000	DIETARY	-436,178	1,071,760		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,021,579		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	206,356		14.00
15.00	01500	PHARMACY	0	1,239,231		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,692	1,396,521		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-216,201	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,091,341	5,149,340		30.00
31.00	03100	INTENSIVE CARE UNIT	-129,814	913,624		31.00
40.00	04000	SUBPROVIDER - IPF	0	466,998		40.00
43.00	04300	NURSERY	0	208,190		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-650	2,414,713		50.00
51.00	05100	RECOVERY ROOM	0	182,436		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	977,197		52.00
53.00	05300	ANESTHESIOLOGY	-1,222,156	534,147		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-96,174	4,459,311		54.00
58.00	05800	MRI	0	53,343		58.00
60.00	06000	LABORATORY	-250	4,324,575		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	716,422		65.00
66.00	06600	PHYSICAL THERAPY	-158,846	2,344,360		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	259,802		67.00
68.00	06800	SPEECH PATHOLOGY	0	113,497		68.00
69.00	06900	ELECTROCARDIOLOGY	0	164,252		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,695		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,109,293		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,315,381		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,045,241		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,999,227		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,352,993	933,284		76.01
76.02	03610	SLEEP LAB	0	183,012		76.02
76.97	07697	CARDIAC REHABILITATION	0	390,218		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-3,915,445	3,333,995		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	0		116.00
117.00	06950	HOMEMAKER	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,023,284	76,721,309		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,640		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	936,392		192.00
194.00	07950	CARDINAL SLEEP	0	0		194.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,023,284	77,714,341		200.00

RECLASSIFICATIONS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-6 | Date/Time Prepared: 2/27/2017 3:08 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	84,435	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,164	2.00
	0		0	118,599	
	B - DELIVERY ROOM AND NURSERY				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	982,443	152,546	1.00
2.00	NURSERY	43.00	180,209	27,981	2.00
	0		1,162,652	180,527	
	C - EKG HOLTER, STRESS,EEG				
1.00	ELECTROCARDIOLOGY	69.00	164,252	0	1.00
2.00	CARDIAC REHABILITATION	76.97	126,764	263,454	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	2,695	0	3.00
	0		293,711	263,454	
	D - ER WARD CLERKS				
1.00	EMERGENCY	91.00	4,041	0	1.00
	0		4,041	0	
	E - HOME HEALTH & HOSPICE				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,262	1.00
2.00	HOSPICE	116.00	0	28,014	2.00
	TOTALS		0	47,276	
	I - C-SECTION				
1.00	OPERATING ROOM	50.00	136,584	21,208	1.00
	0		136,584	21,208	
	K - NONPHYSICIAN ANESTHETISTS				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	216,201	1.00
	0		0	216,201	
	M - MOB HOSPITAL STORAGE				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,086	1.00
	0		0	21,086	
	O - PSYCH ADMIN				
1.00	ADULTS & PEDIATRICS	30.00	27,351	0	1.00
2.00	SUBPROVIDER - IPF	40.00	8,188	0	2.00
	0		35,539	0	
	U - NORRIS BUILDING				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	107,079	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
	0		0	107,079	
	V - MERCURY CIRCLE BUILDING				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,886	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	45,056	2.00
3.00	OPERATION OF PLANT	7.00	0	12,902	3.00
	0		0	59,844	
	W - RADIOLOGY SPACE				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,295	1.00
	0		0	1,295	
	AB - MED SUPPLIES SOLD IMPLANTS AND DRUGS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,109,293	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,315,381	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,045,241	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
	0		0	6,469,915	
	AC - NEG SALARIES				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	24,710	0	1.00
	0		24,710	0	

RECLASSIFICATIONS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-6 | Date/Time Prepared: 2/27/2017 3:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AD - MRI SALARIES					
1.00	MRI	58.00	46,459	6,884		1.00
	0		46,459	6,884		
	AE - STREATOR EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,327,678		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	288,442		2.00
3.00	OPERATION OF PLANT	7.00	0	548,934		3.00
	TOTALS		0	2,165,054		
500.00	Grand Total: Increases		1,703,696	9,678,422		500.00

RECLASSIFICATIONS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-6 | Date/Time Prepared: 2/27/2017 3:08 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	118,599	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	118,599			
	B - DELIVERY ROOM AND NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,162,652	180,527	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,162,652	180,527			
	C - EKG HOLTER, STRESS,EEG						
1.00	ASC (NON-DISTINCT PART)	75.00	293,711	263,454	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		293,711	263,454			
	D - ER WARD CLERKS						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,041	0	0		1.00
	0		4,041	0			
	E - HOME HEALTH & HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	14,414	32,862	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		14,414	32,862			
	I - C-SECTION						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	136,584	21,208	0		1.00
	0		136,584	21,208			
	K - NONPHYSICIAN ANESTHETISTS						
1.00	ANESTHESIOLOGY	53.00	143,187	73,014	0		1.00
	0		143,187	73,014			
	M - MOB HOSPITAL STORAGE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,086	0		1.00
	0		0	21,086			
	O - PSYCH ADMIN						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	35,539	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		35,539	0			
	U - NORRIS BUILDING						
1.00	OPERATION OF PLANT	7.00	0	20,213	0		1.00
2.00	SPEECH PATHOLOGY	68.00	0	4,177	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	14,284	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	68,405	0		4.00
	0		0	107,079			
	V - MERCURY CIRCLE BUILDING						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	59,844	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	59,844			
	W - RADIOLOGY SPACE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,295	0		1.00
	0		0	1,295			
	AB - MED SUPPLIES SOLD IMPLANTS AND DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	326,792	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	144,254	0		2.00
3.00	OPERATING ROOM	50.00	0	1,009,644	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	152,377	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	67,817	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	1,410	0		6.00
7.00	ASC (NON-DISTINCT PART)	75.00	0	236,593	0		7.00
8.00	EMERGENCY	91.00	0	170,406	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	450	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,295	0		10.00
11.00	PHARMACY	15.00	0	3,992	0		11.00
12.00	OPERATING ROOM	50.00	0	1,284,037	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,702	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	2,590	0		14.00
15.00	ASC (NON-DISTINCT PART)	75.00	0	10,315	0		15.00
16.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,465	0		16.00
17.00	PHARMACY	15.00	0	3,011,776	0		17.00
	0		0	6,469,915			
	AC - NEG SALARIES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	24,710	0		1.00
	0		0	24,710			
	AD - MRI SALARIES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	46,459	6,884	0		1.00
	0		46,459	6,884			

