

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: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 11:45 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/24/2017 Time: 11:45 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (14-0117) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	61,721	-125,087	662,349	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	34,921	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-1	0		0	7.00
200.00 Total	0	96,641	-125,086	662,349	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:40 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 7435 WEST TALCOTT	PO Box:		Zip Code: 60631		County: COOK				1.00	
2.00	City: CHI CAGO	State: IL								2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	PRESENCE RESURRECTION MEDICAL CENTER		140117	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RESURRECTION REHAB UNIT		14T117	16974	5	07/01/1991	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	RESURRECTION NURSING PAVILION		145324	16974		02/01/1980	N	P	O	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis	RESURRECTION MEDICAL CENTER RDF		142335	16974		07/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		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.			5,657	1,917	0	0	743	431		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			206	8	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:40 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
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					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.60		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:40 am			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NGS		Contractor's Number: 00131			
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:					
143.00	City: CHI CAGO	State: IL	Zip Code: 60606				
				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	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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
					1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
168.01	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:40 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 11:40 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2016			1.00	
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/19/2017		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y				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	04/28/2017	Y	04/28/2017	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 11:40 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.	LEGERI		VASELOPULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3763		LVASELOPULOS@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 11:40 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		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: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	166	62,152	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)		166	62,152	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	13,958	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)		196	76,110	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,202		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	109,068		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		541				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)		17	6,222			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: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,754	1,514	45,691			1.00
2.00 HMO and other (see instructions)	6,300	6,302				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	867	143				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)	26,754	1,514	45,691			7.00
8.00 INTENSIVE CARE UNIT	3,290	476	10,048			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		456	1,997			13.00
14.00 Total (see instructions)	30,044	2,446	57,736	73.74	1,384.89	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	8,931	71	11,746	0.00	62.05	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	18,296	41,856	78,794	0.00	130.81	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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)				73.74	1,577.75	27.00
28.00 Observation Bed Days		64	1,908			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			10			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,582	465	11,636	1.00
2.00 HMO and other (see instructions)			1,107	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	5,582	465	11,636	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	694	3	911	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 11:40 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	104,605,780	0	104,605,780	3,281,733.00	31.88	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,385,179	0	1,385,179	16,487.00	84.02	4.00
4.01	Physicians - Part A - Teaching		2,572,560	0	2,572,560	19,082.00	134.82	4.01
5.00	Physician and Non Physician-Part B		3,576,590	0	3,576,590	22,031.00	162.34	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	8,559,565	8,559,565	288,336.00	29.69	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	7,119,936	103,828	7,223,764	272,090.00	26.55	9.00
10.00	Excluded area salaries (see instructions)		4,089,229	13,050	4,102,279	129,063.00	31.79	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		6,860,599	0	6,860,599	171,583.00	39.98	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		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		24,372,224	0	24,372,224	460,633.00	52.91	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)		24,659,642	0	24,659,642			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,361,134	0	3,361,134			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		228,840	0	228,840			22.00
22.01	Physician Part A - Teaching		264,860	0	264,860			22.01
23.00	Physician Part B		305,796	0	305,796			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		812,138	0	812,138			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	982,892	0	982,892	43,837.00	22.42	26.00
27.00	Administrative & General	5.00	5,928,852	587,187	6,516,039	183,981.00	35.42	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 11:40 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,556,636	0	2,556,636	11,332.33	225.61	28.00
29.00	Maintenance & Repairs	6.00	513,452	0	513,452	24,217.00	21.20	29.00
30.00	Operation of Plant	7.00	1,881,177	-691,015	1,190,162	72,008.00	16.53	30.00
31.00	Laundry & Linen Service	8.00	329,244	0	329,244	15,062.00	21.86	31.00
32.00	Housekeeping	9.00	1,955,926	0	1,955,926	151,065.00	12.95	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,578,183	-1,102,634	475,549	33,094.00	14.37	34.00
35.00	Dietary under contract (see instructions)		1,081,342	0	1,081,342	19,236.50	56.21	35.00
36.00	Cafeteria	11.00	0	1,089,584	1,089,584	75,824.00	14.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,899,791	0	1,899,791	54,303.00	34.99	38.00
39.00	Central Services and Supply	14.00	376,133	0	376,133	22,288.00	16.88	39.00
40.00	Pharmacy	15.00	2,677,623	0	2,677,623	64,907.00	41.25	40.00
41.00	Medical Records & Medical Records Library	16.00	2,972,372	0	2,972,372	85,006.00	34.97	41.00
42.00	Social Service	17.00	141,306	0	141,306	6,679.00	21.16	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 11:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	102,094,608	-8,559,565	93,535,043	2,982,852.83	31.36	1.00
2.00	Excluded area salaries (see instructions)	11,209,165	116,878	11,326,043	401,153.00	28.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	90,885,443	-8,676,443	82,209,000	2,581,699.83	31.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,232,823	0	31,232,823	632,216.00	49.40	4.00
5.00	Subtotal wage-related costs (see inst.)	24,888,482	0	24,888,482	0.00	30.27	5.00
6.00	Total (sum of lines 3 thru 5)	147,006,748	-8,676,443	138,330,305	3,213,915.83	43.04	6.00
7.00	Total overhead cost (see instructions)	24,874,929	-116,878	24,758,051	862,839.83	28.69	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 11:40 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,678,640	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)	6,695,899	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)	9,626,439	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	202,098	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	67,898	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)	320,667	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,346,608	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	7,182,756	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	297,001	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	214,404	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,632,410	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 11:40 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4,567,922	29,632,410
2.00	Hospital		4,567,922	24,725,197
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	4,907,213

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
5/24/2017 11:40 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	12	0	0	0			6.00			
7.00	Treatment capacity per day per station	3	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						5		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
5/24/2017 11:40 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:
5/24/2017 11:40 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	12	0	12	3.00
4.00	RUL	16	0	16	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,906	0	1,906	12.00
13.00	RUB	7,668	0	7,668	13.00
14.00	RUA	4,483	0	4,483	14.00
15.00	RVC	526	0	526	15.00
16.00	RVB	1,752	0	1,752	16.00
17.00	RVA	972	0	972	17.00
18.00	RHC	30	0	30	18.00
19.00	RHB	138	0	138	19.00
20.00	RHA	98	0	98	20.00
21.00	RMC	21	0	21	21.00
22.00	RMB	19	0	19	22.00
23.00	RMA	66	0	66	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	46	0	46	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	48	0	48	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	4	0	4	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	29	0	29	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	138	0	138	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	76	0	76	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	1	0	1	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	13	0	13	47.00
48.00	CD1	19	0	19	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	67	0	67	50.00
51.00	CB2	1	0	1	51.00
52.00	CB1	25	0	25	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	69	0	69	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:
5/24/2017 11:40 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	4	0	4	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	24	0	24	72.00
73.00		PC2	7	0	7	73.00
74.00		PC1	10	0	10	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	8	0	8	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		18,296	0	18,296	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