RECLASSIFICATIONS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-6 | Date/Time Prepared: 2/27/2017 3:08 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AE - STREATOR EXPENSES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,165,054	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	2,165,054			
500.00	Grand Total: Decreases		1,836,587	9,545,531			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-7 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,131,111	96,795	0	96,795	0	1.00
2.00	Land Improvements	2,862,859	61,360	0	61,360	0	2.00
3.00	Buildings and Fixtures	74,185,621	8,453,320	0	8,453,320	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	45,172,943	0	0	0	0	6.00
7.00	HIT designated Assets	694,477	0	0	0	8,965,076	7.00
8.00	Subtotal (sum of lines 1-7)	126,047,011	8,611,475	0	8,611,475	8,965,076	8.00
9.00	Reconciling Items	7,827,985	0	0	0	5,549,832	9.00
10.00	Total (line 8 minus line 9)	118,219,026	8,611,475	0	8,611,475	3,415,244	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	3,227,906	0	1.00
2.00	Land Improvements	2,924,219	0	2.00
3.00	Buildings and Fixtures	82,638,941	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	45,172,943	0	6.00
7.00	HIT designated Assets	-8,270,599	0	7.00
8.00	Subtotal (sum of lines 1-7)	125,693,410	0	8.00
9.00	Reconciling Items	2,278,153	0	9.00
10.00	Total (line 8 minus line 9)	123,415,257	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-7 Part II | Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,020,088	0	0	84,435	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,781,516	0	0	34,164	0	2.00
3.00	Total (sum of lines 1-2)	3,801,604	0	0	118,599	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	2,104,523	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,815,680	2.00
3.00	Total (sum of lines 1-2)	0	3,920,203	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-7 Part III Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	89,485,543	0	89,485,543	0.711935	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	36,207,867	0	36,207,867	0.288065	0	2.00
3.00	Total (sum of lines 1-2)	125,693,410	0	125,693,410	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	5,743,567	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,069,958	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,813,525	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	607,573	168,870	0	0	6,520,010	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	68,328	0	0	2,138,286	2.00
3.00	Total (sum of lines 1-2)	607,573	237,198	0	0	8,658,296	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8 | Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-108,519	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	-7,667,206			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,875,261			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-436,178	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-4,692	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-216,201	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	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	AMORTIZED CAPITALIZED INTEREST	A	-27,818	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
33.01	PHYSICIAN RECRUITING EXPENSE	A	-950	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8 | Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	PHYSICIAN RECRUITING EXPENSE	A	423	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	TRUSTEE FEES	A	5,066	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	ADMINISTRATION ALCOHOL	A	-312	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	DUES & SUBSCRIPTIONS	A	-5,400	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	ADVERTISING	A	-28,793	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	AHA LOBBYING FEES	A	-3,217	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	IHA LOBBYING FEES	A	-28,858	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09			0		0.00	0	33.09
33.10	PATIENT TRANSPORATION	A	-11,952	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	ROTARY FEES	A	-400	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12			0		0.00	0	33.12
33.13			0		0.00	0	33.13
33.14	PHYSICIAN RELATED COST	A	-1,540	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MEDICAID TAX ASSESSMENT - APPEA	A	-2,490,807	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16			0		0.00	0	33.16
33.17	COMMUNITY EDUCATION REVENUE	B	-11,927	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	COMMUNITY EDUCATION REVENUE	B	-60	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	PHARMACY VENDING COMMISSION	B	-250	LABORATORY	60.00	0	33.19
33.20	MISCELLANEOUS REVENUE	B	-211,685	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	MISCELLANEOUS REVENUE	B	-50	ADULTS & PEDIATRICS	30.00	0	33.21
33.22	MISCELLANEOUS REVENUE	B	-125,924	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	MISCELLANEOUS REVENUE	B	-650	OPERATING ROOM	50.00	0	33.23
33.24	MISCELLANEOUS REVENUE	B	-158,846	PHYSICAL THERAPY	66.00	0	33.24
33.25			0		0.00	0	33.25
33.26	INTEREST/INVESTMENT INCOME OFFSET	B	6,843	CAP REL COSTS-BLDG & FIXT	1.00	11	33.26
33.27	ASSET REDUCTION ADD-BACK	A	2,395,801	CAP REL COSTS-BLDG & FIXT	1.00	9	33.27
33.28	MOONLIGHTING RESIDENTS	B	-10,793	EMERGENCY	91.00	0	33.28
33.29	MOONLIGHTING RESIDENTS	B	-3,128	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30			0		0.00	0	33.30
33.31			0		0.00	0	33.31
33.32			0		0.00	0	33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,023,284				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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8-1 | Date/Time Prepared: 2/27/2017 3:08 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00			0	0	1.00
2.00	0.00			0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CORPORATE ALLOCATIONS	0	13,573,622	3.00
4.00	31.00	INTENSIVE CARE UNIT	EICU	0	129,814	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	628,548	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NONCAPITAL EXPENSE	2,578,592	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	NEW BLDG EXPENSE	254,022	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	NEW MME EXPENSE	1,269,763	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	NONCAPITAL EXPENSE	7,097,250	0	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			11,828,175	13,703,436	5.00

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

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

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

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

6.00	B		0.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8-1 | Date/Time Prepared: 2/27/2017 3:08 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	0		2.00
3.00	-13,573,622	0		3.00
4.00	-129,814	0		4.00
4.01	628,548	11		4.01
4.02	2,578,592	0		4.02
4.03	254,022	0		4.03
4.04	1,269,763	0		4.04
4.05	7,097,250	0		4.05
5.00	-1,875,261			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 2/27/2017 3:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	240,642	235,985	4,657	181,300	40	1.00
2.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	156,106	153,085	3,021	181,300	40	2.00
3.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,505	301,554	5,951	181,300	40	3.00
4.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	514,112	504,162	9,950	181,300	40	4.00
5.00	53.00	ANESTHESIOLOGY	371,557	223,747	147,810	239,400	832	5.00
6.00	53.00	ANESTHESIOLOGY	355,005	232,047	122,958	239,400	741	6.00
7.00	53.00	ANESTHESIOLOGY	348,981	270,890	78,091	239,400	468	7.00
8.00	53.00	ANESTHESIOLOGY	214,640	148,772	65,868	239,400	390	8.00
9.00	53.00	ANESTHESIOLOGY	286,585	176,602	109,983	239,400	650	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	1,570,825	1,370,707	200,118	211,500	764	11.00
12.00	91.00	EMERGENCY	648,512	648,512	0	211,500	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	1,111,974	1,081,974	30,000	211,500	204	13.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	96,174	96,174	0	0	0	15.00
16.00	60.00	LABORATORY	116,154	0	116,154	260,300	2,075	16.00
19.00	66.00	PHYSICAL THERAPY	46,800	0	46,800	211,500	561	19.00
20.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	148,110	148,110	0	181,300	0	20.00
21.00	91.00	EMERGENCY	1,436,225	1,436,225	0	211,500	0	21.00
22.00	91.00	EMERGENCY	358,501	169,730	188,771	211,500	312	22.00
200.00			8,328,408	7,198,276	1,130,132		7,157	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	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,487	174	0	0	0	1.00
2.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,487	174	0	0	0	2.00
3.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,487	174	0	0	0	3.00
4.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,487	174	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	95,760	4,788	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	85,286	4,264	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	53,865	2,693	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	44,888	2,244	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	74,813	3,741	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	77,686	3,884	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	20,743	1,037	0	0	0	13.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	15.00
16.00	60.00	LABORATORY	259,674	12,984	0	0	0	16.00
19.00	66.00	PHYSICAL THERAPY	57,044	2,852	0	0	0	19.00
20.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	91.00	EMERGENCY	31,725	1,586	0	0	0	22.00
200.00			815,432	40,769	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	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,487	1,170	237,155		1.00
2.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,487	0	153,085		2.00
3.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,487	2,464	304,018		3.00
4.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,487	6,463	510,625		4.00
5.00	53.00	ANESTHESIOLOGY	0	95,760	52,050	275,797		5.00
6.00	53.00	ANESTHESIOLOGY	0	85,286	37,672	269,719		6.00
7.00	53.00	ANESTHESIOLOGY	0	53,865	24,226	295,116		7.00
8.00	53.00	ANESTHESIOLOGY	0	44,888	20,980	169,752		8.00
9.00	53.00	ANESTHESIOLOGY	0	74,813	35,170	211,772		9.00
10.00	0.00		0	0	0	0		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 2/27/2017 3:08 pm

	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		
11.00	91.00	EMERGENCY	0	77,686	122,432	1,493,139		11.00
12.00	91.00	EMERGENCY	0	0	0	648,512		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	20,743	9,257	1,091,231		13.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	96,174		15.00
16.00	60.00	LABORATORY	0	259,674	0	0		16.00
19.00	66.00	PHYSICAL THERAPY	0	57,044	0	0		19.00
20.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	148,110		20.00
21.00	91.00	EMERGENCY	0	0	0	1,436,225		21.00
22.00	91.00	EMERGENCY	0	31,725	157,046	326,776		22.00
200.00			0	815,432	468,930	7,667,206		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part I Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,520,010	6,520,010				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,138,286		2,138,286			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,860,001	53,690	0	10,913,691		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,304,950	596,216	77,296	738,778	12,717,240	5.00
7.00	00700	OPERATION OF PLANT	2,876,511	2,140,563	7,182	309,321	5,333,577	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	328,034	27,326	0	8,885	364,245	8.00
9.00	00900	HOUSEKEEPING	1,163,517	48,563	1,248	300,990	1,514,318	9.00
10.00	01000	DIETARY	1,071,760	230,493	5,547	238,712	1,546,512	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,021,579	34,347	57,274	257,325	1,370,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,356	136,163	55,545	16,108	414,172	14.00
15.00	01500	PHARMACY	1,239,231	35,250	33,417	290,259	1,598,157	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,396,521	109,769	1,533	398,757	1,906,580	16.00
17.00	01700	SOCIAL SERVICE	0	20,363	7	0	20,370	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,149,340	516,016	53,069	1,412,512	7,130,937	30.00
31.00	03100	INTENSIVE CARE UNIT	913,624	55,846	3,790	251,514	1,224,774	31.00
40.00	04000	SUBPROVIDER - IPF	466,998	198,913	0	144,628	810,539	40.00
43.00	04300	NURSERY	208,190	0	0	56,293	264,483	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,414,713	201,011	151,686	384,252	3,151,662	50.00
51.00	05100	RECOVERY ROOM	182,436	21,558	422	56,471	260,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	977,197	0	0	264,224	1,241,421	52.00
53.00	05300	ANESTHESIOLOGY	534,147	0	12,590	502,317	1,049,054	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459,311	379,212	204,894	921,165	5,964,582	54.00
58.00	05800	MRI	53,343	61,177	0	14,513	129,033	58.00
60.00	06000	LABORATORY	4,324,575	299,273	15,173	532,775	5,171,796	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	716,422	48,680	7,041	195,521	967,664	65.00
66.00	06600	PHYSICAL THERAPY	2,344,360	491,778	21,615	732,073	3,589,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	259,802	60,158	0	29,493	349,453	67.00
68.00	06800	SPEECH PATHOLOGY	113,497	13,925	0	36,134	163,556	68.00
69.00	06900	ELECTROCARDIOLOGY	164,252	0	0	51,308	215,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,695	0	0	842	3,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,109,293	0	0	0	2,109,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,315,381	0	0	0	1,315,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,045,241	0	0	0	3,045,241	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,999,227	294,496	44,874	553,947	2,892,544	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	933,284	92,756	114,739	653,882	1,794,661	76.01
76.02	03610	SLEEP LAB	183,012	0	0	58,718	241,730	76.02
76.97	07697	CARDIAC REHABILITATION	390,218	0	0	39,598	429,816	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,333,995	335,601	12,602	1,454,733	5,136,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,721,309	6,503,143	881,544	10,906,048	75,440,057	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,640	16,867	0	7,643	81,150	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	936,392	0	1,256,742	0	2,193,134	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	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)	77,714,341	6,520,010	2,138,286	10,913,691	77,714,341	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,717,240					5.00
7.00	00700	OPERATION OF PLANT	1,043,562	6,377,139				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	71,268	46,724	482,237			8.00
9.00	00900	HOUSEKEEPING	296,290	83,038	0	1,893,646		9.00
10.00	01000	DIETARY	302,589	394,119	0	111,825	2,355,045	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,801,243	11.00
13.00	01300	NURSING ADMINISTRATION	268,156	58,729	0	16,690	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81,036	232,825	0	66,158	0	14.00
15.00	01500	PHARMACY	312,694	60,274	0	17,107	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	373,040	187,695	0	53,316	0	16.00
17.00	01700	SOCIAL SERVICE	3,986	34,819	0	9,875	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,395,205	882,334	184,572	311,319	446,331	30.00
31.00	03100	INTENSIVE CARE UNIT	239,638	95,491	16,967	27,122	23,586	31.00
40.00	04000	SUBPROVIDER - IPF	158,589	340,122	4,078	35,930	83,885	40.00
43.00	04300	NURSERY	51,748	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	616,651	343,709	20,708	97,638	0	50.00
51.00	05100	RECOVERY ROOM	51,045	36,861	0	10,478	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,895	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	205,257	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,167,024	648,414	24,039	215,860	0	54.00
58.00	05800	MRI	25,246	104,607	0	29,718	0	58.00
60.00	06000	LABORATORY	1,011,908	511,727	0	165,326	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	189,332	83,237	0	26,102	0	65.00
66.00	06600	PHYSICAL THERAPY	702,382	840,891	49,708	247,757	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	68,374	102,864	0	35,328	0	67.00
68.00	06800	SPEECH PATHOLOGY	32,001	23,811	0	6,769	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,176	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	692	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	412,702	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	257,366	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	595,829	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	565,952	503,558	84,314	152,298	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	351,142	158,604	0	45,064	0	76.01
76.02	03610	SLEEP LAB	47,297	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	84,097	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,005,087	573,844	97,851	200,839	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,272,256	6,348,297	482,237	1,882,519	2,355,045	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,878	28,842	0	11,127	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	429,106	0	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	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)	12,717,240	6,377,139	482,237	1,893,646	2,355,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part I Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,801,243					11.00
13.00	01300	NURSING ADMINISTRATION	41,599	1,755,699				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,320	0	802,511			14.00
15.00	01500	PHARMACY	41,599	0	0	2,029,831		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	99,838	175,319	0	0	2,795,788	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	353,592	617,205	12,121	0	167,747	30.00
31.00	03100	INTENSIVE CARE UNIT	45,759	81,692	18,597	0	27,958	31.00
40.00	04000	SUBPROVIDER - IPF	37,439	64,407	0	0	27,958	40.00
43.00	04300	NURSERY	12,480	20,310	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	91,518	163,307	0	0	195,705	50.00
51.00	05100	RECOVERY ROOM	8,320	16,836	0	0	27,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,079	95,331	0	0	55,916	52.00
53.00	05300	ANESTHESIOLOGY	24,959	0	720	0	83,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,516	0	0	0	559,156	54.00
58.00	05800	MRI	4,160	0	0	0	83,874	58.00
60.00	06000	LABORATORY	145,597	0	1,500	0	419,368	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,759	0	0	0	27,958	65.00
66.00	06600	PHYSICAL THERAPY	174,716	0	0	0	83,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,160	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,160	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,480	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	55,916	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	646,454	0	167,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	122,523	0	55,916	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,029,831	167,747	73.00
75.00	07500	ASC (NON-DISTINCT PART)	116,478	202,966	118	0	55,916	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	62,399	0	0	0	27,958	76.01
76.02	03610	SLEEP LAB	12,480	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	8,320	0	0	0	55,916	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	183,036	318,326	478	0	251,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,788,763	1,755,699	802,511	2,029,831	2,600,083	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,160	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,320	0	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	195,705	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)	1,801,243	1,755,699	802,511	2,029,831	2,795,788	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	19.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	69,050					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,143	0	0	11,505,506	0	30.00
31.00	03100	INTENSIVE CARE UNIT	691	0	0	1,802,275	0	31.00
40.00	04000	SUBPROVIDER - IPF	691	0	0	1,563,638	0	40.00
43.00	04300	NURSERY	0	0	0	349,021	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,834	0	0	4,685,732	0	50.00
51.00	05100	RECOVERY ROOM	691	0	0	413,076	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,381	0	0	1,691,023	0	52.00
53.00	05300	ANESTHESIOLOGY	2,072	0	0	1,365,936	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,804	0	0	8,788,395	0	54.00
58.00	05800	MRI	2,072	0	0	378,710	0	58.00
60.00	06000	LABORATORY	10,358	0	0	7,437,580	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	691	0	0	1,340,743	0	65.00
66.00	06600	PHYSICAL THERAPY	2,072	0	0	5,691,226	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	560,179	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	230,297	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	270,216	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,381	0	0	61,526	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,143	0	0	3,340,339	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,381	0	0	1,752,567	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,143	0	0	5,842,791	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,381	0	0	4,575,525	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	691	0	0	2,440,519	0	76.01
76.02	03610	SLEEP LAB	0	0	0	301,507	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,381	0	0	579,530	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,215	0	0	7,774,228	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,216	0	0	74,742,085	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	141,157	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,630,560	0	192.00
194.00	07950	CARDINAL SLEEP	4,834	0	0	200,539	0	194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	69,050	0	0	77,714,341	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part I | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	11,505,506		30.00
31.00	03100	INTENSIVE CARE UNIT	1,802,275		31.00
40.00	04000	SUBPROVIDER - IPF	1,563,638		40.00
43.00	04300	NURSERY	349,021		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,685,732		50.00
51.00	05100	RECOVERY ROOM	413,076		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,023		52.00
53.00	05300	ANESTHESIOLOGY	1,365,936		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,788,395		54.00
58.00	05800	MRI	378,710		58.00
60.00	06000	LABORATORY	7,437,580		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,340,743		65.00
66.00	06600	PHYSICAL THERAPY	5,691,226		66.00
67.00	06700	OCCUPATIONAL THERAPY	560,179		67.00
68.00	06800	SPEECH PATHOLOGY	230,297		68.00
69.00	06900	ELECTROCARDIOLOGY	270,216		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,526		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,340,339		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,752,567		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,842,791		73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,575,525		75.00
76.00	03160	STRESS TESTING	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,440,519		76.01
76.02	03610	SLEEP LAB	301,507		76.02
76.97	07697	CARDIAC REHABILITATION	579,530		76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	7,774,228		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0		116.00
117.00	06950	HOMEMAKER	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,742,085		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,157		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,630,560		192.00
194.00	07950	CARDINAL SLEEP	200,539		194.00
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	77,714,341		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part II | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	53,690	0	53,690	53,690	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,523,785	596,216	77,296	2,197,297	3,635	5.00
7.00	00700	OPERATION OF PLANT	0	2,140,563	7,182	2,147,745	1,522	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,326	0	27,326	44	8.00
9.00	00900	HOUSEKEEPING	0	48,563	1,248	49,811	1,481	9.00
10.00	01000	DIETARY	0	230,493	5,547	236,040	1,175	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	34,347	57,274	91,621	1,266	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	136,163	55,545	191,708	79	14.00
15.00	01500	PHARMACY	0	35,250	33,417	68,667	1,428	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,769	1,533	111,302	1,962	16.00
17.00	01700	SOCIAL SERVICE	0	20,363	7	20,370	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	516,016	53,069	569,085	6,950	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,846	3,790	59,636	1,238	31.00
40.00	04000	SUBPROVIDER - IPF	0	198,913	0	198,913	712	40.00
43.00	04300	NURSERY	0	0	0	0	277	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	201,011	151,686	352,697	1,891	50.00
51.00	05100	RECOVERY ROOM	0	21,558	422	21,980	278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,300	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,590	12,590	2,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	379,212	204,894	584,106	4,532	54.00
58.00	05800	MRI	0	61,177	0	61,177	71	58.00
60.00	06000	LABORATORY	0	299,273	15,173	314,446	2,621	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	48,680	7,041	55,721	962	65.00
66.00	06600	PHYSICAL THERAPY	0	491,778	21,615	513,393	3,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	60,158	0	60,158	145	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,925	0	13,925	178	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	294,496	44,874	339,370	2,726	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	92,756	114,739	207,495	3,217	76.01
76.02	03610	SLEEP LAB	0	0	0	0	289	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	195	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	335,601	12,602	348,203	7,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,523,785	6,503,143	881,544	8,908,472	53,652	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,867	0	16,867	38	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,256,742	1,256,742	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	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)	1,523,785	6,520,010	2,138,286	10,182,081	53,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part II | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,200,932					5.00
7.00	00700	OPERATION OF PLANT	180,606	2,329,873				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,334	17,071	56,775			8.00
9.00	00900	HOUSEKEEPING	51,278	30,338	0	132,908		9.00
10.00	01000	DIETARY	52,368	143,991	0	7,849	441,423	10.00
11.00	01100	CAFETERIA	0	0	0	0	337,620	11.00
13.00	01300	NURSING ADMINISTRATION	46,409	21,457	0	1,171	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,025	85,062	0	4,643	0	14.00
15.00	01500	PHARMACY	54,117	22,021	0	1,201	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,561	68,574	0	3,742	0	16.00
17.00	01700	SOCIAL SERVICE	690	12,721	0	693	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	241,468	322,358	21,731	21,850	83,659	30.00
31.00	03100	INTENSIVE CARE UNIT	41,473	34,887	1,998	1,904	4,421	31.00
40.00	04000	SUBPROVIDER - IPF	27,446	124,263	480	2,522	15,723	40.00
43.00	04300	NURSERY	8,956	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,722	125,573	2,438	6,853	0	50.00
51.00	05100	RECOVERY ROOM	8,834	13,467	0	735	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,037	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	35,523	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,973	236,896	2,830	15,150	0	54.00
58.00	05800	MRI	4,369	38,218	0	2,086	0	58.00
60.00	06000	LABORATORY	175,127	186,958	0	11,604	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	32,767	30,411	0	1,832	0	65.00
66.00	06600	PHYSICAL THERAPY	121,559	307,217	5,852	17,389	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,833	37,581	0	2,480	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,538	8,699	0	475	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,299	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,425	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,541	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,118	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	97,947	183,974	9,926	10,689	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	60,771	57,946	0	3,163	0	76.01
76.02	03610	SLEEP LAB	8,185	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	14,554	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	173,947	209,653	11,520	14,096	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,123,920	2,319,336	56,775	132,127	441,423	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,748	10,537	0	781	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,264	0	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	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)	2,200,932	2,329,873	56,775	132,908	441,423	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part II Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	337,620					11.00
13.00	01300	NURSING ADMINISTRATION	7,797	169,721				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,559	0	297,076			14.00
15.00	01500	PHARMACY	7,797	0	0	155,231		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,713	16,948	0	0	285,802	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	66,279	59,664	4,487	0	17,148	30.00
31.00	03100	INTENSIVE CARE UNIT	8,577	7,897	6,884	0	2,858	31.00
40.00	04000	SUBPROVIDER - IPF	7,018	6,226	0	0	2,858	40.00
43.00	04300	NURSERY	2,339	1,963	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,154	15,787	0	0	20,006	50.00
51.00	05100	RECOVERY ROOM	1,559	1,628	0	0	2,858	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,136	9,216	0	0	5,716	52.00
53.00	05300	ANESTHESIOLOGY	4,678	0	267	0	8,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,647	0	0	0	57,162	54.00
58.00	05800	MRI	780	0	0	0	8,574	58.00
60.00	06000	LABORATORY	27,290	0	555	0	42,870	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,577	0	0	0	2,858	65.00
66.00	06600	PHYSICAL THERAPY	32,748	0	0	0	8,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	780	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	780	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,339	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	5,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	239,306	0	17,148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,356	0	5,716	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	155,231	17,148	73.00
75.00	07500	ASC (NON-DISTINCT PART)	21,832	19,620	44	0	5,716	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,696	0	0	0	2,858	76.01
76.02	03610	SLEEP LAB	2,339	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,559	0	0	0	5,716	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	34,308	30,772	177	0	25,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	335,281	169,721	297,076	155,231	265,796	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,559	0	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	20,006	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)	337,620	169,721	297,076	155,231	285,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part II Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	19.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	34,474					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,068			1,416,747	0	30.00
31.00	03100	INTENSIVE CARE UNIT	345			172,118	0	31.00
40.00	04000	SUBPROVIDER - IPF	345			386,506	0	40.00
43.00	04300	NURSERY	0			13,535	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,413			651,534	0	50.00
51.00	05100	RECOVERY ROOM	345			51,684	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	689			69,094	0	52.00
53.00	05300	ANESTHESIOLOGY	1,034			65,138	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,898			1,146,194	0	54.00
58.00	05800	MRI	1,034			116,309	0	58.00
60.00	06000	LABORATORY	5,171			766,642	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0	64.00
65.00	06500	RESPIRATORY THERAPY	345			133,473	0	65.00
66.00	06600	PHYSICAL THERAPY	1,034			1,011,368	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			112,977	0	67.00
68.00	06800	SPEECH PATHOLOGY	0			29,595	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			9,890	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	689			6,529	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,068			329,947	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	689			96,302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,068			277,565	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	689			692,533	0	75.00
76.00	03160	STRESS TESTING	0			0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	345			347,491	0	76.01
76.02	03610	SLEEP LAB	0			10,813	0	76.02
76.97	07697	CARDIAC REHABILITATION	689			22,713	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,103			858,649	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0			0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			0	0	116.00
117.00	06950	HOMEMAKER	0			0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,061	0	0	8,795,346	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			31,751	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			1,332,565	0	192.00
194.00	07950	CARDINAL SLEEP	2,413			22,419	0	194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,474	0	0	10,182,081	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B Part II | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	Total
			26.00
		GENERAL SERVICE COST CENTERS	
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	1,416,747 30.00
31.00	03100	INTENSIVE CARE UNIT	172,118 31.00
40.00	04000	SUBPROVIDER - IPF	386,506 40.00
43.00	04300	NURSERY	13,535 43.00
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	651,534 50.00
51.00	05100	RECOVERY ROOM	51,684 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,094 52.00
53.00	05300	ANESTHESIOLOGY	65,138 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,146,194 54.00
58.00	05800	MRI	116,309 58.00
60.00	06000	LABORATORY	766,642 60.00
64.00	06400	INTRAVENOUS THERAPY	0 64.00
65.00	06500	RESPIRATORY THERAPY	133,473 65.00
66.00	06600	PHYSICAL THERAPY	1,011,368 66.00
67.00	06700	OCCUPATIONAL THERAPY	112,977 67.00
68.00	06800	SPEECH PATHOLOGY	29,595 68.00
69.00	06900	ELECTROCARDIOLOGY	9,890 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,529 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	329,947 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	96,302 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,565 73.00
75.00	07500	ASC (NON-DISTINCT PART)	692,533 75.00
76.00	03160	STRESS TESTING	0 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	347,491 76.01
76.02	03610	SLEEP LAB	10,813 76.02
76.97	07697	CARDIAC REHABILITATION	22,713 76.97
		OUTPATIENT SERVICE COST CENTERS	
91.00	09100	EMERGENCY	858,649 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
		OTHER REIMBURSABLE COST CENTERS	
101.00	10100	HOME HEALTH AGENCY	0 101.00
		SPECIAL PURPOSE COST CENTERS	
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	0 116.00
117.00	06950	HOMEMAKER	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,795,346 118.00
		NONREIMBURSABLE COST CENTERS	
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,751 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,332,565 192.00
194.00	07950	CARDINAL SLEEP	22,419 194.00
200.00		Cross Foot Adjustments	0 200.00
201.00		Negative Cost Centers	0 201.00
202.00		TOTAL (sum lines 118-201)	10,182,081 202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B-1 | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	223,809					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,914,422				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,843	0	34,937,856			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,466	141,501	2,365,044	-12,717,240	64,997,101	5.00
7.00	00700	OPERATION OF PLANT	73,478	13,147	990,227	0	5,333,577	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	0	28,443	0	364,245	8.00
9.00	00900	HOUSEKEEPING	1,667	2,284	963,558	0	1,514,318	9.00
10.00	01000	DIETARY	7,912	10,155	764,187	0	1,546,512	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,179	104,848	823,771	0	1,370,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,674	101,682	51,567	0	414,172	14.00
15.00	01500	PHARMACY	1,210	61,174	929,205	0	1,598,157	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,768	2,806	1,276,536	0	1,906,580	16.00
17.00	01700	SOCIAL SERVICE	699	12	0	0	20,370	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,713	97,150	4,521,862	0	7,130,937	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	6,939	805,171	0	1,224,774	31.00
40.00	04000	SUBPROVIDER - IPF	6,828	0	462,995	0	810,539	40.00
43.00	04300	NURSERY	0	0	180,209	0	264,483	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,900	277,682	1,230,103	0	3,151,662	50.00
51.00	05100	RECOVERY ROOM	740	772	180,779	0	260,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	845,859	0	1,241,421	52.00