SNF SERVICES				
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	21,526,028			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 11:40 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.194698	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,974,710	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			154,080,841	6.00
7.00	Medicaid cost (line 1 times line 6)			29,999,232	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	12,731,599	3,067,339	15,798,938	
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,478,817	597,205	3,076,022	
22.00	Partial payment by patients approved for charity care	50,952	293,030	343,982	
23.00	Cost of charity care (line 21 minus line 22)	2,427,865	304,175	2,732,040	
				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)			5,293,441	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			409,283	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,884,158	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			950,936	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,682,976	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,682,976	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		7,181,641	7,181,641	4,262,529	11,444,170	1.00
2.00	00200		0	0	3,806,540	3,806,540	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	982,892	837,625	1,820,517	23,024,595	24,845,112	4.00
5.10	01160	0	275,291	275,291	-206	275,085	5.10
5.20	00550	0	0	0	0	0	5.20
5.30	00560	0	0	0	0	0	5.30
5.50	00580	0	0	0	0	0	5.50
5.60	00592	5,187,304	51,253,188	56,440,492	-423,495	56,016,997	5.60
5.90	00593	741,548	5,774,822	6,516,370	-2,962,942	3,553,428	5.90
6.00	00600	513,452	1,102,973	1,616,425	-177,190	1,439,235	6.00
7.00	00700	1,777,470	8,279,648	10,057,118	-1,830,608	8,226,510	7.00
7.01	00701	0	0	0	0	0	7.01
7.02	00702	103,707	631,026	734,733	-123,858	610,875	7.02
8.00	00800	149,027	903,354	1,052,381	-55,929	996,452	8.00
8.01	00801	180,217	102,240	282,457	-78,300	204,157	8.01
9.00	00900	1,608,282	2,094,848	3,703,130	-771,664	2,931,466	9.00
9.01	00901	347,644	288,361	636,005	-132,782	503,223	9.01
10.00	01000	1,578,183	3,125,217	4,703,400	-3,958,306	745,094	10.00
10.01	01001	0	1,598,983	1,598,983	-11,233	1,587,750	10.01
11.00	01100	0	0	0	3,247,246	3,247,246	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,899,791	1,374,084	3,273,875	-947,978	2,325,897	13.00
14.00	01400	376,133	-408,833	-32,700	-250,826	-283,526	14.00
15.00	01500	2,677,623	9,987,780	12,665,403	-9,610,581	3,054,822	15.00
16.00	01600	2,972,372	1,774,323	4,746,695	-622,834	4,123,861	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	141,306	61,636	202,942	-38,423	164,519	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	2,160,422	2,160,422	8,559,565	10,719,987	21.00
22.00	02200	6,271,237	3,564,709	9,835,946	-7,240,401	2,595,545	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,757,244	7,019,940	24,777,184	-5,480,896	19,296,288	30.00
31.00	03100	7,238,289	3,133,339	10,371,628	-2,315,348	8,056,280	31.00
41.00	04100	4,085,427	1,179,780	5,265,207	-1,047,875	4,217,332	41.00
43.00	04300	906,525	931,572	1,838,097	-185,227	1,652,870	43.00
44.00	04400	7,119,936	3,575,660	10,695,596	-1,532,134	9,163,462	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,790,148	19,757,583	23,547,731	-16,227,001	7,320,730	50.00
50.01	03330	2,255,763	1,548,081	3,803,844	-874,711	2,929,133	50.01
51.00	05100	847,973	202,013	1,049,986	-187,358	862,628	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	147,741	1,349,020	1,496,761	-465,194	1,031,567	53.00
54.00	05400	4,022,991	4,375,138	8,398,129	-3,657,118	4,741,011	54.00
55.00	05500	1,037,610	1,183,992	2,221,602	-77,423	2,144,179	55.00
56.00	05600	1,193,786	835,751	2,029,537	22,721	2,052,258	56.00
57.00	05700	683,766	429,245	1,113,011	-215,879	897,132	57.00
58.00	05800	419,573	733,412	1,152,985	-102,623	1,050,362	58.00
59.00	05900	1,690,140	7,488,080	9,178,220	-7,183,194	1,995,026	59.00
60.00	06000	0	11,133,523	11,133,523	-131,221	11,002,302	60.00
62.00	06200	0	686,993	686,993	-2,912	684,081	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,819,149	946,903	2,766,052	-779,822	1,986,230	65.00
66.00	06600	3,155,877	756,005	3,911,882	-754,882	3,157,000	66.00
66.01	06601	2,000,037	354,581	2,354,618	-363,829	1,990,789	66.01
66.02	06602	523,350	242,101	765,451	-129,398	636,053	66.02
67.00	06700	1,698,953	381,156	2,080,109	-331,555	1,748,554	67.00
68.00	06800	942,899	422,139	1,365,038	-400,409	964,629	68.00
69.00	06900	774,563	1,360,271	2,134,834	-290,213	1,844,621	69.00
70.00	07000	2,224,765	1,010,400	3,235,165	-308,034	2,927,131	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	13,315,111	13,315,111	71.00
72.00	07200	0	0	0	13,788,334	13,788,334	72.00
73.00	07300	0	0	0	12,382,549	12,382,549	73.00
74.00	07400	924,077	901,372	1,825,449	-493,017	1,332,432	74.00
76.97	07697	527,262	237,826	765,088	-113,565	651,523	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet A		
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		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	355,049	212,896	567,945	-77,513	490,432	90.00
90.01	09001	WELLNESS PROGRAM	159,701	107,704	267,405	-41,022	226,383	90.01
91.00	09100	EMERGENCY	3,952,183	2,999,253	6,951,436	-1,651,600	5,299,836	91.00
91.01	04040	FAMILY PRACTICE	3,098,223	1,177,001	4,275,224	-3,261,077	1,014,147	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,740,790	610,665	2,351,455	-483,093	1,868,362	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,044,892	4,044,892	-4,044,892	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,601,978	183,291,625	287,893,603	-38,401	287,855,202	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
193.00	19300	NONPAID WORKERS	0	1,778	1,778	38,860	40,638	193.00
194.00	07950	OTHER	3,802	604	4,406	-459	3,947	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	104,605,780	183,294,007	287,899,787	0	287,899,787	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	815,258	12,259,428	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-346,795	3,459,745	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	407,333	25,252,445	4.00
5.10	01160	COMMUNICATIONS	0	275,085	5.10
5.20	00550	DATA PROCESSING	2,619,003	2,619,003	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	452,129	452,129	5.50
5.60	00592	ADMINISTRATION & GENERAL	-6,368,191	49,648,806	5.60
5.90	00593	RNP ADMINISTRATION	-17,066	3,536,362	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	1,439,235	6.00
7.00	00700	OPERATION OF PLANT	-70	8,226,440	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	610,875	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	996,452	8.00
8.01	00801	RNP LAUNDRY	-27,132	177,025	8.01
9.00	00900	HOUSEKEEPING	0	2,931,466	9.00
9.01	00901	RNP HOUSEKEEPING	0	503,223	9.01
10.00	01000	DIETARY	-1,135,540	-390,446	10.00
10.01	01001	RNP DIETARY	-4,517	1,583,233	10.01
11.00	01100	CAFETERIA	0	3,247,246	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-436,648	1,889,249	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,468,851	1,185,325	14.00
15.00	01500	PHARMACY	0	3,054,822	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,441,648	5,565,509	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	164,519	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,719,987	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-236,475	2,359,070	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	19,296,288	30.00
31.00	03100	INTENSIVE CARE UNIT	717,893	8,774,173	31.00
41.00	04100	SUBPROVIDER - IIRF	93,515	4,310,847	41.00
43.00	04300	NURSERY	-737,371	915,499	43.00
44.00	04400	SKILLED NURSING FACILITY	-3,284	9,160,178	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-372,546	6,948,184	50.00
50.01	03330	AMBULATORY SURGERY	0	2,929,133	50.01
51.00	05100	RECOVERY ROOM	0	862,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-850,540	181,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,125	4,732,886	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,488	2,134,691	55.00
56.00	05600	RADIOISOTOPE	0	2,052,258	56.00
57.00	05700	CT SCAN	0	897,132	57.00
58.00	05800	MRI	0	1,050,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	-521	1,994,505	59.00
60.00	06000	LABORATORY	249,107	11,251,409	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	684,081	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-139	1,986,091	65.00
66.00	06600	PHYSICAL THERAPY	0	3,157,000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,990,789	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	636,053	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,748,554	67.00
68.00	06800	SPEECH PATHOLOGY	0	964,629	68.00
69.00	06900	ELECTROCARDIOLOGY	-815,645	1,028,976	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,507,973	419,158	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,315,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,788,334	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,382,549	73.00
74.00	07400	RENAL DIALYSIS	0	1,332,432	74.00
76.97	07697	CARDIAC REHABILITATION	-77,553	573,970	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-58,292	432,140	90.00
90.01	09001	WELLNESS PROGRAM	-21,355	205,028	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	-783,178	4,516,658	91.00
91.01	04040	FAMILY PRACTICE	-74,023	940,124	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,868,362	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,627,730	281,227,472	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
193.00	19300	NONPAID WORKERS	0	40,638	193.00
194.00	07950	OTHER	0	3,947	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-6,627,730	281,272,057	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 11:40 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,700,265	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
TOTALS			0	23,700,265	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,382,549	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 11:40 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	12,382,549	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,315,111	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	13,315,111	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,788,334	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 11:40 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
TOTALS			0	13,788,334		
E - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,044,892	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	4,044,892		
F - CAFETERIA						
1.00	CAFETERIA	11.00	1,089,584	2,157,662	1.00	
2.00	NONPAID WORKERS	193.00	13,050	25,843	2.00	
TOTALS			1,102,634	2,183,505		
G - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	217,637	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	217,637		
H - NURSE ADMIN						
1.00	SKILLED NURSING FACILITY	44.00	103,828	296,524	1.00	
TOTALS			103,828	296,524		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-THERAPEUTIC	55.00	193,062	121,500	1.00	
2.00	RADIOISOTOPE	56.00	211,526	133,120	2.00	
3.00	CT SCAN	57.00	121,156	76,248	3.00	
4.00	MRI	58.00	74,344	46,787	4.00	
TOTALS			600,088	377,655		
J - RESIDENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,695,570	0	1.00	
TOTALS			3,695,570	0		
K - THERAPY SUPV						
1.00	OCCUPATIONAL THERAPY	67.00	27,864	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	11,837	0	2.00	
TOTALS			39,701	0		
L - RADIOLOGY SUPV						
1.00	ELECTROCARDIOLOGY	69.00	16,105	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	2,938	0	2.00	
TOTALS			19,043	0		
M - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,806,540	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,044,935	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
TOTALS			0	4,851,475		
N - SECURITY						
1.00	ADMINISTRATION & GENERAL	5.60	691,015	371,494		1.00
	TOTALS		691,015	371,494		
O - I & R						
1.00	I & R SERVICES-SALARY & FRINGES APPRV	21.00	4,863,995	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		4,863,995	0		
P - RESIDENT SALARIES						
1.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	479,377	0		1.00
2.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,042,144	0		2.00
3.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	8,126	0		3.00
	TOTALS		1,529,647	0		
500.00	Grand Total: Increases		12,645,521	75,529,441		500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 11:40 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	664,056	0		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	1,052,271	0		2.00
3.00	RNP ADMINISTRATION	5.90	0	229,986	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	156,737	0		4.00
5.00	OPERATION OF PLANT	7.00	0	464,913	0		5.00
6.00	RNP OPERATION OF PLANT	7.02	0	27,451	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	55,751	0		7.00
8.00	RNP LAUNDRY	8.01	0	77,490	0		8.00
9.00	HOUSEKEEPING	9.00	0	735,380	0		9.00
10.00	RNP HOUSEKEEPING	9.01	0	132,673	0		10.00
11.00	DIETARY	10.00	0	652,294	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	479,344	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	136,127	0		13.00
14.00	PHARMACY	15.00	0	530,220	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	618,458	0		15.00
16.00	RNP SOCIAL SERVICE	17.01	0	38,423	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,252,385	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	3,953,326	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	1,444,466	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	944,461	0		20.00
21.00	NURSERY	43.00	0	176,358	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	1,681,234	0		22.00
23.00	OPERATING ROOM	50.00	0	804,836	0		23.00
24.00	AMBULATORY SURGERY	50.01	0	463,747	0		24.00
25.00	RECOVERY ROOM	51.00	0	157,071	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	40,190	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	984,939	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	232,676	0		28.00
29.00	RADIOISOTOPE	56.00	0	233,923	0		29.00
30.00	CT SCAN	57.00	0	136,637	0		30.00
31.00	MRI	58.00	0	79,153	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	301,396	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	438,220	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	691,429	0		34.00
35.00	RNRC PHYSICAL THERAPY	66.01	0	361,078	0		35.00
36.00	DAY REHABILITATION FACILITY	66.02	0	115,468	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	0	356,461	0		37.00
38.00	SPEECH PATHOLOGY	68.00	0	177,568	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	0	189,095	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	181,866	0		40.00
41.00	RENAL DIALYSIS	74.00	0	200,788	0		41.00
42.00	CARDIAC REHABILITATION	76.97	0	102,572	0		42.00
43.00	CLINIC	90.00	0	72,601	0		43.00
44.00	WELLNESS PROGRAM	90.01	0	30,001	0		44.00
45.00	EMERGENCY	91.00	0	871,065	0		45.00
46.00	FAMILY PRACTICE	91.01	0	594,526	0		46.00
47.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	378,696	0		47.00
48.00	OTHER	194.00	0	459	0		48.00
TOTALS			0	23,700,265			
B - DRUGS							
1.00	COMMUNICATIONS	5.10	0	2	0		1.00
2.00	RNP ADMINISTRATION	5.90	0	1,858,786	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	44	0		3.00
4.00	OPERATION OF PLANT	7.00	0	59	0		4.00
5.00	HOUSEKEEPING	9.00	0	5	0		5.00
6.00	DIETARY	10.00	0	5	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	52	0		7.00
8.00	PHARMACY	15.00	0	9,026,592	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	240,191	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	140,554	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	7,675	0		11.00
12.00	NURSERY	43.00	0	161	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	3,764	0		13.00
14.00	OPERATING ROOM	50.00	0	125,264	0		14.00
15.00	AMBULATORY SURGERY	50.01	0	72,007	0		15.00
16.00	RECOVERY ROOM	51.00	0	8,006	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	142,568	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	106,559	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	708	0		19.00
20.00	RADIOISOTOPE	56.00	0	15,255	0		20.00
21.00	CT SCAN	57.00	0	143,954	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 11:40 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	MRI	58.00	0	71,726	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	1,609	0	23.00	
24.00	LABORATORY	60.00	0	12,013	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	1,797	0	25.00	
26.00	DAY REHABILITATION FACILITY	66.02	0	140	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	4	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	10	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	30,982	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	10	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	28,515	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	0	142	0	32.00	
33.00	CLINIC	90.00	0	130	0	33.00	
34.00	EMERGENCY	91.00	0	237,963	0	34.00	
35.00	FAMILY PRACTICE	91.01	0	70,214	0	35.00	
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	25,224	0	36.00	
37.00	WELLNESS PROGRAM	90.01	0	9,859	0	37.00	
	TOTALS		0	12,382,549			
C - SUPPLIES							
1.00	COMMUNICATIONS	5.10	0	12	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,313	0	2.00	
3.00	ADMINISTRATION & GENERAL	5.60	0	24,761	0	3.00	
4.00	RNP ADMINISTRATION	5.90	0	264	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	11,560	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	6,073	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	178	0	7.00	
8.00	HOUSEKEEPING	9.00	0	25,219	0	8.00	
9.00	RNP HOUSEKEEPING	9.01	0	109	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	1,113,173	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	599,215	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	79,917	0	12.00	
13.00	NURSERY	43.00	0	94	0	13.00	
14.00	SKILLED NURSING FACILITY	44.00	0	221,023	0	14.00	
15.00	OPERATING ROOM	50.00	0	5,605,353	0	15.00	
16.00	AMBULATORY SURGERY	50.01	0	264,874	0	16.00	
17.00	RECOVERY ROOM	51.00	0	21,007	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	223,803	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	483,542	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	36,431	0	20.00	
21.00	RADIOISOTOPE	56.00	0	55,732	0	21.00	
22.00	CT SCAN	57.00	0	127,147	0	22.00	
23.00	MRI	58.00	0	19,991	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	3,055,145	0	24.00	
25.00	LABORATORY	60.00	0	63,587	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	287,681	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	4,016	0	27.00	
28.00	DAY REHABILITATION FACILITY	66.02	0	12,472	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	2,815	0	29.00	
30.00	SPEECH PATHOLOGY	68.00	0	220,115	0	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	22,195	0	31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,088	0	32.00	
33.00	RENAL DIALYSIS	74.00	0	217,479	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	4,212	0	34.00	
35.00	CLINIC	90.00	0	1,997	0	35.00	
36.00	WELLNESS PROGRAM	90.01	0	273	0	36.00	
37.00	EMERGENCY	91.00	0	442,103	0	37.00	
38.00	FAMILY PRACTICE	91.01	0	9,015	0	38.00	
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	49,094	0	39.00	
40.00	NONPAID WORKERS	193.00	0	33	0	40.00	
	TOTALS		0	13,315,111			
D - IMPLANTS							
1.00	HOUSEKEEPING	9.00	0	1,937	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	71,344	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	61,221	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	3,575	0	4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	1,568	0	5.00	
6.00	OPERATING ROOM	50.00	0	9,212,494	0	6.00	
7.00	AMBULATORY SURGERY	50.01	0	36,444	0	7.00	
8.00	RECOVERY ROOM	51.00	0	750	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	12,028	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	451,750	0	10.00	
11.00	RADIOISOTOPE	56.00	0	2,108	0	11.00	
12.00	CT SCAN	57.00	0	5,022	0	12.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 11:40 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	MRI	58.00	0	1,230	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	3,802,808	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	1,167	0	15.00	
16.00	RENAL DIALYSIS	74.00	0	42,890	0	16.00	
17.00	EMERGENCY	91.00	0	48,114	0	17.00	
18.00	FAMILY PRACTICE	91.01	0	217	0	18.00	
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	30,079	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	20	0	20.00	
21.00	ADMINISTRATION & GENERAL	5.60	0	11	0	21.00	
22.00	NURSING ADMINISTRATION	13.00	0	60	0	22.00	
23.00	PHARMACY	15.00	0	369	0	23.00	
24.00	DAY REHABILITATION FACILITY	66.02	0	798	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	139	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	191	0	26.00	
	TOTALS		0	13,788,334			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,044,892	11	1.00	
2.00		0.00	0	0	11	2.00	
	TOTALS		0	4,044,892			
F - CAFETERIA							
1.00	DIETARY	10.00	1,102,634	2,183,505	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,102,634	2,183,505			
G - PROPERTY INSURANCE							
1.00	ADMINISTRATION & GENERAL	5.60	0	204,809	12	1.00	
2.00	RNP ADMINISTRATION	5.90	0	12,828	12	2.00	
	TOTALS		0	217,637			
H - NURSE ADMIN							
1.00	RNP ADMINISTRATION	5.90	103,828	296,524	0	1.00	
	TOTALS		103,828	296,524			
I - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	600,088	377,655	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		600,088	377,655			
J - RESIDENT							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,695,570	0	0	1.00	
	TOTALS		3,695,570	0			
K - THERAPY SUPV							
1.00	PHYSICAL THERAPY	66.00	39,701	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		39,701	0			
L - RADIOLOGY SUPV							
1.00	RESPIRATORY THERAPY	65.00	19,043	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		19,043	0			
M - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,044,935	9	1.00	
2.00	COMMUNICATIONS	5.10	0	192	9	2.00	
3.00	ADMINISTRATION & GENERAL	5.60	0	204,152	0	3.00	
4.00	RNP ADMINISTRATION	5.90	0	460,726	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	8,849	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	297,054	0	6.00	
7.00	RNP OPERATION OF PLANT	7.02	0	96,407	0	7.00	
8.00	RNP LAUNDRY	8.01	0	810	0	8.00	
9.00	HOUSEKEEPING	9.00	0	9,123	0	9.00	
10.00	DIETARY	10.00	0	19,868	0	10.00	
11.00	RNP DIETARY	10.01	0	11,233	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	468,522	0	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	114,699	0	13.00	
14.00	PHARMACY	15.00	0	53,400	0	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,376	0	15.00	
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	242	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	102,862	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	69,892	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	12,247	0	19.00	
20.00	NURSERY	43.00	0	8,614	0	20.00	
21.00	SKILLED NURSING FACILITY	44.00	0	24,897	0	21.00	
22.00	OPERATING ROOM	50.00	0	479,054	0	22.00	
23.00	AMBULATORY SURGERY	50.01	0	37,639	0	23.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 11:40 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00			
24.00	RECOVERY ROOM	51.00	0	524	0			24.00
25.00	ANESTHESIOLOGY	53.00	0	46,605	0			25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	652,585	0			26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	122,150	0			27.00
28.00	RADIOISOTOPE	56.00	0	14,907	0			28.00
29.00	CT SCAN	57.00	0	523	0			29.00
30.00	MRI	58.00	0	51,654	0			30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	22,236	0			31.00
32.00	LABORATORY	60.00	0	55,621	0			32.00
33.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,912	0			33.00
34.00	RESPIRATORY THERAPY	65.00	0	33,081	0			34.00
35.00	PHYSICAL THERAPY	66.00	0	18,569	0			35.00
36.00	RNRC PHYSICAL THERAPY	66.01	0	2,751	0			36.00
37.00	DAY REHABILITATION FACILITY	66.02	0	520	0			37.00
38.00	SPEECH PATHOLOGY	68.00	0	14,553	0			38.00
39.00	ELECTROCARDIOLOGY	69.00	0	63,855	0			39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	128,008	0			40.00
41.00	RENAL DIALYSIS	74.00	0	3,345	0			41.00
42.00	CARDIAC REHABILITATION	76.97	0	6,639	0			42.00
43.00	CLINIC	90.00	0	2,785	0			43.00
44.00	EMERGENCY	91.00	0	52,355	0			44.00
45.00	FAMILY PRACTICE	91.01	0	15,314	0			45.00
46.00	WELLNESS PROGRAM	90.01	0	889	0			46.00
47.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,301	0			47.00
	TOTALS		0	4,851,475				
N - SECURITY								
1.00	OPERATION OF PLANT	7.00	691,015	371,494	0			1.00
	TOTALS		691,015	371,494				
O - I & R								
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,821,851	0	0			1.00
2.00	FAMILY PRACTICE	91.01	1,042,144	0	0			2.00
	TOTALS		4,863,995	0				
P - RESIDENT SALARIES								
1.00	FAMILY PRACTICE	91.01	1,529,647	0	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
	TOTALS		1,529,647	0				
500.00	Grand Total: Decreases		12,645,521	75,529,441				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 11:40 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	580,293	2,311,923	0	2,311,923	0	1.00
2.00	Land Improvements	308,710	4,162,562	0	4,162,562	0	2.00
3.00	Buildings and Fixtures	14,083,264	154,656,347	0	154,656,347	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	118,263,951	4,933,762	0	4,933,762	338,151	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	133,236,218	166,064,594	0	166,064,594	338,151	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	133,236,218	166,064,594	0	166,064,594	338,151	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,892,216	0				1.00
2.00	Land Improvements	4,471,272	0				2.00
3.00	Buildings and Fixtures	168,739,611	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	122,859,562	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	298,962,661	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	298,962,661	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,181,641	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,181,641	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,181,641				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,181,641				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	176,103,099	0	176,103,099	0.589047	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	122,859,562	0	122,859,562	0.410953	0	2.00
3.00	Total (sum of lines 1-2)	298,962,661	0	298,962,661	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	7,996,899	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,459,745	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,456,644	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,044,892	217,637	0	0	12,259,428	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,459,745	2.00
3.00	Total (sum of lines 1-2)	4,044,892	217,637	0	0	15,719,173	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,519,852					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	4,559,847					0	12.00
13.00 Laundry and linen service	B	-27,132	RNP LAUNDRY		8.01		0	13.00
14.00 Cafeteria-employees and guests	B	-1,135,540	DIETARY		10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-4,517	RNP DIETARY		10.01		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			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 MISC REVENUE	B	-972,756	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	33.00
33.01 MISC REVENUE	B	-677,742	ADMINISTRATION & GENERAL		5.60		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 RESIDENT TRANSFER TO SJMC	A	-64,251	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.02
33.07 MISC REVENUE	B	-791	RNP ADMINISTRATION	5.90	0 33.07
33.12 MISC REVENUE	B	-70	OPERATION OF PLANT	7.00	0 33.12
33.16 MISC REVENUE	B	-436,648	NURSING ADMINISTRATION	13.00	0 33.16
33.19 MISC REVENUE	B	-3,600	MEDICAL RECORDS & LIBRARY	16.00	0 33.19
33.20 MISC REVENUE	B	-172,224	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.20
33.25 MISC REVENUE	B	-3,284	SKILLED NURSING FACILITY	44.00	0 33.25
33.50 MISC REVENUE	B	-8,125	RADIOLOGY-DIAGNOSTIC	54.00	0 33.50
40.00 MISC REVENUE	B	-39	RESPIRATORY THERAPY	65.00	0 40.00
41.00 MISC REVENUE	B	-77,553	CARDIAC REHABILITATION	76.97	0 41.00
43.00 MISC REVENUE	B	-12,843	CLINIC	90.00	0 43.00
44.00 MISC REVENUE	B	-20,217	WELLNESS PROGRAM	90.01	0 44.00
45.00 MISC REVENUE	B	-50,393	FAMILY PRACTICE	91.01	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,627,730			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: 14-0117
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2017 11:40 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO BENEFITS	1,942,937	0
2.00	5.20	DATA PROCESSING	HO DATA PROCESSING	2,619,003	0
3.00	5.50	CASHIERING/ACCOUNTS RECEIVAB	HO PT ACCTS	452,129	0
3.01	5.60	ADMINISTRATION & GENERAL	HO A & G	24,416,032	29,469,921
3.02	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST	815,258	0
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	HO EQUIP DEPR	-346,795	0
3.04	16.00	MEDICAL RECORDS & LIBRARY	HO MEDICAL RECORDS	1,445,248	0
3.05	14.00	CENTRAL SERVICES & SUPPLY	HO CENT SUPPLY	1,468,851	0
3.06	31.00	INTENSIVE CARE UNIT	HO ICU	913,998	0
3.07	60.00	LABORATORY	ALVERNO LAB COSTS	10,966,919	10,663,812
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,693,580	40,133,733

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

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

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

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

6.00	B	RMC	100.00	PRESENCE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 11:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,942,937	0		1.00
2.00	2,619,003	0		2.00
3.00	452,129	0		3.00
3.01	-5,053,889	0		3.01
3.02	815,258	9		3.02
3.03	-346,795	9		3.03
3.04	1,445,248	0		3.04
3.05	1,468,851	0		3.05
3.06	913,998	0		3.06
3.07	303,107	0		3.07
4.00	0	0		4.00
5.00	4,559,847			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	HEALTH CARE		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: 14-0117

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

Worksheet A-8-2

Date/Time Prepared: 5/24/2017 11:40 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	562,848	562,848	0	0	0
2.00	5.60 ADMINISTRATION & GENERAL	636,560	0	0	0	0
3.00	5.90 RNP ADMINISTRATION	16,275	0	0	0	0
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
7.00	31.00 INTENSIVE CARE UNIT	196,105	196,105	0	0	0
8.00	41.00 SUBPROVIDER - IRF	0	-93,515	93,515	211,500	2,068
9.00	43.00 NURSERY	737,371	737,371	0	0	0
10.00	50.00 OPERATING ROOM	372,546	372,546	0	0	0
11.00	50.01 AMBULATORY SURGERY	0	0	0	0	0
12.00	53.00 ANESTHESIOLOGY	850,540	850,540	0	0	0
13.00	55.00 RADIOLOGY-THERAPEUTIC	9,488	9,488	0	0	0
14.00	60.00 LABORATORY	54,000	54,000	0	0	0
15.00	65.00 RESPIRATORY THERAPY	100	100	0	0	0
16.00	69.00 ELECTROCARDIOLOGY	815,645	815,645	0	0	0
17.00	70.00 ELECTROENCEPHALOGRAPHY	2,553,336	2,507,973	45,363	211,500	1,111
18.00	90.01 WELLNESS PROGRAM	1,138	1,138	0	179,000	0
19.00	90.00 CLINIC	45,449	45,449	0	0	0
20.00	91.00 EMERGENCY	783,178	783,178	0	0	0
21.00	91.01 FAMILY PRACTICE	1,168,886	-77,416	1,246,302	179,000	13,308
22.00	59.00 CARDIAC CATHETERIZATION	521	521	0	0	0
200.00		8,803,986	6,765,971	1,385,180		16,487

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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
2.00	5.60 ADMINISTRATION & GENERAL	0	0	0	0	0
3.00	5.90 RNP ADMINISTRATION	0	0	0	0	0
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
7.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
8.00	41.00 SUBPROVIDER - IRF	210,280	10,514	0	0	0
9.00	43.00 NURSERY	0	0	0	0	0
10.00	50.00 OPERATING ROOM	0	0	0	0	0
11.00	50.01 AMBULATORY SURGERY	0	0	0	0	0
12.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
13.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
14.00	60.00 LABORATORY	0	0	0	0	0
15.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0
16.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
17.00	70.00 ELECTROENCEPHALOGRAPHY	112,970	5,649	0	0	0
18.00	90.01 WELLNESS PROGRAM	0	0	0	0	0
19.00	90.00 CLINIC	0	0	0	0	0
20.00	91.00 EMERGENCY	0	0	0	0	0
21.00	91.01 FAMILY PRACTICE	1,145,256	57,263	0	0	0
22.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
200.00		1,468,506	73,426	0	0	0

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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	562,848
2.00	5.60 ADMINISTRATION & GENERAL	0	0	0	636,560
3.00	5.90 RNP ADMINISTRATION	0	0	0	16,275
4.00	21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
5.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0
7.00	31.00 INTENSIVE CARE UNIT	0	0	0	196,105
8.00	41.00 SUBPROVIDER - IRF	0	210,280	0	-93,515
9.00	43.00 NURSERY	0	0	0	737,371
10.00	50.00 OPERATING ROOM	0	0	0	372,546
11.00	50.01 AMBULATORY SURGERY	0	0	0	0

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 11:40 am

	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		
12.00	53.00	ANESTHESIOLOGY	0	0	0	850,540		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	9,488		13.00
14.00	60.00	LABORATORY	0	0	0	54,000		14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	100		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	815,645		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	112,970	0	2,507,973		17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	1,138		18.00
19.00	90.00	CLINIC	0	0	0	45,449		19.00
20.00	91.00	EMERGENCY	0	0	0	783,178		20.00
21.00	91.01	FAMILY PRACTICE	0	1,145,256	101,046	23,630		21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	521		22.00
200.00			0	1,468,506	101,046	7,519,852		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,259,428	12,259,428			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,459,745		3,459,745		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,252,445	148,488	8,454	25,409,387	4.00
5.10 01160	COMMUNICATIONS	275,085	71,583	174	0	5.10
5.20 00550	DATA PROCESSING	2,619,003	0	0	0	5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	452,129	0	0	0	5.50
5.60 00592	ADMINISTRATION & GENERAL	49,648,806	2,045,564	185,553	1,441,423	5.60
5.90 00593	RNP ADMINISTRATION	3,536,362	0	418,752	156,375	5.90
6.00 00600	MAINTENANCE & REPAIRS	1,439,235	89,486	8,043	125,904	6.00
7.00 00700	OPERATION OF PLANT	8,226,440	2,318,059	269,991	266,410	7.00
7.01 00701	ELECTRICITY	0	0	0	0	7.01
7.02 00702	RNP OPERATION OF PLANT	610,875	0	87,624	25,430	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	996,452	88,805	0	36,543	8.00
8.01 00801	RNP LAUNDRY	177,025	0	736	44,191	8.01
9.00 00900	HOUSEKEEPING	2,931,466	148,049	8,292	394,367	9.00
9.01 00901	RNP HOUSEKEEPING	503,223	0	0	85,246	9.01
10.00 01000	DIETARY	-390,446	277,712	18,058	116,609	10.00
10.01 01001	RNP DIETARY	1,583,233	0	10,210	0	10.01
11.00 01100	CAFETERIA	3,247,246	102,278	0	267,177	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,889,249	81,638	425,837	465,848	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,185,325	187,243	104,249	92,232	14.00
15.00 01500	PHARMACY	3,054,822	155,277	48,535	656,580	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,565,509	147,732	3,977	728,855	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	164,519	0	0	34,650	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	10,719,987	0	0	2,098,891	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,359,070	79,839	220	69,508	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,296,288	2,124,617	93,491	4,354,269	30.00
31.00 03100	INTENSIVE CARE UNIT	8,774,173	400,312	63,524	1,774,901	31.00
41.00 04100	SUBPROVIDER - IRF	4,310,847	602,646	11,131	1,001,788	41.00
43.00 04300	NURSERY	915,499	0	7,829	222,289	43.00
44.00 04400	SKILLED NURSING FACILITY	9,160,178	0	22,629	1,771,339	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,948,184	325,736	435,410	929,382	50.00
50.01 03330	AMBULATORY SURGERY	2,929,133	205,796	34,210	553,136	50.01
51.00 05100	RECOVERY ROOM	862,628	27,959	476	207,931	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	181,027	32,782	42,359	36,228	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,732,886	642,898	593,132	839,330	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,134,691	166,225	111,022	301,773	55.00
56.00 05600	RADIOISOTOPE	2,052,258	89,456	13,549	344,597	56.00
57.00 05700	CT SCAN	897,132	39,934	475	197,375	57.00
58.00 05800	MRI	1,050,362	76,179	46,948	121,113	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,994,505	148,170	20,210	414,439	59.00
60.00 06000	LABORATORY	11,251,409	209,289	50,554	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	684,081	7,999	2,647	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	1,986,091	46,784	30,067	441,404	65.00
66.00 06600	PHYSICAL THERAPY	3,157,000	114,874	16,877	764,118	66.00
66.01 06601	RNRC PHYSICAL THERAPY	1,990,789	0	2,500	490,429	66.01
66.02 06602	DAY REHABILITATION FACILITY	636,053	82,122	473	128,331	66.02
67.00 06700	OCCUPATIONAL THERAPY	1,748,554	117,838	0	423,433	67.00
68.00 06800	SPEECH PATHOLOGY	964,629	25,721	13,227	234,111	68.00
69.00 06900	ELECTROCARDIOLOGY	1,028,976	190,237	58,037	193,880	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	419,158	0	116,346	546,255	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,315,111	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,788,334	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,382,549	56,704	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,332,432	83,513	3,040	226,593	74.00
76.97 07697	CARDIAC REHABILITATION	573,970	0	6,034	129,290	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.10	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	432,140	112,636	2,531	87,062	9,981	90.00
90.01 09001 WELLNESS PROGRAM	205,028	32,858	808	39,160	832	90.01
91.00 09100 EMERGENCY	4,516,658	258,992	47,585	969,115	9,981	91.00
91.01 04040 FAMILY PRACTICE	940,124	9,904	13,919	129,086	17,467	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,868,362	0	0	426,859	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	281,227,472	12,173,934	3,459,745	25,405,255	346,010
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	832	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	40,638	85,494	0	3,200	0	193.00
194.00 07950 OTHER	3,947	0	0	932	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	281,272,057	12,259,428	3,459,745	25,409,387	346,842