53.00	05300	ANESTHESIOLOGY	0	23,047	1,608,062	0	1,049,054	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,017	375,086	2,948,917	0	5,964,582	54.00
58.00	05800	MRI	2,100	0	46,459	0	129,033	58.00
60.00	06000	LABORATORY	10,273	27,777	1,705,567	0	5,171,796	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,671	12,889	625,921	0	967,664	65.00
66.00	06600	PHYSICAL THERAPY	16,881	39,570	2,343,579	0	3,589,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,065	0	94,416	0	349,453	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	115,674	0	163,556	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	164,252	0	215,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,695	0	3,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,109,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,315,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,045,241	73.00
75.00	07500	ASC (NON-DISTINCT PART)	10,109	82,148	1,773,346	0	2,892,544	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,184	210,046	2,093,268	0	1,794,661	76.01
76.02	03610	SLEEP LAB	0	0	187,973	0	241,730	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	126,764	0	429,816	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	11,520	23,069	4,656,981	0	5,136,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	223,230	1,613,784	34,913,390	-12,717,240	62,722,817	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	579	0	24,466	0	81,150	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,300,638	0	0	2,193,134	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,520,010	2,138,286	10,913,691		12,717,240	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.132028	0.546258	0.312374		0.195659	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			53,690		2,200,932	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001537		0.033862	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B-1 | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVE D)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	128,022					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938	515,044				8.00
9.00	00900	HOUSEKEEPING	1,667	0	40,845			9.00
10.00	01000	DIETARY	7,912	0	2,412	210,082		10.00
11.00	01100	CAFETERIA	0	0	0	160,680	433	11.00
13.00	01300	NURSING ADMINISTRATION	1,179	0	360	0	10	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,674	0	1,427	0	2	14.00
15.00	01500	PHARMACY	1,210	0	369	0	10	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,768	0	1,150	0	24	16.00
17.00	01700	SOCIAL SERVICE	699	0	213	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,713	197,129	6,715	39,815	85	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	18,121	585	2,104	11	31.00
40.00	04000	SUBPROVIDER - IPF	6,828	4,355	775	7,483	9	40.00
43.00	04300	NURSERY	0	0	0	0	3	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,900	22,117	2,106	0	22	50.00
51.00	05100	RECOVERY ROOM	740	0	226	0	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	13	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,017	25,674	4,656	0	47	54.00
58.00	05800	MRI	2,100	0	641	0	1	58.00
60.00	06000	LABORATORY	10,273	0	3,566	0	35	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,671	0	563	0	11	65.00
66.00	06600	PHYSICAL THERAPY	16,881	53,090	5,344	0	42	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,065	0	762	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	146	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	10,109	90,050	3,285	0	28	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,184	0	972	0	15	76.01
76.02	03610	SLEEP LAB	0	0	0	0	3	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	11,520	104,508	4,332	0	44	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,443	515,044	40,605	210,082	430	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	579	0	240	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,377,139	482,237	1,893,646	2,355,045	1,801,243	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.812837	0.936303	46.361758	11.210123	4,159.914550	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,329,873	56,775	132,908	441,423	337,620	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.199005	0.110233	3.253960	2.101194	779.722864	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B-1 | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	NURSING ADMINISTRATION (HOURS SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	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
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	500,865					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	122,555				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,015	0	0	100		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	176,076	1,851	0	6	6	30.00
31.00	03100	INTENSIVE CARE UNIT	23,305	2,840	0	1	1	31.00
40.00	04000	SUBPROVIDER - IPF	18,374	0	0	1	1	40.00
43.00	04300	NURSERY	5,794	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,588	0	0	7	7	50.00
51.00	05100	RECOVERY ROOM	4,803	0	0	1	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,196	0	0	2	2	52.00
53.00	05300	ANESTHESIOLOGY	0	110	0	3	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	20	20	54.00
58.00	05800	MRI	0	0	0	3	3	58.00
60.00	06000	LABORATORY	0	229	0	15	15	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1	1	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,723	0	6	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,711	0	2	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	6	6	73.00
75.00	07500	ASC (NON-DISTINCT PART)	57,902	18	0	2	2	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1	1	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	90,812	73	0	9	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	500,865	122,555	100	93	93	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	7	7	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)	1,755,699	802,511	2,029,831	2,795,788	69,050	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.505334	6.548170	20,298.310000	27,957.880000	690.500000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	169,721	297,076	155,231	285,802	34,474	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.338856	2.424022	1,552.310000	2,858.020000	344.740000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet B-1 | Date/Time Prepared: 2/27/2017 3:08 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			19.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02	03610	SLEEP LAB	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
117.00	06950	HOMEMAKER	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	CARDINAL SLEEP	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)	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,505,506		11,505,506	9,257	11,514,763	30.00
31.00	03100	INTENSIVE CARE UNIT	1,802,275		1,802,275	0	1,802,275	31.00
40.00	04000	SUBPROVIDER - IPF	1,563,638		1,563,638	0	1,563,638	40.00
43.00	04300	NURSERY	349,021		349,021	0	349,021	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,685,732		4,685,732	0	4,685,732	50.00
51.00	05100	RECOVERY ROOM	413,076		413,076	0	413,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,023		1,691,023	0	1,691,023	52.00
53.00	05300	ANESTHESIOLOGY	1,365,936		1,365,936	170,098	1,536,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,788,395		8,788,395	0	8,788,395	54.00
58.00	05800	MRI	378,710		378,710	0	378,710	58.00
60.00	06000	LABORATORY	7,437,580		7,437,580	0	7,437,580	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,340,743	0	1,340,743	0	1,340,743	65.00
66.00	06600	PHYSICAL THERAPY	5,691,226	0	5,691,226	0	5,691,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	560,179	0	560,179	0	560,179	67.00
68.00	06800	SPEECH PATHOLOGY	230,297	0	230,297	0	230,297	68.00
69.00	06900	ELECTROCARDIOLOGY	270,216		270,216	0	270,216	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,526		61,526	0	61,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,340,339		3,340,339	0	3,340,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,752,567		1,752,567	0	1,752,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,842,791		5,842,791	0	5,842,791	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,575,525		4,575,525	0	4,575,525	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,440,519		2,440,519	10,097	2,450,616	76.01
76.02	03610	SLEEP LAB	301,507		301,507	0	301,507	76.02
76.97	07697	CARDIAC REHABILITATION	579,530		579,530	0	579,530	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,774,228		7,774,228	279,478	8,053,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,926,113		1,926,113		1,926,113	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	HOMEMAKER	0		0		0	117.00
200.00		Subtotal (see instructions)	76,668,198	0	76,668,198	468,930	77,137,128	200.00
201.00		Less Observation Beds	1,926,113		1,926,113		1,926,113	201.00
202.00		Total (see instructions)	74,742,085	0	74,742,085	468,930	75,211,015	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,875,393		16,875,393			30.00
31.00	03100	INTENSIVE CARE UNIT	2,773,287		2,773,287			31.00
40.00	04000	SUBPROVIDER - IPF	3,197,876		3,197,876			40.00
43.00	04300	NURSERY	874,660		874,660			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,852,199	19,648,285	24,500,484	0.191251	0.000000	50.00
51.00	05100	RECOVERY ROOM	422,027	4,286,172	4,708,199	0.087735	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,785,932	2,792,246	6,578,178	0.257066	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,224,342	7,261,068	9,485,410	0.144004	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,408,443	61,231,169	69,639,612	0.126198	0.000000	54.00
58.00	05800	MRI	823,858	10,747,005	11,570,863	0.032730	0.000000	58.00
60.00	06000	LABORATORY	12,407,617	40,158,581	52,566,198	0.141490	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,154,985	1,922,704	4,077,689	0.328800	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	532,524	10,390,131	10,922,655	0.521048	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,634	1,285,803	1,348,437	0.415428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	69,292	242,339	311,631	0.739005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	901,380	2,178,397	3,079,777	0.087739	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,625	40,810	52,435	1.173377	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,879,581	13,718,532	21,598,113	0.154659	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,481,254	5,033,816	7,515,070	0.233207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,052,930	12,810,389	22,863,319	0.255553	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	631,509	11,181,441	11,812,950	0.387331	0.000000	75.00
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,200	2,846,004	2,856,204	0.854462	0.000000	76.01
76.02	03610	SLEEP LAB	0	956,762	956,762	0.315133	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	1,589,339	5,218,355	6,807,694	0.085129	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,973,671	21,450,319	26,423,990	0.294211	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	924,087	3,898,503	4,822,590	0.399394	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	HOMEMAKER	0	0	0			117.00
200.00		Subtotal (see instructions)	88,920,645	239,298,831	328,219,476			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	88,920,645	239,298,831	328,219,476			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.191251	50.00
51.00	05100	RECOVERY ROOM	0.087735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257066	52.00
53.00	05300	ANESTHESIOLOGY	0.161936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126198	54.00
58.00	05800	MRI	0.032730	58.00
60.00	06000	LABORATORY	0.141490	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.328800	65.00
66.00	06600	PHYSICAL THERAPY	0.521048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.415428	67.00
68.00	06800	SPEECH PATHOLOGY	0.739005	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087739	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.173377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.154659	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.233207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255553	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.387331	75.00
76.00	03160	STRESS TESTING	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.857998	76.01
76.02	03610	SLEEP LAB	0.315133	76.02
76.97	07697	CARDIAC REHABILITATION	0.085129	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.304788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399394	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
117.00	06950	HOMEMAKER		117.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,505,506		11,505,506	9,257	11,514,763	30.00
31.00	03100	INTENSIVE CARE UNIT	1,802,275		1,802,275	0	1,802,275	31.00
40.00	04000	SUBPROVIDER - IPF	1,563,638		1,563,638	0	1,563,638	40.00
43.00	04300	NURSERY	349,021		349,021	0	349,021	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,685,732		4,685,732	0	4,685,732	50.00
51.00	05100	RECOVERY ROOM	413,076		413,076	0	413,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,023		1,691,023	0	1,691,023	52.00
53.00	05300	ANESTHESIOLOGY	1,365,936		1,365,936	170,098	1,536,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,788,395		8,788,395	0	8,788,395	54.00
58.00	05800	MRI	378,710		378,710	0	378,710	58.00
60.00	06000	LABORATORY	7,437,580		7,437,580	0	7,437,580	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,340,743	0	1,340,743	0	1,340,743	65.00
66.00	06600	PHYSICAL THERAPY	5,691,226	0	5,691,226	0	5,691,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	560,179	0	560,179	0	560,179	67.00
68.00	06800	SPEECH PATHOLOGY	230,297	0	230,297	0	230,297	68.00
69.00	06900	ELECTROCARDIOLOGY	270,216		270,216	0	270,216	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,526		61,526	0	61,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,340,339		3,340,339	0	3,340,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,752,567		1,752,567	0	1,752,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,842,791		5,842,791	0	5,842,791	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,575,525		4,575,525	0	4,575,525	75.00
76.00	03160	STRESS TESTING	0		0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,440,519		2,440,519	10,097	2,450,616	76.01
76.02	03610	SLEEP LAB	301,507		301,507	0	301,507	76.02
76.97	07697	CARDIAC REHABILITATION	579,530		579,530	0	579,530	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,774,228		7,774,228	279,478	8,053,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,926,113		1,926,113		1,926,113	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	HOMEMAKER	0		0		0	117.00
200.00		Subtotal (see instructions)	76,668,198	0	76,668,198	468,930	77,137,128	200.00
201.00		Less Observation Beds	1,926,113		1,926,113		1,926,113	201.00
202.00		Total (see instructions)	74,742,085	0	74,742,085	468,930	75,211,015	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,875,393		16,875,393			30.00
31.00	03100	INTENSIVE CARE UNIT	2,773,287		2,773,287			31.00
40.00	04000	SUBPROVIDER - IPF	3,197,876		3,197,876			40.00
43.00	04300	NURSERY	874,660		874,660			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,852,199	19,648,285	24,500,484	0.191251	0.000000	50.00
51.00	05100	RECOVERY ROOM	422,027	4,286,172	4,708,199	0.087735	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,785,932	2,792,246	6,578,178	0.257066	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,224,342	7,261,068	9,485,410	0.144004	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,408,443	61,231,169	69,639,612	0.126198	0.000000	54.00
58.00	05800	MRI	823,858	10,747,005	11,570,863	0.032730	0.000000	58.00
60.00	06000	LABORATORY	12,407,617	40,158,581	52,566,198	0.141490	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,154,985	1,922,704	4,077,689	0.328800	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	532,524	10,390,131	10,922,655	0.521048	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,634	1,285,803	1,348,437	0.415428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	69,292	242,339	311,631	0.739005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	901,380	2,178,397	3,079,777	0.087739	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,625	40,810	52,435	1.173377	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,879,581	13,718,532	21,598,113	0.154659	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,481,254	5,033,816	7,515,070	0.233207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,052,930	12,810,389	22,863,319	0.255553	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	631,509	11,181,441	11,812,950	0.387331	0.000000	75.00
76.00	03160	STRESS TESTING	0	0	0	0.000000	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,200	2,846,004	2,856,204	0.854462	0.000000	76.01
76.02	03610	SLEEP LAB	0	956,762	956,762	0.315133	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	1,589,339	5,218,355	6,807,694	0.085129	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,973,671	21,450,319	26,423,990	0.294211	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	924,087	3,898,503	4,822,590	0.399394	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	HOMEMAKER	0	0	0			117.00
200.00		Subtotal (see instructions)	88,920,645	239,298,831	328,219,476			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	88,920,645	239,298,831	328,219,476			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet C Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03160	STRESS TESTING	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.01
76.02	03610	SLEEP LAB	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOMEMAKER			117.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,416,747	0	1,416,747	13,457	105.28	30.00
31.00	INTENSIVE CARE UNIT	172,118		172,118	987	174.39	31.00
40.00	SUBPROVIDER - IPF	386,506	0	386,506	1,755	220.23	40.00
43.00	NURSERY	13,535		13,535	956	14.16	43.00
200.00	Total (lines 30-199)	1,988,906		1,988,906	17,155		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	4,452	468,707		30.00
31.00	INTENSIVE CARE UNIT	616	107,424		31.00
40.00	SUBPROVIDER - IPF	1,211	266,699		40.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	6,279	842,830		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part II Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	651,534	24,500,484	0.026593	1,982,722	52,727	50.00
51.00	05100	RECOVERY ROOM	51,684	4,708,199	0.010977	180,900	1,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,094	6,578,178	0.010504	0	0	52.00
53.00	05300	ANESTHESIOLOGY	65,138	9,485,410	0.006867	815,552	5,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,146,194	69,639,612	0.016459	4,942,779	81,353	54.00
58.00	05800	MRI	116,309	11,570,863	0.010052	462,518	4,649	58.00
60.00	06000	LABORATORY	766,642	52,566,198	0.014584	6,272,093	91,472	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	133,473	4,077,689	0.032733	1,346,288	44,068	65.00
66.00	06600	PHYSICAL THERAPY	1,011,368	10,922,655	0.092594	376,308	34,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,977	1,348,437	0.083784	32,433	2,717	67.00
68.00	06800	SPEECH PATHOLOGY	29,595	311,631	0.094968	59,941	5,692	68.00
69.00	06900	ELECTROCARDIOLOGY	9,890	3,079,777	0.003211	573,067	1,840	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,529	52,435	0.124516	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	329,947	21,598,113	0.015277	4,247,807	64,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	96,302	7,515,070	0.012815	1,250,215	16,022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,565	22,863,319	0.012140	4,639,413	56,322	73.00
75.00	07500	ASC (NON-DISTINCT PART)	692,533	11,812,950	0.058625	486,050	28,495	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	347,491	2,856,204	0.121662	4,618	562	76.01
76.02	03610	SLEEP LAB	10,813	956,762	0.011302	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	22,713	6,807,694	0.003336	1,103,934	3,683	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	858,649	26,423,990	0.032495	2,357,396	76,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	236,983	4,822,590	0.049140	533,932	26,237	92.00
200.00		Total (lines 50-199)	7,043,423	304,498,260		31,667,966	599,767	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part III Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
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	13,457	0.00	4,452	0		30.00
31.00	03100	INTENSIVE CARE UNIT	987	0.00	616	0		31.00
40.00	04000	SUBPROVIDER - IPF	1,755	0.00	1,211	0		40.00
43.00	04300	NURSERY	956	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,155		6,279	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV | Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	24,500,484	0.000000	0.000000	1,982,722	50.00
51.00	05100	RECOVERY ROOM	0	4,708,199	0.000000	0.000000	180,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,578,178	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,485,410	0.000000	0.000000	815,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,639,612	0.000000	0.000000	4,942,779	54.00
58.00	05800	MRI	0	11,570,863	0.000000	0.000000	462,518	58.00
60.00	06000	LABORATORY	0	52,566,198	0.000000	0.000000	6,272,093	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,077,689	0.000000	0.000000	1,346,288	65.00
66.00	06600	PHYSICAL THERAPY	0	10,922,655	0.000000	0.000000	376,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,348,437	0.000000	0.000000	32,433	67.00
68.00	06800	SPEECH PATHOLOGY	0	311,631	0.000000	0.000000	59,941	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,079,777	0.000000	0.000000	573,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,435	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,598,113	0.000000	0.000000	4,247,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,515,070	0.000000	0.000000	1,250,215	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,863,319	0.000000	0.000000	4,639,413	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,812,950	0.000000	0.000000	486,050	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,856,204	0.000000	0.000000	4,618	76.01
76.02	03610	SLEEP LAB	0	956,762	0.000000	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,807,694	0.000000	0.000000	1,103,934	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	26,423,990	0.000000	0.000000	2,357,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,822,590	0.000000	0.000000	533,932	92.00
200.00		Total (lines 50-199)	0	304,498,260			31,667,966	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,852,373	0		50.00
51.00	05100	RECOVERY ROOM	0	1,350,447	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,378,450	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,987,003	0		54.00
58.00	05800	MRI	0	3,292,089	0		58.00
60.00	06000	LABORATORY	0	5,747,831	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	790,554	0		65.00
66.00	06600	PHYSICAL THERAPY	0	831,902	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,379	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,693	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	284,800	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,042,933	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,916,263	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,974,361	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,780,736	0		75.00
76.00	03160	STRESS TESTING	0	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	767,297	0		76.01
76.02	03610	SLEEP LAB	0	363,478	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	2,222,324	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	5,542,089	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,329,319	0		92.00
200.00		Total (lines 50-199)	0	73,460,321	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part V Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.191251	6,852,373	0	1,142	1,310,523	50.00
51.00	05100	RECOVERY ROOM	0.087735	1,350,447	0	0	118,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257066	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144004	2,378,450	0	0	342,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126198	22,987,003	1	76,063	2,900,914	54.00
58.00	05800	MRI	0.032730	3,292,089	0	0	107,750	58.00
60.00	06000	LABORATORY	0.141490	5,747,831	7,052	228	813,261	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.328800	790,554	28	0	259,934	65.00
66.00	06600	PHYSICAL THERAPY	0.521048	831,902	0	1,622	433,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.415428	2,379	0	0	988	67.00
68.00	06800	SPEECH PATHOLOGY	0.739005	3,693	0	0	2,729	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087739	284,800	0	0	24,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.173377	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.154659	5,042,933	263	5,436	779,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.233207	1,916,263	0	0	446,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255553	5,974,361	0	143,926	1,526,766	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.387331	5,780,736	11	0	2,239,058	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.854462	767,297	0	0	655,626	76.01
76.02	03610	SLEEP LAB	0.315133	363,478	0	0	114,544	76.02
76.97	07697	CARDIAC REHABILITATION	0.085129	2,222,324	0	0	189,184	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.294211	5,542,089	0	0	1,630,544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399394	1,329,319	0	0	530,922	92.00
200.00		Subtotal (see instructions)		73,460,321	7,355	228,417	14,429,000	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		73,460,321	7,355	228,417	14,429,000	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part V Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	218		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	9,599		54.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	998	32		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	9	0		65.00
66.00	06600	PHYSICAL THERAPY	0	845		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41	841		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,781		73.00
75.00	07500	ASC (NON-DISTINCT PART)	4	0		75.00
76.00	03160	STRESS TESTING	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.02	03610	SLEEP LAB	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	1,052	48,316		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,052	48,316		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part II Date/Time Prepared: 2/27/2017 3:08 pm