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5. 20	5. 30	5. 50	5A. 50	5. 60	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	2,619,003					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	93,106	102,255				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	97,922	0	565,854			5.50
5.60	00592	ADMINISTRATION & GENERAL	344,331	1,075	0	53,730,794	53,730,794	5.60
5.90	00593	RNP ADMINISTRATION	58,191	132	0	4,170,644	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	486	0	1,671,472	402,136	6.00
7.00	00700	OPERATION OF PLANT	14,447	337	0	11,101,506	2,670,889	7.00
7.01	00701	ELECTRICITY	0	0	0	6,654	1,601	7.01
7.02	00702	RNP OPERATION OF PLANT	0	5	0	723,934	174,170	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	846	0	1,123,478	270,295	8.00
8.01	00801	RNP LAUNDRY	0	65	0	222,017	53,415	8.01
9.00	00900	HOUSEKEEPING	0	499	0	3,483,505	838,090	9.00
9.01	00901	RNP HOUSEKEEPING	0	357	0	588,826	141,664	9.01
10.00	01000	DIETARY	8,026	3,296	0	39,077	0	10.00
10.01	01001	RNP DIETARY	0	1,911	0	1,595,354	383,823	10.01
11.00	01100	CAFETERIA	6,822	0	0	3,628,514	872,977	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	58,592	204	0	2,937,171	706,648	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,441	744	0	1,583,066	380,867	14.00
15.00	01500	PHARMACY	151,297	407	0	4,074,404	980,253	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	288,949	165	0	6,758,476	1,626,008	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	199,169	47,918	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	12,818,878	3,084,068	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,816	223	0	2,522,825	606,961	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,902	1,531	71,750	26,128,118	6,286,014	30.00
31.00	03100	INTENSIVE CARE UNIT	34,514	420	20,352	11,069,860	2,663,275	31.00
41.00	04100	SUBPROVIDER - I&R	14,849	168	10,528	5,954,452	1,432,570	41.00
43.00	04300	NURSERY	14,849	2	2,768	1,164,900	280,261	43.00
44.00	04400	SKILLED NURSING FACILITY	0	39	9,084	10,963,269	2,637,631	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,296	2,111	42,392	8,716,670	2,097,126	50.00
50.01	03330	AMBULATORY SURGERY	0	1,160	11,561	3,734,996	898,595	50.01
51.00	05100	RECOVERY ROOM	9,632	11	8,016	1,117,485	268,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31	11,325	305,416	73,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	342,726	546	21,720	7,190,705	1,729,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,263	110	7,245	2,750,310	661,692	55.00
56.00	05600	RADIOISOTOPE	44,145	1,478	14,413	2,563,223	616,681	56.00
57.00	05700	CT SCAN	0	17	25,000	1,159,933	279,066	57.00
58.00	05800	MRI	0	59	10,944	1,305,605	314,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	291	30,896	2,609,343	627,777	59.00
60.00	06000	LABORATORY	469,943	531	55,909	12,057,597	2,900,913	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	68,625	2,134	3,282	769,600	185,157	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,849	47	12,865	2,536,266	610,195	65.00
66.00	06600	PHYSICAL THERAPY	22,875	33	11,275	4,096,201	985,497	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	24	2,362	2,486,104	598,127	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	12	1,911	848,902	204,236	66.02
67.00	06700	OCCUPATIONAL THERAPY	38,928	31	5,305	2,339,911	562,955	67.00
68.00	06800	SPEECH PATHOLOGY	0	14	2,305	1,240,839	298,531	68.00
69.00	06900	ELECTROCARDIOLOGY	9,632	29	16,288	1,504,565	361,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,632	40	1,537	1,093,800	263,155	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	39,186	21,260	13,375,557	3,217,999	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,513	17,299	13,846,146	3,331,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,176	12,510,429	3,009,859	73.00
74.00	07400	RENAL DIALYSIS	40,132	61	4,444	1,691,879	407,046	74.00
76.97	07697	CARDIAC REHABILITATION	0	20	966	710,280	170,885	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63,810	98	405	708,663	170,496	90.00
90.01	09001	WELLNESS PROGRAM	0	111	37	278,834	67,084	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
91.00	09100	EMERGENCY	39,329	444	32,057	5,874,161	1,413,253	91.00
91.01	04040	FAMILY PRACTICE	40,132	51	0	1,150,683	276,841	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	150	7,177	2,302,548	553,965	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,619,003	102,255	565,854	281,137,014	53,698,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	832	200	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	129,332	31,116	193.00
194.00	07950	OTHER	0	0	0	4,879	1,174	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,619,003	102,255	565,854	281,272,057	53,730,794	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 11:40 am		
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	4,170,644					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	2,073,608				6.00
7.00	00700	OPERATION OF PLANT	0	1,405,033	15,177,428			7.00
7.01	00701	ELECTRICITY	0	0	0	8,255		7.01
7.02	00702	RNP OPERATION OF PLANT	319,551	91,327	0	0	1,308,982	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	177,669	97	15,323	8.00
8.01	00801	RNP LAUNDRY	50,968	7,853	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	16,287	296,195	161	25,545	9.00
9.01	00901	RNP HOUSEKEEPING	145,826	4,300	0	0	0	9.01
10.00	01000	DIETARY	0	82,898	555,604	302	47,918	10.00
10.01	01001	RNP DIETARY	808,919	12,565	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	204,623	111	17,648	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,732	163,329	89	14,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73	374,608	204	32,308	14.00
15.00	01500	PHARMACY	0	1,082	310,655	169	26,793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,686	295,560	161	25,491	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	31,181	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	142	159,729	87	13,776	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,438	4,250,615	2,310	366,595	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	800,885	436	69,073	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,305	1,205,684	656	103,985	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,694,400	671	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	355,521	651,683	354	56,205	50.00
50.01	03330	AMBULATORY SURGERY	0	0	411,726	224	35,509	50.01
51.00	05100	RECOVERY ROOM	0	0	55,936	30	4,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	65,586	36	5,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	810	1,286,214	700	110,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	363	332,558	181	28,682	55.00
56.00	05600	RADIOISOTOPE	0	5,623	178,969	97	15,435	56.00
57.00	05700	CT SCAN	0	153	79,895	43	6,891	57.00
58.00	05800	MRI	0	153	152,408	83	13,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	296,437	161	25,566	59.00
60.00	06000	LABORATORY	0	35,080	418,715	228	36,112	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	16,003	9	1,380	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	142	93,599	51	8,072	65.00
66.00	06600	PHYSICAL THERAPY	0	805	229,823	125	19,821	66.00
66.01	06601	RNRC PHYSICAL THERAPY	179,313	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	5,221	164,297	89	14,170	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	805	235,752	128	20,332	67.00
68.00	06800	SPEECH PATHOLOGY	0	686	51,458	28	4,438	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,991	380,597	207	32,825	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	134	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	940,352	0	113,444	62	9,784	73.00
74.00	07400	RENAL DIALYSIS	0	3,738	167,080	91	14,410	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,629	225,345	123	19,435	90.00
90.01	09001	WELLNESS PROGRAM	0	0	65,737	36	5,670	90.01
91.00	09100	EMERGENCY	0	0	518,152	282	44,688	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.01	04040	FAMILY PRACTICE	0	2,664	19,815	11	1,709	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,170,644	2,073,608	15,006,385	8,162	1,294,230	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
193.00	19300	NONPAID WORKERS	0	0	171,043	93	14,752	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,170,644	2,073,608	15,177,428	8,255	1,308,982	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,586,862					8.00
8.01	00801	RNP LAUNDRY	0	334,253				8.01
9.00	00900	HOUSEKEEPING	792	0	4,660,575			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	880,616		9.01
10.00	01000	DIETARY	0	0	122,503	361,822	1,210,124	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	30,626	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	16,954	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	920	0	15,313	0	0	14.00
15.00	01500	PHARMACY	0	0	36,095	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	22,969	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	34,045	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,918	0	5,469	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	533,672	0	1,724,518	0	372,898	30.00
31.00	03100	INTENSIVE CARE UNIT	124,660	0	249,381	0	82,005	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	275,631	0	95,863	41.00
43.00	04300	NURSERY	37,272	0	37,735	0	16,298	43.00
44.00	04400	SKILLED NURSING FACILITY	0	334,253	0	0	643,060	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,958	0	575,326	0	0	50.00
50.01	03330	AMBULATORY SURGERY	110,527	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	32,132	0	10,938	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,593	0	10,938	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,883	0	107,190	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,846	0	68,908	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	21,875	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,819	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	125,055	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	7,656	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	20,782	0	0	65.00
66.00	06600	PHYSICAL THERAPY	117,377	0	32,813	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	410,281	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	43,751	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,818	0	27,344	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,694	0	6,563	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	74,468	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	5,469	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,250	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,345	0	221,307	0	0	90.00
90.01	09001	WELLNESS PROGRAM	400	0	0	0	0	90.01
91.00	09100	EMERGENCY	238,563	0	277,090	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.01	04040	FAMILY PRACTICE	1,423	0	52,501	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,586,862	334,253	4,152,700	880,616	1,210,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,828	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	414,285	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	87,502	0	0	193.00
194.00	07950	OTHER	0	0	2,260	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,586,862	334,253	4,660,575	880,616	1,210,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	2,800,661					10.01
11.00	01100	CAFETERIA	0	4,754,499				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	83,120	0	3,923,129		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37,851	0	0	2,425,210	14.00
15.00	01500	PHARMACY	0	105,223	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	103,941	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	8,273	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	209,748	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	863,019	1,166,756	0	1,623,696	0	30.00
31.00	03100	INTENSIVE CARE UNIT	189,788	406,675	0	565,941	0	31.00
41.00	04100	SUBPROVIDER - I&R	221,860	239,475	0	333,260	0	41.00
43.00	04300	NURSERY	37,720	52,940	0	73,673	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,488,274	503,082	0	700,104	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	193,459	0	269,223	0	50.00
50.01	03330	AMBULATORY SURGERY	0	97,618	0	135,849	0	50.01
51.00	05100	RECOVERY ROOM	0	40,048	0	55,733	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,523	0	18,819	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	230,734	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	44,961	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	52,193	0	0	0	56.00
57.00	05700	CT SCAN	0	37,070	0	0	0	57.00
58.00	05800	MRI	0	21,121	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,495	0	124,544	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	128,147	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	114,218	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	65,122	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	18,361	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	59,968	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	28,827	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,618	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31,069	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,192,661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,232,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	49,186	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	15,424	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,491	0	15,992	0	90.00
90.01	09001	WELLNESS PROGRAM	0	4,524	0	6,295	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	239,788	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	97,014	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	109,436	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,800,661	4,754,499	0	3,923,129	2,425,210	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	2,800,661	4,754,499	0	3,923,129	2,425,210	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,534,674					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,834,292				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	320,586		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	613,238	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	38,947	0	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	49,091	0	0	0	41.00
43.00	04300	NURSERY	0	278,949	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	320,586	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,822	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	26,667	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	47,201	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,199,281	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	346,468	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,036,099	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	507,494	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	66,480	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	269,959	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	135,066	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	93,060	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
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	1,254,355	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	373,856	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	526,036	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	5,534,674	138,501	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	500,077	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.00	09100	EMERGENCY	0	275,645	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,534,674	8,834,292	0	320,586	0	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,534,674	8,834,292	0	320,586	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		15,902,946			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			3,541,655		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	9,082,596	2,022,737	0	55,045,220 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,131,125	251,906	0	17,643,957 31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	9,914,832 41.00
43.00 04300	NURSERY	0	111,993	24,941	0	2,116,682 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	19,285,330 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	985,535	219,483	0	14,289,365 50.00
50.01 03330	AMBULATORY SURGERY	0	0	0	0	5,425,044 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	1,612,646 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	544,247 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	111,993	24,941	0	13,139,378 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,255,969 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	4,490,195 56.00
57.00 05700	CT SCAN	0	0	0	0	1,563,051 57.00
58.00 05800	MRI	0	0	0	0	1,806,628 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	3,796,142 59.00
60.00 06000	LABORATORY	0	223,985	49,882	0	16,355,061 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,046,285 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	559,963	124,706	0	4,351,882 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	5,731,746 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	3,832,007 66.01
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	0	1,255,276 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,263,602 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,624,807 68.00
69.00 06900	ELECTROCARDIOLOGY	0	559,963	124,706	0	4,329,969 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	111,993	24,941	0	1,908,903 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,386,855 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,409,912 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,262,574 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,358,680 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	896,589 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	0 76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	223,985	49,882	0	2,165,770	90.00
90.01	09001	WELLNESS PROGRAM	0	223,985	49,882	0	702,447	90.01
91.00	09100	EMERGENCY	0	1,679,889	374,118	0	10,935,629	91.00
91.01	04040	FAMILY PRACTICE	0	895,941	199,530	0	2,698,132	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,965,949	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,902,946	3,541,655	0	280,410,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,860	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	414,285	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	433,838	193.00
194.00	07950	OTHER	0	0	0	0	8,313	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	15,902,946	3,541,655	0	281,272,057	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-11,105,333	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,383,031	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	-136,934	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,205,018	50.00
50.01	03330	AMBULATORY SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-136,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	-273,867	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-684,669	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-684,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-136,934	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-273,867	1,891,903	90.00
90.01	09001	WELLNESS PROGRAM	-273,867	428,580	90.01
91.00	09100	EMERGENCY	-2,054,007	8,881,622	91.00
91.01	04040	FAMILY PRACTICE	-1,095,471	1,602,661	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,965,949	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-19,444,601	260,966,160	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,860	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	414,285	192.00
193.00	19300	NONPAID WORKERS	0	433,838	193.00
194.00	07950	OTHER	0	8,313	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-19,444,601	261,827,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
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	95,847	148,488	8,454	252,789	252,789 4.00
5.10 01160	COMMUNICATIONS	0	71,583	174	71,757	0 5.10
5.20 00550	DATA PROCESSING	0	0	0	0	0 5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.50
5.60 00592	ADMINISTRATION & GENERAL	3,610,114	2,045,564	185,553	5,841,231	14,343 5.60
5.90 00593	RNP ADMINISTRATION	33,190	0	418,752	451,942	1,556 5.90
6.00 00600	MAINTENANCE & REPAIRS	552	89,486	8,043	98,081	1,253 6.00
7.00 00700	OPERATION OF PLANT	8,925	2,318,059	269,991	2,596,975	2,651 7.00
7.01 00701	ELECTRICITY	0	0	0	0	0 7.01
7.02 00702	RNP OPERATION OF PLANT	2	0	87,624	87,626	253 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	0	88,805	0	88,805	364 8.00
8.01 00801	RNP LAUNDRY	1,493	0	736	2,229	440 8.01
9.00 00900	HOUSEKEEPING	3,991	148,049	8,292	160,332	3,924 9.00
9.01 00901	RNP HOUSEKEEPING	0	0	0	0	848 9.01
10.00 01000	DIETARY	24,994	277,712	18,058	320,764	1,160 10.00
10.01 01001	RNP DIETARY	1,519	0	10,210	11,729	0 10.01
11.00 01100	CAFETERIA	0	102,278	0	102,278	2,659 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	8,192	81,638	425,837	515,667	4,635 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,540	187,243	104,249	293,032	918 14.00
15.00 01500	PHARMACY	9,244	155,277	48,535	213,056	6,533 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	30,068	147,732	3,977	181,777	7,253 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	0	0	345 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	20,885 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,994	79,839	220	88,053	692 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	31,118	2,124,617	93,491	2,249,226	43,278 30.00
31.00 03100	INTENSIVE CARE UNIT	12,392	400,312	63,524	476,228	17,661 31.00
41.00 04100	SUBPROVIDER - I&R	16,009	602,646	11,131	629,786	9,968 41.00
43.00 04300	NURSERY	20	0	7,829	7,849	2,212 43.00
44.00 04400	SKILLED NURSING FACILITY	52,820	0	22,629	75,449	17,626 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	537,042	325,736	435,410	1,298,188	9,248 50.00
50.01 03330	AMBULATORY SURGERY	6,298	205,796	34,210	246,304	5,504 50.01
51.00 05100	RECOVERY ROOM	168	27,959	476	28,603	2,069 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	120	0	0	120	0 52.00
53.00 05300	ANESTHESIOLOGY	2,802	32,782	42,359	77,943	360 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	193,367	642,898	593,132	1,429,397	8,352 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	85,382	166,225	111,022	362,629	3,003 55.00
56.00 05600	RADIOISOTOPE	3,343	89,456	13,549	106,348	3,429 56.00
57.00 05700	CT SCAN	0	39,934	475	40,409	1,964 57.00
58.00 05800	MRI	31,553	76,179	46,948	154,680	1,205 58.00
59.00 05900	CARDIAC CATHETERIZATION	17,207	148,170	20,210	185,587	4,124 59.00
60.00 06000	LABORATORY	26,062	209,289	50,554	285,905	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25	7,999	2,647	10,671	0 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	60,501	46,784	30,067	137,352	4,392 65.00
66.00 06600	PHYSICAL THERAPY	11,526	114,874	16,877	143,277	7,603 66.00
66.01 06601	RNRC PHYSICAL THERAPY	5,389	0	2,500	7,889	4,880 66.01
66.02 06602	DAY REHABILITATION FACILITY	100,523	82,122	473	183,118	1,277 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	117,838	0	117,838	4,213 67.00
68.00 06800	SPEECH PATHOLOGY	432	25,721	13,227	39,380	2,330 68.00
69.00 06900	ELECTROCARDIOLOGY	6,569	190,237	58,037	254,843	1,929 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	24,890	0	116,346	141,236	5,436 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
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	56,704	0	56,704	0 73.00
74.00 07400	RENAL DIALYSIS	3,665	83,513	3,040	90,218	2,255 74.00
76.97 07697	CARDIAC REHABILITATION	113,108	0	6,034	119,142	1,287 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	50,149	112,636	2,531	165,316	866 90.00
90.01 09001	WELLNESS PROGRAM	2,990	32,858	808	36,656	390 90.01
91.00 09100	EMERGENCY	21,823	258,992	47,585	328,400	9,643 91.00
91.01 04040	FAMILY PRACTICE	144,876	9,904	13,919	168,699	1,284 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,092	0	0	1,092	4,248 92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,400,926	12,173,934	3,459,745	21,034,605	252,748 118.00
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
193.00 19300	NONPAID WORKERS	1,719	85,494	0	87,213	32 193.00
194.00 07950	OTHER	0	0	0	0	9 194.00
194.05 07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	5,402,645	12,259,428	3,459,745	21,121,818	252,789 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5. 10	5. 20	5. 30	5. 50	5. 60	
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
5.10	01160	COMMUNICATIONS	71,757					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	1,893	0	1,893			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,270	0	0	3,270		5.50
5.60	00592	ADMINISTRATION & GENERAL	13,249	0	20	0	5,868,843	5.60
5.90	00593	RNP ADMINISTRATION	172	0	2	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,721	0	9	0	43,925	6.00
7.00	00700	OPERATION OF PLANT	1,205	0	6	0	291,736	7.00
7.01	00701	ELECTRICITY	1,377	0	0	0	175	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	19,024	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	172	0	16	0	29,524	8.00
8.01	00801	RNP LAUNDRY	0	0	1	0	5,834	8.01
9.00	00900	HOUSEKEEPING	172	0	9	0	91,543	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	7	0	15,474	9.01
10.00	01000	DIETARY	1,205	0	61	0	0	10.00
10.01	01001	RNP DIETARY	0	0	35	0	41,924	10.01
11.00	01100	CAFETERIA	1,032	0	0	0	95,354	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,270	0	4	0	77,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	172	0	14	0	41,601	14.00
15.00	01500	PHARMACY	1,549	0	7	0	107,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,818	0	3	0	177,606	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	5,234	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	336,867	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,893	0	4	0	66,297	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,883	0	28	930	686,536	30.00
31.00	03100	INTENSIVE CARE UNIT	344	0	8	96	290,905	31.00
41.00	04100	SUBPROVIDER - I&R	516	0	3	50	156,477	41.00
43.00	04300	NURSERY	344	0	0	13	30,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1	43	288,104	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	860	0	39	201	229,065	50.00
50.01	03330	AMBULATORY SURGERY	0	0	21	55	98,152	50.01
51.00	05100	RECOVERY ROOM	172	0	0	38	29,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	344	0	1	54	8,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,614	0	10	103	188,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,065	0	2	34	72,275	55.00
56.00	05600	RADIOISOTOPE	688	0	27	68	67,359	56.00
57.00	05700	CT SCAN	0	0	0	118	30,482	57.00
58.00	05800	MRI	0	0	1	52	34,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	172	0	5	146	68,571	59.00
60.00	06000	LABORATORY	4,130	0	10	265	316,862	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	172	0	39	16	20,224	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	860	0	1	61	66,651	65.00
66.00	06600	PHYSICAL THERAPY	1,893	0	1	53	107,644	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	11	65,332	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	9	22,308	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,205	0	1	25	61,491	67.00
68.00	06800	SPEECH PATHOLOGY	172	0	0	11	32,608	68.00
69.00	06900	ELECTROCARDIOLOGY	1,549	0	1	77	39,538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172	0	1	7	28,744	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	720	101	351,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	758	82	363,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	337	328,762	73.00
74.00	07400	RENAL DIALYSIS	344	0	1	21	44,461	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5	18,665	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,065	0	2	2	18,623	90.00
90.01	09001	WELLNESS PROGRAM	172	0	2	0	7,327	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
91.00	09100	EMERGENCY	2,065	0	8	152	154,367	91.00
91.01	04040	FAMILY PRACTICE	3,614	0	1	0	30,239	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3	34	60,509	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,585	0	1,893	3,270	5,865,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172	0	0	0	22	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	3,399	193.00
194.00	07950	OTHER	0	0	0	0	128	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	71,757	0	1,893	3,270	5,868,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am			
Cost Center Description			RNP ADMINISTRATION 5.90	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	ELECTRICITY 7.01	RNP OPERATION OF PLANT 7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	453,672					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	144,989				6.00
7.00	00700	OPERATION OF PLANT	0	98,241	2,990,814			7.00
7.01	00701	ELECTRICITY	0	0	0	1,552		7.01
7.02	00702	RNP OPERATION OF PLANT	34,760	6,386	0	0	148,049	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	35,011	18	1,733	8.00
8.01	00801	RNP LAUNDRY	5,544	549	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	1,139	58,367	30	2,889	9.00
9.01	00901	RNP HOUSEKEEPING	15,863	301	0	0	0	9.01
10.00	01000	DIETARY	0	5,796	109,485	57	5,420	10.00
10.01	01001	RNP DIETARY	87,992	879	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	40,322	21	1,996	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	121	32,185	17	1,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5	73,819	38	3,654	14.00
15.00	01500	PHARMACY	0	76	61,217	32	3,030	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	118	58,242	30	2,883	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	3,392	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10	31,476	16	1,558	22.00
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	590	837,612	434	41,463	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	157,820	82	7,812	31.00
41.00	04100	SUBPROVIDER - IRF	0	161	237,588	123	11,761	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	184,312	47	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,858	128,419	67	6,357	50.00
50.01	03330	AMBULATORY SURGERY	0	0	81,133	42	4,016	50.01
51.00	05100	RECOVERY ROOM	0	0	11,022	6	546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,924	7	640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57	253,457	132	12,546	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25	65,533	34	3,244	55.00
56.00	05600	RADIOISOTOPE	0	393	35,267	18	1,746	56.00
57.00	05700	CT SCAN	0	11	15,744	8	779	57.00
58.00	05800	MRI	0	11	30,033	16	1,487	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	58,415	30	2,892	59.00
60.00	06000	LABORATORY	0	2,453	82,511	43	4,084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,154	2	156	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	10	18,444	10	913	65.00
66.00	06600	PHYSICAL THERAPY	0	56	45,288	23	2,242	66.00
66.01	06601	RNRC PHYSICAL THERAPY	19,505	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	365	32,376	17	1,603	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	56	46,457	24	2,300	67.00
68.00	06800	SPEECH PATHOLOGY	0	48	10,140	5	502	68.00
69.00	06900	ELECTROCARDIOLOGY	0	769	74,999	39	3,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15	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	102,289	0	22,355	12	1,107	73.00
74.00	07400	RENAL DIALYSIS	0	261	32,924	17	1,630	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	953	44,406	23	2,198	90.00
90.01	09001	WELLNESS PROGRAM	0	0	12,954	7	641	90.01
91.00	09100	EMERGENCY	0	0	102,105	53	5,054	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.01	04040	FAMILY PRACTICE	0	186	3,905	2	193	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	453,672	144,989	2,957,109	1,535	146,381	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
193.00	19300	NONPAID WORKERS	0	0	33,705	17	1,668	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	453,672	144,989	2,990,814	1,552	148,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	155,643					8.00
8.01	00801	RNP LAUNDRY	0	14,597				8.01
9.00	00900	HOUSEKEEPING	78	0	318,483			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	32,493		9.01
10.00	01000	DIETARY	0	0	8,371	13,351	352,073	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	2,093	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,159	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90	0	1,046	0	0	14.00
15.00	01500	PHARMACY	0	0	2,467	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,570	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	1,256	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,248	0	374	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,342	0	117,846	0	108,491	30.00
31.00	03100	INTENSIVE CARE UNIT	12,227	0	17,042	0	23,858	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	18,835	0	27,890	41.00
43.00	04300	NURSERY	3,656	0	2,579	0	4,742	43.00
44.00	04400	SKILLED NURSING FACILITY	0	14,597	0	0	187,092	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,883	0	39,315	0	0	50.00
50.01	03330	AMBULATORY SURGERY	10,841	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,152	0	747	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	352	0	747	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,309	0	7,325	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,143	0	4,709	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,495	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,238	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	8,546	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	523	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	1,420	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,513	0	2,242	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	15,138	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,990	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,728	0	1,869	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	264	0	448	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,748	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	374	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,477	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	524	0	15,123	0	0	90.00
90.01	09001	WELLNESS PROGRAM	39	0	0	0	0	90.01
91.00	09100	EMERGENCY	23,399	0	18,935	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.01	04040	FAMILY PRACTICE	140	0	3,588	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,643	14,597	283,778	32,493	352,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	262	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	28,310	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	5,979	0	0	193.00
194.00	07950	OTHER	0	0	154	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	113,597	201.00
202.00		TOTAL (sum lines 118-201)	155,643	14,597	318,483	32,493	465,670	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	142,559					10.01
11.00	01100	CAFETERIA	0	245,755				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,296	0	640,133		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,957	0	0	416,346	14.00
15.00	01500	PHARMACY	0	5,439	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,373	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	428	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,842	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,929	60,306	0	264,937	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,661	21,021	0	92,344	0	31.00
41.00	04100	SUBPROVIDER - I&R	11,293	12,378	0	54,378	0	41.00
43.00	04300	NURSERY	1,920	2,736	0	12,021	0	43.00
44.00	04400	SKILLED NURSING FACILITY	75,756	26,004	0	114,235	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,000	0	43,929	0	50.00
50.01	03330	AMBULATORY SURGERY	0	5,046	0	22,166	0	50.01
51.00	05100	RECOVERY ROOM	0	2,070	0	9,094	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	699	0	3,071	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,926	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,324	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,698	0	0	0	56.00
57.00	05700	CT SCAN	0	1,916	0	0	0	57.00
58.00	05800	MRI	0	1,092	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,626	0	20,322	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	6,624	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,904	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	3,366	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	949	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,100	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,490	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,306	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,606	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	204,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	211,599	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,542	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	797	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	594	0	2,609	0	90.00
90.01	09001	WELLNESS PROGRAM	0	234	0	1,027	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	12,394	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	5,015	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,657	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	142,559	245,755	0	640,133	416,346	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	142,559	245,755	0	640,133	416,346	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	400,477					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	439,673				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	10,655		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	30,520	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,938	0	0		31.00
41.00	04100	SUBPROVIDER - I&R	0	2,443	0	0		41.00
43.00	04300	NURSERY	0	13,883	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	10,655		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,878	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	1,327	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,349	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	109,458	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,243	0	0		55.00
56.00	05600	RADIOISOTOPE	0	51,565	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	25,257	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,309	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	13,436	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	6,722	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	4,631	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,428	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,606	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,180	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	400,477	6,893	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24,888	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
91.00	09100	EMERGENCY	0	13,719	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	400,477	439,673	0	10,655	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	400,477	439,673	0	10,655		0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		357,752			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			203,463		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				4,545,351	30.00
31.00 03100	INTENSIVE CARE UNIT				1,129,047	31.00
41.00 04100	SUBPROVIDER - I&F				1,173,650	41.00
43.00 04300	NURSERY				82,567	43.00
44.00 04400	SKILLED NURSING FACILITY				993,921	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,804,307	50.00
50.01 03330	AMBULATORY SURGERY				473,280	50.01
51.00 05100	RECOVERY ROOM				88,212	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				120	52.00
53.00 05300	ANESTHESIOLOGY				107,517	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,039,651	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				535,263	55.00
56.00 05600	RADIOISOTOPE				271,101	56.00
57.00 05700	CT SCAN				91,431	57.00
58.00 05800	MRI				222,887	58.00
59.00 05900	CARDIAC CATHETERIZATION				347,128	59.00
60.00 06000	LABORATORY				730,066	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				38,266	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00 06500	RESPIRATORY THERAPY				250,174	65.00
66.00 06600	PHYSICAL THERAPY				334,461	66.00
66.01 06601	RNRC PHYSICAL THERAPY				120,752	66.01
66.02 06602	DAY REHABILITATION FACILITY				242,022	66.02
67.00 06700	OCCUPATIONAL THERAPY				239,700	67.00
68.00 06800	SPEECH PATHOLOGY				86,686	68.00
69.00 06900	ELECTROCARDIOLOGY				446,788	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				196,578	70.00
70.01 07001	ELECTROPHYSIOLOGY				0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				586,007	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				576,302	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				919,310	73.00
74.00 07400	RENAL DIALYSIS				177,151	74.00
76.97 07697	CARDIAC REHABILITATION				139,896	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				278,192	90.00	
90.01	09001	WELLNESS PROGRAM				59,449	90.01	
91.00	09100	EMERGENCY				670,294	91.00	
91.01	04040	FAMILY PRACTICE				216,866	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				71,543	92.01	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	20,285,936	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				456	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				28,310	192.00	
193.00	19300	NONPAID WORKERS				132,013	193.00	
194.00	07950	OTHER				291	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05	
200.00		Cross Foot Adjustments	0	357,752	203,463	0	561,215	200.00
201.00		Negative Cost Centers	0	0	0	0	113,597	201.00
202.00		TOTAL (sum lines 118-201)	0	357,752	203,463	0	21,121,818	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	4,545,351
31.00	03100	INTENSIVE CARE UNIT	0	1,129,047
41.00	04100	SUBPROVIDER - I RF	0	1,173,650
43.00	04300	NURSERY	0	82,567
44.00	04400	SKILLED NURSING FACILITY	0	993,921
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,804,307
50.01	03330	AMBULATORY SURGERY	0	473,280
51.00	05100	RECOVERY ROOM	0	88,212
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	120
53.00	05300	ANESTHESIOLOGY	0	107,517
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,039,651
55.00	05500	RADIOLOGY-THERAPEUTIC	0	535,263
56.00	05600	RADIOISOTOPE	0	271,101
57.00	05700	CT SCAN	0	91,431
58.00	05800	MRI	0	222,887
59.00	05900	CARDIAC CATHETERIZATION	0	347,128
60.00	06000	LABORATORY	0	730,066
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	38,266
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	250,174
66.00	06600	PHYSICAL THERAPY	0	334,461
66.01	06601	RNRC PHYSICAL THERAPY	0	120,752
66.02	06602	DAY REHABILITATION FACILITY	0	242,022
67.00	06700	OCCUPATIONAL THERAPY	0	239,700