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	651,534	24,500,484	0.026593	0	0	50.00
51.00	05100	RECOVERY ROOM	51,684	4,708,199	0.010977	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,094	6,578,178	0.010504	0	0	52.00
53.00	05300	ANESTHESIOLOGY	65,138	9,485,410	0.006867	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,146,194	69,639,612	0.016459	88,609	1,458	54.00
58.00	05800	MRI	116,309	11,570,863	0.010052	3,029	30	58.00
60.00	06000	LABORATORY	766,642	52,566,198	0.014584	393,344	5,737	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	133,473	4,077,689	0.032733	42,746	1,399	65.00
66.00	06600	PHYSICAL THERAPY	1,011,368	10,922,655	0.092594	8,430	781	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,977	1,348,437	0.083784	1,415	119	67.00
68.00	06800	SPEECH PATHOLOGY	29,595	311,631	0.094968	1,885	179	68.00
69.00	06900	ELECTROCARDIOLOGY	9,890	3,079,777	0.003211	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,529	52,435	0.124516	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	329,947	21,598,113	0.015277	44,198	675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	96,302	7,515,070	0.012815	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,565	22,863,319	0.012140	411,454	4,995	73.00
75.00	07500	ASC (NON-DISTINCT PART)	692,533	11,812,950	0.058625	34,234	2,007	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	347,491	2,856,204	0.121662	3,441	419	76.01
76.02	03610	SLEEP LAB	10,813	956,762	0.011302	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	22,713	6,807,694	0.003336	5,958	20	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	858,649	26,423,990	0.032495	239,450	7,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,822,590	0.000000	25,027	0	92.00
200.00		Total (lines 50-199)	6,806,440	304,498,260		1,303,220	25,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV Date/Time Prepared: 2/27/2017 3:08 pm