68.00	06800	SPEECH PATHOLOGY	0	86,686
69.00	06900	ELECTROCARDIOLOGY	0	446,788
70.00	07000	ELECTROENCEPHALOGRAPHY	0	196,578
70.01	07001	ELECTROPHYSIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	586,007
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	576,302
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,310
74.00	07400	RENAL DIALYSIS	0	177,151
76.97	07697	CARDIAC REHABILITATION	0	139,896
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	278,192	90.00
90.01	09001	WELLNESS PROGRAM	0	59,449	90.01
91.00	09100	EMERGENCY	0	670,294	91.00
91.01	04040	FAMILY PRACTICE	0	216,866	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	71,543	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,285,936	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	456	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,310	192.00
193.00	19300	NONPAID WORKERS	0	132,013	193.00
194.00	07950	OTHER	0	291	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	561,215	200.00
201.00		Negative Cost Centers	0	113,597	201.00
202.00		TOTAL (sum lines 118-201)	0	21,121,818	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	810,757				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,806,539			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,820	9,301	103,622,888		4.00
5.10 01160	COMMUNICATIONS	4,734	191	0	417	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	7,209,220
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545
5.60 00592	ADMINISTRATION & GENERAL	135,280	204,152	5,878,319	77	947,826
5.90 00593	RNP ADMINISTRATION	0	460,726	637,720	1	160,180
6.00 00600	MAINTENANCE & REPAIRS	5,918	8,849	513,452	10	0
7.00 00700	OPERATION OF PLANT	153,301	297,054	1,086,455	7	39,769
7.01 00701	ELECTRICITY	0	0	0	8	0
7.02 00702	RNP OPERATION OF PLANT	0	96,407	103,707	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	5,873	0	149,027	1	0
8.01 00801	RNP LAUNDRY	0	810	180,217	0	0
9.00 00900	HOUSEKEEPING	9,791	9,123	1,608,282	1	0
9.01 00901	RNP HOUSEKEEPING	0	0	347,644	0	0
10.00 01000	DIETARY	18,366	19,868	475,549	7	22,094
10.01 01001	RNP DIETARY	0	11,233	0	0	0
11.00 01100	CAFETERIA	6,764	0	1,089,584	6	18,780
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	5,399	468,522	1,899,791	19	161,285
14.00 01400	CENTRAL SERVICES & SUPPLY	12,383	114,699	376,133	1	34,245
15.00 01500	PHARMACY	10,269	53,400	2,677,623	9	416,469
16.00 01600	MEDICAL RECORDS & LIBRARY	9,770	4,376	2,972,372	28	795,378
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01701	RNP SOCIAL SERVICE	0	0	141,306	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8,559,565	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,280	242	283,463	11	13,256
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	140,508	102,862	17,757,244	40	420,887
31.00 03100	INTENSIVE CARE UNIT	26,474	69,892	7,238,289	2	95,004
41.00 04100	SUBPROVIDER - I&R	39,855	12,247	4,085,427	3	40,874
43.00 04300	NURSERY	0	8,614	906,525	2	40,874
44.00 04400	SKILLED NURSING FACILITY	0	24,897	7,223,764	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,542	479,054	3,790,148	5	80,643
50.01 03330	AMBULATORY SURGERY	13,610	37,639	2,255,763	0	0
51.00 05100	RECOVERY ROOM	1,849	524	847,973	1	26,513
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	2,168	46,605	147,741	2	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,517	652,585	3,422,903	21	943,407
55.00 05500	RADIOLOGY-THERAPEUTIC	10,993	122,150	1,230,672	12	53,025
56.00 05600	RADIOISOTOPE	5,916	14,907	1,405,312	4	121,516
57.00 05700	CT SCAN	2,641	523	804,922	0	0
58.00 05800	MRI	5,038	51,654	493,917	0	0
59.00 05900	CARDIAC CATHETERIZATION	9,799	22,236	1,690,140	1	0
60.00 06000	LABORATORY	13,841	55,621	0	24	1,293,593
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	2,912	0	1	188,902
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,094	33,081	1,800,106	5	40,874
66.00 06600	PHYSICAL THERAPY	7,597	18,569	3,116,176	11	62,967
66.01 06601	RNRC PHYSICAL THERAPY	0	2,751	2,000,037	0	0
66.02 06602	DAY REHABILITATION FACILITY	5,431	520	523,350	0	0
67.00 06700	OCCUPATIONAL THERAPY	7,793	0	1,726,817	7	107,155
68.00 06800	SPEECH PATHOLOGY	1,701	14,553	954,736	1	0
69.00 06900	ELECTROCARDIOLOGY	12,581	63,855	790,668	9	26,513
70.00 07000	ELECTROENCEPHALOGRAPHY	0	128,008	2,227,703	1	26,513
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	3,750	0	0	0	0
74.00 07400	RENAL DIALYSIS	5,523	3,345	924,077	2	110,469
76.97 07697	CARDIAC REHABILITATION	0	6,639	527,262	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.10	5.20	
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	7,449	2,785	355,049	12	175,646	90.00
90.01 09001 WELLNESS PROGRAM	2,173	889	159,701	1	0	90.01
91.00 09100 EMERGENCY	17,128	52,355	3,952,183	12	108,260	91.00
91.01 04040 FAMILY PRACTICE	655	15,314	526,432	21	110,469	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	1,740,790	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00
	805,103	3,806,539	103,606,036	416	7,209,220	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	5,654	0	13,050	0	0	193.00
194.00 07950 OTHER	0	0	3,802	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	12,259,428	3,459,745	25,409,387	346,842	2,619,003	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)					203.00
204.00	15.120965	0.908895	0.245210	831.755396	0.363285	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
			252,789	71,757	0	
			0.002440	172.079137	0.000000	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	34,810,292				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,340,363,447			5.50
5.60	00592	ADMINISTRATION & GENERAL	365,919	0	-53,730,794	223,331,542	5.60
5.90	00593	RNP ADMINISTRATION	45,045	0	-4,170,644	0	8,244,073
6.00	00600	MAINTENANCE & REPAIRS	165,450	0	0	1,671,472	0
7.00	00700	OPERATION OF PLANT	114,903	0	0	11,101,506	0
7.01	00701	ELECTRICITY	0	0	0	6,654	0
7.02	00702	RNP OPERATION OF PLANT	1,865	0	0	723,934	631,654
8.00	00800	LAUNDRY & LINEN SERVICE	288,089	0	0	1,123,478	0
8.01	00801	RNP LAUNDRY	22,063	0	0	222,017	100,747
9.00	00900	HOUSEKEEPING	169,813	0	0	3,483,505	0
9.01	00901	RNP HOUSEKEEPING	121,701	0	0	588,826	288,252
10.00	01000	DIETARY	1,122,101	0	-39,077	0	0
10.01	01001	RNP DIETARY	650,604	0	0	1,595,354	1,598,983
11.00	01100	CAFETERIA	0	0	0	3,628,514	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	69,554	0	0	2,937,171	0
14.00	01400	CENTRAL SERVICES & SUPPLY	253,232	0	0	1,583,066	0
15.00	01500	PHARMACY	138,713	0	0	4,074,404	0
16.00	01600	MEDICAL RECORDS & LIBRARY	56,186	0	0	6,758,476	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	199,169	61,636
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	12,818,878	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	76,096	0	0	2,522,825	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	521,418	169,493,263	0	26,128,118	0
31.00	03100	INTENSIVE CARE UNIT	142,843	48,228,532	0	11,069,860	0
41.00	04100	SUBPROVIDER - I&R	57,273	24,948,554	0	5,954,452	0
43.00	04300	NURSERY	613	6,560,298	0	1,164,900	0
44.00	04400	SKILLED NURSING FACILITY	13,160	21,526,028	0	10,963,269	3,349,305
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	718,843	100,455,166	0	8,716,670	0
50.01	03330	AMBULATORY SURGERY	395,099	27,396,839	0	3,734,996	0
51.00	05100	RECOVERY ROOM	3,831	18,995,970	0	1,117,485	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	10,518	26,837,315	0	305,416	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	185,854	51,469,484	0	7,190,705	0
55.00	05500	RADIOLOGY-THERAPEUTIC	37,388	17,167,102	0	2,750,318	0
56.00	05600	RADIOISOTOPE	503,103	34,153,904	0	2,563,223	0
57.00	05700	CT SCAN	5,914	59,242,070	0	1,159,933	0
58.00	05800	MRI	20,005	25,933,807	0	1,305,605	0
59.00	05900	CARDIAC CATHETERIZATION	99,128	73,213,459	0	2,609,343	0
60.00	06000	LABORATORY	180,687	132,486,474	0	12,057,597	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	726,441	7,778,075	0	769,600	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,012	30,485,314	0	2,536,266	0
66.00	06600	PHYSICAL THERAPY	11,097	26,718,008	0	4,096,201	0
66.01	06601	RNRC PHYSICAL THERAPY	8,165	5,596,477	0	2,486,104	354,446
66.02	06602	DAY REHABILITATION FACILITY	3,994	4,528,247	0	848,902	0
67.00	06700	OCCUPATIONAL THERAPY	10,566	12,570,178	0	2,339,911	0
68.00	06800	SPEECH PATHOLOGY	4,829	5,463,112	0	1,240,839	0
69.00	06900	ELECTROCARDIOLOGY	9,954	38,596,388	0	1,504,565	0
70.00	07000	ELECTROENCEPHALOGRAPHY	13,732	3,641,108	0	1,093,800	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,342,066	50,378,062	0	13,375,557	264
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,788,334	40,992,843	0	13,846,146	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	168,664,498	0	12,510,429	1,858,786
74.00	07400	RENAL DIALYSIS	20,635	10,531,625	0	1,691,879	0
76.97	07697	CARDIAC REHABILITATION	6,696	2,290,024	0	710,280	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)		
		5.30	5.50	5A.60	5.60	5.90		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,402	960,086	0	708,663	0	90.00
90.01	09001	WELLNESS PROGRAM	37,885	88,116	0	278,834	0	90.01
91.00	09100	EMERGENCY	151,070	75,965,614	0	5,874,161	0	91.00
91.01	04040	FAMILY PRACTICE	17,223	0	0	1,150,683	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	51,126	17,007,407	0	2,302,548	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,810,238	1,340,363,447	-57,940,515	223,196,499	8,244,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	832	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	54	0	0	129,332	0	193.00
194.00	07950	OTHER	0	0	0	4,879	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	102,255	565,854		53,730,794	4,170,644	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002937	0.000422		0.240588	0.505896	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,893	3,270		5,868,843	453,672	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000054	0.000002		0.026279	0.055030	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,303,626					6.00
7.00	00700	883,312	501,704				7.00
7.01	00701	0	0	501,704			7.01
7.02	00702	57,415	0	0	501,704		7.02
8.00	00800	0	5,873	5,873	5,873	1,629,802	8.00
8.01	00801	4,937	0	0	0	0	8.01
9.00	00900	10,239	9,791	9,791	9,791	813	9.00
9.01	00901	2,703	0	0	0	0	9.01
10.00	01000	52,116	18,366	18,366	18,366	0	10.00
10.01	01001	7,899	0	0	0	0	10.01
11.00	01100	0	6,764	6,764	6,764	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,089	5,399	5,399	5,399	0	13.00
14.00	01400	46	12,383	12,383	12,383	945	14.00
15.00	01500	680	10,269	10,269	10,269	0	15.00
16.00	01600	1,060	9,770	9,770	9,770	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	89	5,280	5,280	5,280	23,538	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,305	140,508	140,508	140,508	548,113	30.00
31.00	03100	0	26,474	26,474	26,474	128,033	31.00
41.00	04100	1,449	39,855	39,855	39,855	0	41.00
43.00	04300	0	0	0	0	38,281	43.00
44.00	04400	422	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	223,507	21,542	21,542	21,542	113,961	50.00
50.01	03330	0	13,610	13,610	13,610	113,518	50.01
51.00	05100	0	1,849	1,849	1,849	33,001	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,168	2,168	2,168	3,690	53.00
54.00	05400	509	42,517	42,517	42,517	149,831	54.00
55.00	05500	228	10,993	10,993	10,993	22,437	55.00
56.00	05600	3,535	5,916	5,916	5,916	0	56.00
57.00	05700	96	2,641	2,641	2,641	0	57.00
58.00	05800	96	5,038	5,038	5,038	0	58.00
59.00	05900	0	9,799	9,799	9,799	23,436	59.00
60.00	06000	22,054	13,841	13,841	13,841	0	60.00
62.00	06200	0	529	529	529	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	89	3,094	3,094	3,094	0	65.00
66.00	06600	506	7,597	7,597	7,597	120,553	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	3,282	5,431	5,431	5,431	0	66.02
67.00	06700	506	7,793	7,793	7,793	0	67.00
68.00	06800	431	1,701	1,701	1,701	0	68.00
69.00	06900	6,910	12,581	12,581	12,581	28,571	69.00
70.00	07000	523	0	0	0	2,767	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	3,750	3,750	3,750	0	73.00
74.00	07400	2,350	5,523	5,523	5,523	25,933	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	8,568	7,449	7,449	7,449	5,490	90.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	2,173	2,173	2,173	411	90.01
91.00	09100	EMERGENCY	0	17,128	17,128	17,128	245,019	91.00
91.01	04040	FAMILY PRACTICE	1,675	655	655	655	1,461	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,303,626	496,050	496,050	496,050	1,629,802	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
193.00	19300	NONPAID WORKERS	0	5,654	5,654	5,654	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,073,608	15,177,428	8,255	1,308,982	1,586,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.590646	30.251758	0.016454	2.609072	0.973653	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	144,989	2,990,814	1,552	148,049	155,643	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.111220	5.961312	0.003093	0.295092	0.095498	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	54,800					8.01
9.00	00900						9.00
9.01	00901		127,830				9.01
10.00	01000						10.00
10.01	01001		3,360	10,631	148,276		10.01
11.00	01100			4,368			11.00
12.00	01200		840			148,276	12.00
13.00	01300						13.00
14.00	01400		465				14.00
15.00	01500		420				15.00
16.00	01600		990				16.00
17.00	01700		630				17.00
17.01	01701			411			17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		150				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		47,300		45,691	45,691	30.00
31.00	03100		6,840		10,048	10,048	31.00
41.00	04100		7,560		11,746	11,746	41.00
43.00	04300		1,035		1,997	1,997	43.00
44.00	04400	54,800			78,794	78,794	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		15,780				50.00
50.01	03330						50.01
51.00	05100		300				51.00
52.00	05200						52.00
53.00	05300		300				53.00
54.00	05400		2,940				54.00
55.00	05500		1,890				55.00
56.00	05600		600				56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		3,430				60.00
62.00	06200		210				62.00
62.30	06250						62.30
65.00	06500		570				65.00
66.00	06600		900				66.00
66.01	06601			4,953			66.01
66.02	06602						66.02
67.00	06700		1,200				67.00
68.00	06800						68.00
69.00	06900		750				69.00
70.00	07000		180				70.00
70.01	07001						70.01
71.00	07100			899			71.00
72.00	07200						72.00
73.00	07300		150				73.00
74.00	07400						74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		6,070				90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,800	113,900	10,631	148,276	148,276	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	334,253	4,660,575	880,616	1,210,124	2,800,661	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.099507	36.459165	82.834729	8.161294	18.888161	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	14,597	318,483	32,493	465,670	142,559	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.266369	2.491457	3.056439	2.374444	0.961444	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	4,027,415	0				12.00
13.00	01300	70,409	0	2,387,977			13.00
14.00	01400	32,063	0	0	27,130,400		14.00
15.00	01500	89,132	0	0	0	12,382,549	15.00
16.00	01600	88,046	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	7,008	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	177,672	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	988,330	0	988,330	0	0	30.00
31.00	03100	344,484	0	344,484	0	0	31.00
41.00	04100	202,853	0	202,853	0	0	41.00
43.00	04300	44,844	0	44,844	0	0	43.00
44.00	04400	426,148	0	426,148	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	163,874	0	163,874	0	0	50.00
50.01	03330	82,690	0	82,690	0	0	50.01
51.00	05100	33,924	0	33,924	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	11,455	0	11,455	0	0	53.00
54.00	05400	195,449	0	0	0	0	54.00
55.00	05500	38,085	0	0	0	0	55.00
56.00	05600	44,211	0	0	0	0	56.00
57.00	05700	31,401	0	0	0	0	57.00
58.00	05800	17,891	0	0	0	0	58.00
59.00	05900	75,809	0	75,809	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	108,550	0	0	0	0	65.00
66.00	06600	96,751	0	0	0	0	66.00
66.01	06601	55,163	0	0	0	0	66.01
66.02	06602	15,553	0	0	0	0	66.02
67.00	06700	50,797	0	0	0	0	67.00
68.00	06800	24,419	0	0	0	0	68.00
69.00	06900	37,795	0	0	0	0	69.00
70.00	07000	26,318	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	13,342,066	0	71.00
72.00	07200	0	0	0	13,788,334	0	72.00
73.00	07300	0	0	0	0	12,382,549	73.00
74.00	07400	41,664	0	0	0	0	74.00
76.97	07697	13,065	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))		
		11.00	12.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,734	0	9,734	0	0	90.00
90.01	09001	WELLNESS PROGRAM	3,832	0	3,832	0	0	90.01
91.00	09100	EMERGENCY	203,118	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	82,178	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92,700	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,027,415	0	2,387,977	27,130,400	12,382,549	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,754,499	0	3,923,129	2,425,210	5,534,674	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.180534	0.000000	1.642867	0.089391	0.446974	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	245,755	0	640,133	416,346	400,477	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.061021	0.000000	0.268065	0.015346	0.032342	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	100			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,497	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	612,211	100	100	0	0	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	8,834,292	0	320,586	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.430143	0.000000	3,205.860000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	439,673	0	10,655	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.718172	0.000000	106.550000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10 01160	COMMUNICATIONS				5.10
5.20 00550	DATA PROCESSING				5.20
5.30 00560	PURCHASING RECEIVING AND STORES				5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60 00592	ADMINISTRATION & GENERAL				5.60
5.90 00593	RNP ADMINISTRATION				5.90
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	ELECTRICITY				7.01
7.02 00702	RNP OPERATION OF PLANT				7.02
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
8.01 00801	RNP LAUNDRY				8.01
9.00 00900	HOUSEKEEPING				9.00
9.01 00901	RNP HOUSEKEEPING				9.01
10.00 01000	DIETARY				10.00
10.01 01001	RNP DIETARY				10.01
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
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
17.01 01701	RNP SOCIAL SERVICE				17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	811	811	0	30.00
31.00 03100	INTENSIVE CARE UNIT	101	101	0	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	10	10	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	88	88	0	50.00
50.01 03330	AMBULATORY SURGERY	0	0	0	50.01
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	10	10	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	20	20	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	50	50	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	50	50	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	70.01
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
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
76.99 07699 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	20	20	0		90.00
90.01 09001 WELLNESS PROGRAM	20	20	0		90.01
91.00 09100 EMERGENCY	150	150	0		91.00
91.01 04040 FAMILY PRACTICE	80	80	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,420	1,420	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 OTHER	0	0	0		194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0		194.05
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)	15,902,946	3,541,655	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11,199.257746	2,494.123239	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	357,752	203,463	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	251.938028	143.283803	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,939,887	0	43,939,887	30.00
31.00	03100 INTENSIVE CARE UNIT		16,260,926	0	16,260,926	31.00
41.00	04100 SUBPROVIDER - I RF		9,914,832	0	9,914,832	41.00
43.00	04300 NURSERY		1,979,748	0	1,979,748	43.00
44.00	04400 SKILLED NURSING FACILITY		19,285,330	0	19,285,330	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,084,347	0	13,084,347	50.00
50.01	03330 AMBULATORY SURGERY		5,425,044	0	5,425,044	50.01
51.00	05100 RECOVERY ROOM		1,612,646	0	1,612,646	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		544,247	0	544,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,002,444	0	13,002,444	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,255,969	0	4,255,969	55.00
56.00	05600 RADIOISOTOPE		4,490,195	0	4,490,195	56.00
57.00	05700 CT SCAN		1,563,051	0	1,563,051	57.00
58.00	05800 MRI		1,806,628	0	1,806,628	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,796,142	0	3,796,142	59.00
60.00	06000 LABORATORY		16,081,194	0	16,081,194	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,046,285	0	1,046,285	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	3,667,213	0	3,667,213	65.00
66.00	06600 PHYSICAL THERAPY	0	5,731,746	0	5,731,746	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	3,832,007	0	3,832,007	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	1,255,276	0	1,255,276	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	3,263,602	0	3,263,602	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,624,807	0	1,624,807	68.00
69.00	06900 ELECTROCARDIOLOGY		3,645,300	0	3,645,300	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,771,969	0	1,771,969	70.00
70.01	07001 ELECTROPHYSIOLOGY		0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		18,386,855	0	18,386,855	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,409,912	0	18,409,912	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		22,262,574	0	22,262,574	73.00
74.00	07400 RENAL DIALYSIS		2,358,680	0	2,358,680	74.00
76.97	07697 CARDIAC REHABILITATION		896,589	0	896,589	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,891,903	0	1,891,903	90.00
90.01	09001 WELLNESS PROGRAM		428,580	0	428,580	90.01
91.00	09100 EMERGENCY		8,881,622	0	8,881,622	91.00
91.01	04040 FAMILY PRACTICE		1,602,661	101,046	1,703,707	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,761,332	0	1,761,332	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,965,949	0	2,965,949	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		262,727,492	0	262,727,492	200.00
201.00	Less Observation Beds		1,761,332		1,761,332	201.00
202.00	Total (see instructions)		260,966,160	0	260,966,160	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	161,803,589		161,803,589				30.00
31.00	03100	INTENSIVE CARE UNIT	48,228,532		48,228,532				31.00
41.00	04100	SUBPROVIDER - IRF	24,948,554		24,948,554				41.00
43.00	04300	NURSERY	6,560,298		6,560,298				43.00
44.00	04400	SKILLED NURSING FACILITY	21,526,028		21,526,028				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	57,049,535	43,405,631	100,455,166	0.130251	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	5,794,802	21,602,037	27,396,839	0.198017	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,614,932	9,381,038	18,995,970	0.084894	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	13,419,366	13,417,949	26,837,315	0.020279	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,441,297	33,028,187	51,469,484	0.252624	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,030,909	16,136,193	17,167,102	0.247914	0.000000		55.00
56.00	05600	RADIOISOTOPE	9,263,439	24,890,465	34,153,904	0.131469	0.000000		56.00
57.00	05700	CT SCAN	24,094,090	35,147,980	59,242,070	0.026384	0.000000		57.00
58.00	05800	MRI	6,711,305	19,222,502	25,933,807	0.069663	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	38,723,113	34,490,346	73,213,459	0.051850	0.000000		59.00
60.00	06000	LABORATORY	89,234,132	43,252,342	132,486,474	0.121380	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,839,400	938,675	7,778,075	0.134517	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	28,954,746	1,530,568	30,485,314	0.120294	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	17,664,296	9,053,712	26,718,008	0.214527	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,596,477	0	5,596,477	0.684718	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	67,910	4,460,337	4,528,247	0.277210	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	9,770,419	2,799,759	12,570,178	0.259631	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,983,125	2,479,987	5,463,112	0.297414	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,962,850	18,633,538	38,596,388	0.094447	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	512,924	3,128,184	3,641,108	0.486657	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,576,405	17,801,657	50,378,062	0.364977	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,267,691	12,725,152	40,992,843	0.449101	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,530,042	43,134,456	168,664,498	0.131993	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,406,013	7,125,612	10,531,625	0.223962	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	347,665	1,942,359	2,290,024	0.391519	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,602	954,484	960,086	1.970556	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0	88,116	88,116	4.863816	0.000000		90.01
91.00	09100	EMERGENCY	23,843,212	52,122,402	75,965,614	0.116916	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	931,812	6,757,862	7,689,674	0.229052	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,914,954	10,092,453	17,007,407	0.174392	0.000000		92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	850,619,464	489,743,983	1,340,363,447				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	850,619,464	489,743,983	1,340,363,447				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.130251		50.00
50.01	03330 AMBULATORY SURGERY	0.198017		50.01
51.00	05100 RECOVERY ROOM	0.084894		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.020279		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252624		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247914		55.00
56.00	05600 RADIOISOTOPE	0.131469		56.00
57.00	05700 CT SCAN	0.026384		57.00
58.00	05800 MRI	0.069663		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051850		59.00
60.00	06000 LABORATORY	0.121380		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.120294		65.00
66.00	06600 PHYSICAL THERAPY	0.214527		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.684718		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.277210		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.259631		67.00
68.00	06800 SPEECH PATHOLOGY	0.297414		68.00
69.00	06900 ELECTROCARDIOLOGY	0.094447		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.486657		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449101		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131993		73.00
74.00	07400 RENAL DIALYSIS	0.223962		74.00
76.97	07697 CARDIAC REHABILITATION	0.391519		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.970556		90.00
90.01	09001 WELLNESS PROGRAM	4.863816		90.01
91.00	09100 EMERGENCY	0.116916		91.00
91.01	04040 FAMILY PRACTICE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.229052		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.174392		92.01
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,939,887			43,939,887	30.00
31.00	03100	INTENSIVE CARE UNIT	16,260,926			16,260,926	31.00
41.00	04100	SUBPROVIDER - I RF	9,914,832			9,914,832	41.00
43.00	04300	NURSERY	1,979,748			1,979,748	43.00
44.00	04400	SKILLED NURSING FACILITY	19,285,330			19,285,330	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,084,347			13,084,347	50.00
50.01	03330	AMBULATORY SURGERY	5,425,044			5,425,044	50.01
51.00	05100	RECOVERY ROOM	1,612,646			1,612,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	544,247			544,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,002,444			13,002,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,255,969			4,255,969	55.00
56.00	05600	RADIOISOTOPE	4,490,195			4,490,195	56.00
57.00	05700	CT SCAN	1,563,051			1,563,051	57.00
58.00	05800	MRI	1,806,628			1,806,628	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,796,142			3,796,142	59.00
60.00	06000	LABORATORY	16,081,194			16,081,194	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,046,285			1,046,285	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	62.30
65.00	06500	RESPIRATORY THERAPY	3,667,213	0		3,667,213	65.00
66.00	06600	PHYSICAL THERAPY	5,731,746	0		5,731,746	66.00
66.01	06601	RNRC PHYSICAL THERAPY	3,832,007	0		3,832,007	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,255,276	0		1,255,276	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,263,602	0		3,263,602	67.00
68.00	06800	SPEECH PATHOLOGY	1,624,807	0		1,624,807	68.00
69.00	06900	ELECTROCARDIOLOGY	3,645,300			3,645,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,771,969			1,771,969	70.00
70.01	07001	ELECTROPHYSIOLOGY	0			0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,386,855			18,386,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,409,912			18,409,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,262,574			22,262,574	73.00
74.00	07400	RENAL DIALYSIS	2,358,680			2,358,680	74.00
76.97	07697	CARDIAC REHABILITATION	896,589			896,589	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			0	76.98
76.99	07699	LITHOTRIpsy	0			0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,891,903			1,891,903	90.00
90.01	09001	WELLNESS PROGRAM	428,580			428,580	90.01
91.00	09100	EMERGENCY	8,881,622			8,881,622	91.00
91.01	04040	FAMILY PRACTICE	1,602,661		101,046	1,703,707	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,761,332			1,761,332	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,965,949			2,965,949	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	262,727,492	0		262,828,538	200.00
201.00		Less Observation Beds	1,761,332			1,761,332	201.00
202.00		Total (see instructions)	260,966,160	0	101,046	261,067,206	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	161,803,589		161,803,589				30.00
31.00	03100	INTENSIVE CARE UNIT	48,228,532		48,228,532				31.00
41.00	04100	SUBPROVIDER - IRF	24,948,554		24,948,554				41.00
43.00	04300	NURSERY	6,560,298		6,560,298				43.00
44.00	04400	SKILLED NURSING FACILITY	21,526,028		21,526,028				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	57,049,535	43,405,631	100,455,166	0.130251	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	5,794,802	21,602,037	27,396,839	0.198017	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,614,932	9,381,038	18,995,970	0.084894	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	13,419,366	13,417,949	26,837,315	0.020279	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,441,297	33,028,187	51,469,484	0.252624	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,030,909	16,136,193	17,167,102	0.247914	0.000000		55.00
56.00	05600	RADIOISOTOPE	9,263,439	24,890,465	34,153,904	0.131469	0.000000		56.00
57.00	05700	CT SCAN	24,094,090	35,147,980	59,242,070	0.026384	0.000000		57.00
58.00	05800	MRI	6,711,305	19,222,502	25,933,807	0.069663	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	38,723,113	34,490,346	73,213,459	0.051850	0.000000		59.00
60.00	06000	LABORATORY	89,234,132	43,252,342	132,486,474	0.121380	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,839,400	938,675	7,778,075	0.134517	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	28,954,746	1,530,568	30,485,314	0.120294	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	17,664,296	9,053,712	26,718,008	0.214527	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,596,477	0	5,596,477	0.684718	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	67,910	4,460,337	4,528,247	0.277210	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	9,770,419	2,799,759	12,570,178	0.259631	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,983,125	2,479,987	5,463,112	0.297414	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,962,850	18,633,538	38,596,388	0.094447	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	512,924	3,128,184	3,641,108	0.486657	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,576,405	17,801,657	50,378,062	0.364977	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,267,691	12,725,152	40,992,843	0.449101	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,530,042	43,134,456	168,664,498	0.131993	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,406,013	7,125,612	10,531,625	0.223962	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	347,665	1,942,359	2,290,024	0.391519	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,602	954,484	960,086	1.970556	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0	88,116	88,116	4.863816	0.000000		90.01
91.00	09100	EMERGENCY	23,843,212	52,122,402	75,965,614	0.116916	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	931,812	6,757,862	7,689,674	0.229052	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,914,954	10,092,453	17,007,407	0.174392	0.000000		92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	850,619,464	489,743,983	1,340,363,447				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	850,619,464	489,743,983	1,340,363,447				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 11:40 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 AMBULATORY SURGERY	0.000000		50.01
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000		66.02
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
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WELLNESS PROGRAM	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04040 FAMILY PRACTICE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,545,351	0	4,545,351	47,599	95.49	30.00
31.00	INTENSIVE CARE UNIT	1,129,047		1,129,047	10,048	112.37	31.00
41.00	SUBPROVIDER - IRF	1,173,650	0	1,173,650	11,746	99.92	41.00
43.00	NURSERY	82,567		82,567	1,997	41.35	43.00
44.00	SKILLED NURSING FACILITY	993,921		993,921	78,794	12.61	44.00
200.00	Total (Lines 30-199)	7,924,536		7,924,536	150,184		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	26,754	2,554,739	30.00
31.00	INTENSIVE CARE UNIT	3,290	369,697	31.00
41.00	SUBPROVIDER - IRF	8,931	892,386	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	18,296	230,713	44.00
200.00	Total (Lines 30-199)	57,271	4,047,535	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,804,307	100,455,166	0.017961	26,560,178	477,047	50.00
50.01	03330	AMBULATORY SURGERY	473,280	27,396,839	0.017275	3,295,751	56,934	50.01
51.00	05100	RECOVERY ROOM	88,212	18,995,970	0.004644	4,662,078	21,651	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,517	26,837,315	0.004006	6,234,145	24,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,039,651	51,469,484	0.039628	10,506,217	416,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	535,263	17,167,102	0.031180	498,406	15,540	55.00
56.00	05600	RADIOISOTOPE	271,101	34,153,904	0.007938	5,061,802	40,181	56.00
57.00	05700	CT SCAN	91,431	59,242,070	0.001543	13,124,748	20,251	57.00
58.00	05800	MRI	222,887	25,933,807	0.008594	3,280,630	28,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	347,128	73,213,459	0.004741	19,594,379	92,897	59.00
60.00	06000	LABORATORY	730,066	132,486,474	0.005510	47,236,997	260,276	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,266	7,778,075	0.004920	3,410,546	16,780	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	250,174	30,485,314	0.008206	15,270,437	125,309	65.00
66.00	06600	PHYSICAL THERAPY	334,461	26,718,008	0.012518	4,904,541	61,395	66.00
66.01	06601	RNRC PHYSICAL THERAPY	120,752	5,596,477	0.021576	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	242,022	4,528,247	0.053447	802	43	66.02
67.00	06700	OCCUPATIONAL THERAPY	239,700	12,570,178	0.019069	1,787,491	34,086	67.00
68.00	06800	SPEECH PATHOLOGY	86,686	5,463,112	0.015868	862,068	13,679	68.00
69.00	06900	ELECTROCARDIOLOGY	446,788	38,596,388	0.011576	12,058,261	139,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196,578	3,641,108	0.053989	259,908	14,032	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	586,007	50,378,062	0.011632	15,973,555	185,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	576,302	40,992,843	0.014059	15,878,054	223,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	919,310	168,664,498	0.005451	59,931,829	326,688	73.00
74.00	07400	RENAL DIALYSIS	177,151	10,531,625	0.016821	42,692	718	74.00
76.97	07697	CARDIAC REHABILITATION	139,896	2,290,024	0.061089	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	278,192	960,086	0.289757	5,519	1,599	90.00
90.01	09001	WELLNESS PROGRAM	59,449	88,116	0.674667	0	0	90.01
91.00	09100	EMERGENCY	670,294	75,965,614	0.008824	15,374,460	135,664	91.00
91.01	04040	FAMILY PRACTICE	216,866	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	182,201	7,689,674	0.023694	194,379	4,606	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	71,543	17,007,407	0.004207	4,738,525	19,935	92.01
200.00		Total (lines 50-199)	12,543,601	1,077,296,446		290,748,398	2,757,439	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,599	0.00	26,754	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,048	0.00	3,290	0		31.00
41.00	04100	SUBPROVIDER - IRF	11,746	0.00	8,931	0		41.00
43.00	04300	NURSERY	1,997	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	78,794	0.00	18,296	0		44.00
200.00		Total (lines 30-199)	150,184		57,271	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
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
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
Title XVIII							
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	100,455,166	0.000000	0.000000		26,560,178	50.00
50.01 03330 AMBULATORY SURGERY	0	27,396,839	0.000000	0.000000		3,295,751	50.01
51.00 05100 RECOVERY ROOM	0	18,995,970	0.000000	0.000000		4,662,078	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000		0	52.00
53.00 05300 ANESTHESIOLOGY	0	26,837,315	0.000000	0.000000		6,234,145	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	51,469,484	0.000000	0.000000		10,506,217	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17,167,102	0.000000	0.000000		498,406	55.00
56.00 05600 RADIOISOTOPE	0	34,153,904	0.000000	0.000000		5,061,802	56.00
57.00 05700 CT SCAN	0	59,242,070	0.000000	0.000000		13,124,748	57.00
58.00 05800 MRI	0	25,933,807	0.000000	0.000000		3,280,630	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	73,213,459	0.000000	0.000000		19,594,379	59.00
60.00 06000 LABORATORY	0	132,486,474	0.000000	0.000000		47,236,997	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,778,075	0.000000	0.000000		3,410,546	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0	62.30
65.00 06500 RESPIRATORY THERAPY	0	30,485,314	0.000000	0.000000		15,270,437	65.00
66.00 06600 PHYSICAL THERAPY	0	26,718,008	0.000000	0.000000		4,904,541	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	5,596,477	0.000000	0.000000		0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	4,528,247	0.000000	0.000000		802	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	12,570,178	0.000000	0.000000		1,787,491	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,463,112	0.000000	0.000000		862,068	68.00
69.00 06900 ELECTROCARDIOLOGY	0	38,596,388	0.000000	0.000000		12,058,261	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,641,108	0.000000	0.000000		259,908	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000		0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,378,062	0.000000	0.000000		15,973,555	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	40,992,843	0.000000	0.000000		15,878,054	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	168,664,498	0.000000	0.000000		59,931,829	73.00
74.00 07400 RENAL DIALYSIS	0	10,531,625	0.000000	0.000000		42,692	74.00
76.97 07697 CARDIAC REHABILITATION	0	2,290,024	0.000000	0.000000		0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000		0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000		0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	960,086	0.000000	0.000000		5,519	90.00
90.01 09001 WELLNESS PROGRAM	0	88,116	0.000000	0.000000		0	90.01
91.00 09100 EMERGENCY	0	75,965,614	0.000000	0.000000		15,374,460	91.00
91.01 04040 FAMILY PRACTICE	0	0	0.000000	0.000000		0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,689,674	0.000000	0.000000		194,379	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	17,007,407	0.000000	0.000000		4,738,525	92.01
200.00	Total (lines 50-199)	0	1,077,296,446			290,748,398	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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	13,804,985	0	50.00
50.01	03330 AMBULATORY SURGERY	0	7,554,060	0	50.01
51.00	05100 RECOVERY ROOM	0	2,842,391	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,383,028	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,806,175	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,722,806	0	55.00
56.00	05600 RADIOISOTOPE	0	8,128,431	0	56.00
57.00	05700 CT SCAN	0	13,717,120	0	57.00
58.00	05800 MRI	0	6,128,666	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,504,118	0	59.00
60.00	06000 LABORATORY	0	10,936,180	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	252,014	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	489,348	0	65.00
66.00	06600 PHYSICAL THERAPY	0	214,038	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	141,717	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	71,678	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	130,730	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,218,264	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	457,720	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,104,228	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,721,583	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,345,780	0	73.00
74.00	07400 RENAL DIALYSIS	0	56,573	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	523,743	0	90.00
90.01	09001 WELLNESS PROGRAM	0	240	0	90.01
91.00	09100 EMERGENCY	0	12,160,139	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,676,037	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	5,201,718	0	92.01
200.00	Total (lines 50-199)	0	160,293,510	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 11:40 am
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.130251	13,804,985	0	0	1,798,113	50.00
50.01	03330 AMBULATORY SURGERY	0.198017	7,554,060	0	0	1,495,832	50.01
51.00	05100 RECOVERY ROOM	0.084894	2,842,391	0	0	241,302	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020279	4,383,028	0	0	88,883	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252624	10,806,175	0	0	2,729,899	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247914	6,722,806	0	0	1,666,678	55.00