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
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02	03610	SLEEP LAB	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV Date/Time Prepared: 2/27/2017 3:08 pm

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	24,500,484	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	4,708,199	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,578,178	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,485,410	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,639,612	0.000000	0.000000	88,609	54.00
58.00	05800	MRI	0	11,570,863	0.000000	0.000000	3,029	58.00
60.00	06000	LABORATORY	0	52,566,198	0.000000	0.000000	393,344	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,077,689	0.000000	0.000000	42,746	65.00
66.00	06600	PHYSICAL THERAPY	0	10,922,655	0.000000	0.000000	8,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,348,437	0.000000	0.000000	1,415	67.00
68.00	06800	SPEECH PATHOLOGY	0	311,631	0.000000	0.000000	1,885	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,079,777	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,435	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,598,113	0.000000	0.000000	44,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,515,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,863,319	0.000000	0.000000	411,454	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,812,950	0.000000	0.000000	34,234	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,856,204	0.000000	0.000000	3,441	76.01
76.02	03610	SLEEP LAB	0	956,762	0.000000	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,807,694	0.000000	0.000000	5,958	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	26,423,990	0.000000	0.000000	239,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,822,590	0.000000	0.000000	25,027	92.00
200.00		Total (lines 50-199)	0	304,498,260			1,303,220	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D Part IV | Date/Time Prepared: 2/27/2017 3:08 pm

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	0	0		54.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03160	STRESS TESTING	0	0	0		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.02	03610	SLEEP LAB	0	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-1 | Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	11,206	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)	4,452	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)	11,514,763	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)	11,514,763	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)	11,514,763	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)	855.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,809,443	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)	3,809,443	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-1 | Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,802,275	987	1,826.01	616	1,124,822	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)	6,152,359	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,086,624	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)	576,131	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	599,767	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,175,898	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,910,726	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)	2,251	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	855.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,926,113	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-1 | Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,416,747	11,514,763	0.123037	1,926,113	236,983	90.00
91.00	Nursing School cost	0	11,514,763	0.000000	1,926,113	0	91.00
92.00	Allied health cost	0	11,514,763	0.000000	1,926,113	0	92.00
93.00	All other Medical Education	0	11,514,763	0.000000	1,926,113	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 3:08 pm
	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)	1,755	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,755	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)	1,755	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)	1,211	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)	1,563,638	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)	1,563,638	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)	1,563,638	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)	890.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,078,953	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,078,953	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-1 | Date/Time Prepared: 2/27/2017 3:08 pm

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)	299,043	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,377,996	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)	266,699	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	25,600	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	292,299	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,085,697	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: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-1 | Date/Time Prepared: 2/27/2017 3:08 pm

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	386,506	1,563,638	0.247184	0	0	90.00
91.00	Nursing School cost	0	1,563,638	0.000000	0	0	91.00
92.00	Allied health cost	0	1,563,638	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,563,638	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-3 | Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		5,642,514		30.00
31.00	03100	INTENSIVE CARE UNIT		1,774,880		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	0.191251	1,982,722	379,198	50.00
51.00	05100	RECOVERY ROOM	0.087735	180,900	15,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.161936	815,552	132,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126198	4,942,779	623,769	54.00
58.00	05800	MRI	0.032730	462,518	15,138	58.00
60.00	06000	LABORATORY	0.141490	6,272,093	887,438	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.328800	1,346,288	442,659	65.00
66.00	06600	PHYSICAL THERAPY	0.521048	376,308	196,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.415428	32,433	13,474	67.00
68.00	06800	SPEECH PATHOLOGY	0.739005	59,941	44,297	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087739	573,067	50,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.173377	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.154659	4,247,807	656,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.233207	1,250,215	291,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255553	4,639,413	1,185,616	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.387331	486,050	188,262	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.857998	4,618	3,962	76.01
76.02	03610	SLEEP LAB	0.315133	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.085129	1,103,934	93,977	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.304788	2,357,396	718,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399394	533,932	213,249	92.00
200.00		Total (sum of lines 50-94 and 96-98)		31,667,966	6,152,359	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)		31,667,966		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet D-3 | Date/Time Prepared: 2/27/2017 3:08 pm

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		2,259,459		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.191251	0	0	50.00
51.00	05100	RECOVERY ROOM	0.087735	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.161936	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126198	88,609	11,182	54.00
58.00	05800	MRI	0.032730	3,029	99	58.00
60.00	06000	LABORATORY	0.141490	393,344	55,654	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.328800	42,746	14,055	65.00
66.00	06600	PHYSICAL THERAPY	0.521048	8,430	4,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.415428	1,415	588	67.00
68.00	06800	SPEECH PATHOLOGY	0.739005	1,885	1,393	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087739	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.173377	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.154659	44,198	6,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.233207	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255553	411,454	105,148	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.387331	34,234	13,260	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.857998	3,441	2,952	76.01
76.02	03610	SLEEP LAB	0.315133	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.085129	5,958	507	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.304788	239,450	72,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399394	25,027	9,996	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,303,220	299,043	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)		1,303,220		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 3:08 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,944,049	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)	22,005	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)	80.85	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)	36.52	31.00
32.00	Sum of lines 30 and 31	40.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.47	33.00
34.00	Disproportionate share adjustment (see instructions)	558,607	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet E Part A Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000068506	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	438,861	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	438,861	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	438,861		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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	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)	10,963,522		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		10,963,522	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		803,568	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		0	54.00
54.01	Islet isolation add-on payment			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)		11,767,090	59.00
60.00	Primary payer payments		3,773	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,763,317	61.00
62.00	Deductibles billed to program beneficiaries		1,295,280	62.00
63.00	Coinsurance billed to program beneficiaries		12,530	63.00
64.00	Allowable bad debts (see instructions)		290,304	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		188,698	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		258,774	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,644,205	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-29,764	70.93
70.94	HRR adjustment amount (see instructions)		-119,328	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 3:08 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2016	649,255	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)		11,144,368	71.00
71.01	Sequestration adjustment (see instructions)		222,887	71.01
72.00	Interim payments		11,001,147	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)		-79,666	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		286,656	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)		0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 3:08 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	49,368	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	14,429,000	2.00
3.00	PPS payments	10,974,539	3.00
4.00	Outlier payment (see instructions)	164,296	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)	49,368	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	235,772	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)	235,772	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)	235,772	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	186,404	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)	49,368	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)	11,138,835	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	53	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,353,824	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)	8,834,326	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)	8,834,326	30.00
31.00	Primary payer payments	110	31.00
32.00	Subtotal (line 30 minus line 31)	8,834,216	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)	324,356	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	210,831	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	267,427	36.00
37.00	Subtotal (see instructions)	9,045,047	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER	40,544	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)	9,085,591	40.00
40.01	Sequestration adjustment (see instructions)	181,712	40.01
41.00	Interim payments	8,865,426	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	38,453	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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet E-1 Part I Date/Time Prepared: 2/27/2017 3:08 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,001,147		8,865,426	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)		11,001,147		8,865,426	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		38,453	6.01
6.02	SETTLEMENT TO PROGRAM		79,666		0	6.02
7.00	Total Medicare program liability (see instructions)		10,921,481		8,903,879	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: 14-0110 | Component CCN: 14-S110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet E-1 Part I | Date/Time Prepared: 2/27/2017 3:08 pm

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		888,812		0	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)		888,812		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		16		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		888,828		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet E-1 Part II Date/Time Prepared: 2/27/2017 3:08 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	3,764	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	5,068	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	559	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	12,193	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	328,219,476	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	8,492,402	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)	298,849	8.00
9.00	Sequestration adjustment amount (see instructions)	5,977	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	292,872	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	292,872	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0110 Component CCN: 14-S110	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 2/27/2017 3:08 pm
	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)	1,064,754	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)	4.795082	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)	1,064,754	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)	1,064,754	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,064,754	18.00
19.00	Deductibles	143,164	19.00
20.00	Subtotal (line 18 minus line 19)	921,590	20.00
21.00	Coinsurance	14,623	21.00
22.00	Subtotal (line 20 minus line 21)	906,967	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)	906,967	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)	906,967	31.00
31.01	Sequestration adjustment (see instructions)	18,139	31.01
32.00	Interim payments	888,812	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)	16	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: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet G | Date/Time Prepared: 2/27/2017 3:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	6,054,788	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	62,253,026	0	0	0	4.00
5.00	Other receivable	1,613,145	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-47,226,504	0	0	0	6.00
7.00	Inventory	1,529,249	0	0	0	7.00
8.00	Prepaid expenses	9,378	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,361,976	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,595,058	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	3,227,906	0	0	0	12.00
13.00	Land improvements	2,924,219	0	0	0	13.00
14.00	Accumulated depreciation	-2,632,217	0	0	0	14.00
15.00	Buildings	82,638,941	0	0	0	15.00
16.00	Accumulated depreciation	-58,029,342	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	34,624,191	0	0	0	23.00
24.00	Accumulated depreciation	-27,356,770	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	2,278,153	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,675,081	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	2,693,061	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	1,925,285	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,618,346	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	67,888,485	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	14,591,046	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,400,711	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,523,840	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,515,597	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	808,099	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	808,099	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,323,696	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	41,564,789				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	41,564,789	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	67,888,485	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet G-1 | Date/Time Prepared: 2/27/2017 3:08 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		45,687,727		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,382,001				2.00
3.00	Total (sum of line 1 and line 2)		43,305,726		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		43,305,726		0		11.00
12.00	CHANGE IN NET ASSETS	1,740,937		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,740,937		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		41,564,789		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHANGE IN NET ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0110 | Period: From 10/01/2015 To 09/30/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 2/27/2017 3:08 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	17,750,053		17,750,053	1.00
2.00	SUBPROVIDER - IPF	3,197,876		3,197,876	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)	20,947,929		20,947,929	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,773,287		2,773,287	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)	2,773,287		2,773,287	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,721,216		23,721,216	17.00
18.00	Ancillary services	59,006,972	213,950,009	272,956,981	18.00
19.00	Outpatient services	5,897,758	25,348,822	31,246,580	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROFESSIONAL FEES	4,876,825	18,964,536	23,841,361	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	93,502,771	258,263,367	351,766,138	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		88,737,625		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)		88,737,625		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet G-3 Date/Time Prepared: 2/27/2017 3:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	351,766,138	1.00
2.00	Less contractual allowances and discounts on patients' accounts	260,494,017	2.00
3.00	Net patient revenues (line 1 minus line 2)	91,272,121	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	88,737,625	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,534,496	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	2,691,493	6.00
7.00	Income from investments	-17,916	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	436,178	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	294,784	17.00
18.00	Revenue from sale of medical records and abstracts	4,632	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	508,598	22.00
23.00	Governmental appropriations	942	23.00
24.00	MISC REVENUE	520,194	24.00
24.01	COMMUNITY HEALTH ED	12,237	24.01
24.02	MEANINGFUL USE REVENUE	297,477	24.02
24.03	GAIN OR LOSS ON DISPOSAL OF ASSETS	-9,103	24.03
24.04	RISK AND VALUE BASED RESERVE	-565,810	24.04
25.00	Total other income (sum of lines 6-24)	4,173,706	25.00
26.00	Total (line 5 plus line 25)	6,708,202	26.00
27.00	MINORITY INTEREST & EQUITY TRANSFERS	9,090,203	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,090,203	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,382,001	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0110	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 3:08 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	797,638	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	5,930	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)	33.89	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)	803,568	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