56.00	05600 RADIO SOTOPE	0.131469	8,128,431	0	0	1,068,637	56.00
57.00	05700 CT SCAN	0.026384	13,717,120	0	0	361,912	57.00
58.00	05800 MRI	0.069663	6,128,666	0	0	426,941	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051850	18,504,118	0	0	959,439	59.00
60.00	06000 LABORATORY	0.121380	10,936,180	719	0	1,327,434	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517	252,014	276	0	33,900	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.120294	489,348	0	0	58,866	65.00
66.00	06600 PHYSICAL THERAPY	0.214527	214,038	0	0	45,917	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.684718	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.277210	141,717	0	0	39,285	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.259631	71,678	0	0	18,610	67.00
68.00	06800 SPEECH PATHOLOGY	0.297414	130,730	0	0	38,881	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094447	8,218,264	0	0	776,190	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.486657	457,720	0	0	222,753	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	6,104,228	0	0	2,227,903	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449101	6,721,583	42,213	0	3,018,670	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131993	13,345,780	29,851	105,717	1,761,550	73.00
74.00	07400 RENAL DIALYSIS	0.223962	56,573	0	0	12,670	74.00
76.97	07697 CARDIAC REHABILITATION	0.391519	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1.970556	523,743	0	0	1,032,065	90.00
90.01	09001 WELLNESS PROGRAM	4.863816	240	0	0	1,167	90.01
91.00	09100 EMERGENCY	0.116916	12,160,139	0	0	1,421,715	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.229052	2,676,037	0	0	612,952	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.174392	5,201,718	0	0	907,138	92.01
200.00	Subtotal (see instructions)		160,293,510	73,059	105,717	24,395,302	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		160,293,510	73,059	105,717	24,395,302	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 AMBULATORY SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	87	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	37	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
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
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	18,958	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,940	13,954		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	23,022	13,954		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	23,022	13,954		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/24/2017 11:40 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,804,307	100,455,166	0.017961	1,360	24	50.00
50.01	03330	AMBULATORY SURGERY	473,280	27,396,839	0.017275	47	1	50.01
51.00	05100	RECOVERY ROOM	88,212	18,995,970	0.004644	142	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,517	26,837,315	0.004006	1,316	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,039,651	51,469,484	0.039628	255,600	10,129	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	535,263	17,167,102	0.031180	51,390	1,602	55.00
56.00	05600	RADIOISOTOPE	271,101	34,153,904	0.007938	141,004	1,119	56.00
57.00	05700	CT SCAN	91,431	59,242,070	0.001543	297,682	459	57.00
58.00	05800	MRI	222,887	25,933,807	0.008594	90,017	774	58.00
59.00	05900	CARDIAC CATHETERIZATION	347,128	73,213,459	0.004741	38,778	184	59.00
60.00	06000	LABORATORY	730,066	132,486,474	0.005510	2,778,893	15,312	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,266	7,778,075	0.004920	94,766	466	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	250,174	30,485,314	0.008206	1,476,028	12,112	65.00
66.00	06600	PHYSICAL THERAPY	334,461	26,718,008	0.012518	6,740,175	84,374	66.00
66.01	06601	RNRC PHYSICAL THERAPY	120,752	5,596,477	0.021576	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	242,022	4,528,247	0.053447	1,124	60	66.02
67.00	06700	OCCUPATIONAL THERAPY	239,700	12,570,178	0.019069	5,326,484	101,571	67.00
68.00	06800	SPEECH PATHOLOGY	86,686	5,463,112	0.015868	1,150,584	18,257	68.00
69.00	06900	ELECTROCARDIOLOGY	446,788	38,596,388	0.011576	87,034	1,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196,578	3,641,108	0.053989	8,920	482	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	586,007	50,378,062	0.011632	483,293	5,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	576,302	40,992,843	0.014059	13,708	193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	919,310	168,664,498	0.005451	4,723,924	25,750	73.00
74.00	07400	RENAL DIALYSIS	177,151	10,531,625	0.016821	719,753	12,107	74.00
76.97	07697	CARDIAC REHABILITATION	139,896	2,290,024	0.061089	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	278,192	960,086	0.289757	83	24	90.00
90.01	09001	WELLNESS PROGRAM	59,449	88,116	0.674667	0	0	90.01
91.00	09100	EMERGENCY	670,294	75,965,614	0.008824	250,893	2,214	91.00
91.01	04040	FAMILY PRACTICE	216,866	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,689,674	0.000000	846	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	71,543	17,007,407	0.004207	0	0	92.01
200.00		Total (lines 50-199)	12,361,400	1,077,296,446		24,733,844	293,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
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
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	100,455,166	0.000000	0.000000	1,360	50.00
50.01	03330	AMBULATORY SURGERY	0	27,396,839	0.000000	0.000000	47	50.01
51.00	05100	RECOVERY ROOM	0	18,995,970	0.000000	0.000000	142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26,837,315	0.000000	0.000000	1,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,469,484	0.000000	0.000000	255,600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,167,102	0.000000	0.000000	51,390	55.00
56.00	05600	RADIOISOTOPE	0	34,153,904	0.000000	0.000000	141,004	56.00
57.00	05700	CT SCAN	0	59,242,070	0.000000	0.000000	297,682	57.00
58.00	05800	MRI	0	25,933,807	0.000000	0.000000	90,017	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,213,459	0.000000	0.000000	38,778	59.00
60.00	06000	LABORATORY	0	132,486,474	0.000000	0.000000	2,778,893	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,778,075	0.000000	0.000000	94,766	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,485,314	0.000000	0.000000	1,476,028	65.00
66.00	06600	PHYSICAL THERAPY	0	26,718,008	0.000000	0.000000	6,740,175	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,596,477	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	4,528,247	0.000000	0.000000	1,124	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,570,178	0.000000	0.000000	5,326,484	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,463,112	0.000000	0.000000	1,150,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,596,388	0.000000	0.000000	87,034	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,641,108	0.000000	0.000000	8,920	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,378,062	0.000000	0.000000	483,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,992,843	0.000000	0.000000	13,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	168,664,498	0.000000	0.000000	4,723,924	73.00
74.00	07400	RENAL DIALYSIS	0	10,531,625	0.000000	0.000000	719,753	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,290,024	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	960,086	0.000000	0.000000	83	90.00
90.01	09001	WELLNESS PROGRAM	0	88,116	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	75,965,614	0.000000	0.000000	250,893	91.00
91.01	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,689,674	0.000000	0.000000	846	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	17,007,407	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	1,077,296,446			24,733,844	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0	0	0	50.01
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	1,543	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1	0	56.00
57.00	05700 CT SCAN	0	5,532	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	66.02
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	459	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	70.01
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	608	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	8,149	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 11:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.130251	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0.198017	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.084894	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.020279	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.252624	1,543	0	0	390	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.247914	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.131469	1	0	0	0	56.00
57.00 05700 CT SCAN	0.026384	5,532	0	0	146	57.00
58.00 05800 MRI	0.069663	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.051850	6	0	0	0	59.00
60.00 06000 LABORATORY	0.121380	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.120294	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.214527	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.684718	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.277210	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.259631	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.297414	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.094447	459	0	0	43	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.486657	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.449101	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.131993	608	0	0	80	73.00
74.00 07400 RENAL DIALYSIS	0.223962	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.391519	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1.970556	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	4.863816	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.116916	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.229052	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.174392	0	0	0	0	92.01
200.00	Subtotal (see instructions)	8,149	0	0	659	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	8,149	0	0	659	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 11:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	66.02
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
70.01 07001 ELECTROPHYSIOLOGY	0	0	70.01
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
Title XVIII		Skilled Nursing Facility	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
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
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
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
Title XVIII		Skilled Nursing Facility	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	100,455,166	0.000000	0.000000	0	50.00
50.01	03330 AMBULATORY SURGERY	0	27,396,839	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	18,995,970	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	26,837,315	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	51,469,484	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,167,102	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	34,153,904	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	59,242,070	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	25,933,807	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	73,213,459	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	132,486,474	0.000000	0.000000	8,015	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,778,075	0.000000	0.000000	2,894	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	30,485,314	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	26,718,008	0.000000	0.000000	1,869,956	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	5,596,477	0.000000	0.000000	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	4,528,247	0.000000	0.000000	346	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	12,570,178	0.000000	0.000000	1,664,915	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,463,112	0.000000	0.000000	289,338	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,596,388	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,641,108	0.000000	0.000000	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,378,062	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	40,992,843	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	168,664,498	0.000000	0.000000	780,457	73.00
74.00	07400 RENAL DIALYSIS	0	10,531,625	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	2,290,024	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	960,086	0.000000	0.000000	0	90.00
90.01	09001 WELLNESS PROGRAM	0	88,116	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	75,965,614	0.000000	0.000000	606	91.00
91.01	04040 FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,689,674	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	17,007,407	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	1,077,296,446			4,616,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
	Component CCN: 14-5324	To 12/31/2016	
Title XVIII		Skilled Nursing Facility	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
50.01	03330 AMBULATORY SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	66.02
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
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	70.01
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
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description			Title XIX		Hospital		Cost	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,599	0.00	1,514	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,048	0.00	476	0		31.00
41.00	04100	SUBPROVIDER - IRF	11,746	0.00	71	0		41.00
43.00	04300	NURSERY	1,997	0.00	456	0		43.00
44.00	04400	SKILLED NURSING FACILITY	78,794	0.00	41,856	0		44.00
200.00		Total (lines 30-199)	150,184		44,373	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
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
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description	Title XIX			Hospital		Inpatient Program Charges	Cost	
	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)				
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	100,455,166	0.000000	0.000000	0	50.00
50.01	03330	AMBULATORY SURGERY	0	27,396,839	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	18,995,970	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	26,837,315	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,469,484	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,167,102	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	34,153,904	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	59,242,070	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	25,933,807	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,213,459	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	132,486,474	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,778,075	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,485,314	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	26,718,008	0.000000	0.000000	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	5,596,477	0.000000	0.000000	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	4,528,247	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	12,570,178	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,463,112	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,596,388	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,641,108	0.000000	0.000000	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,378,062	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,992,843	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	168,664,498	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,531,625	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,290,024	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	960,086	0.000000	0.000000	0	90.00
90.01	09001	WELLNESS PROGRAM	0	88,116	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	75,965,614	0.000000	0.000000	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,689,674	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	17,007,407	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	0	1,077,296,446			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:40 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 AMBULATORY SURGERY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0		66.02
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
70.01	07001 ELECTROPHYSIOLOGY	0	0	0		70.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 WELLNESS PROGRAM	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	04040 FAMILY PRACTICE	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,599	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,599	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)		45,691	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)		26,754	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)		43,939,887	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)		43,939,887	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)		43,939,887	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)		923.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,697,420	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)		24,697,420	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
Title XVIII				Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	16,260,926	10,048	1,618.32	3,290	5,324,273		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)					44,296,062		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,317,755		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)					2,924,436		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,757,439		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,681,875		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,635,880		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,908		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					923.13		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,761,332		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,545,351	43,939,887	0.103445	1,761,332	182,201	90.00
91.00	Nursing School cost	0	43,939,887	0.000000	1,761,332	0	91.00
92.00	Allied health cost	0	43,939,887	0.000000	1,761,332	0	92.00
93.00	All other Medical Education	0	43,939,887	0.000000	1,761,332	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,746	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,746	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)		11,746	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)		8,931	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)		9,914,832	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)		9,914,832	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)		9,914,832	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)		844.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,538,657	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)		7,538,657	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
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)					4,820,720	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,359,377	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)					892,386	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					293,850	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,186,236	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,173,141	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: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,173,650	9,914,832	0.118373	0	0	90.00
91.00	Nursing School cost	0	9,914,832	0.000000	0	0	91.00
92.00	Allied health cost	0	9,914,832	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,914,832	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Skilled Nursing Facility	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)		78,794	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		78,794	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)		78,794	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		18,296	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)		19,285,330	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)		19,285,330	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)		19,285,330	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					19,285,330	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					244.76	71.00
72.00	Program routine service cost (line 9 x line 71)					4,478,129	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					4,478,129	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					4,478,129	83.00
84.00	Program inpatient ancillary services (see instructions)					1,024,017	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					5,502,146	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: 14-0117 Component CCN: 14-5324		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,599	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,599	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)		45,691	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)		1,514	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)		1,997	15.00
16.00	Nursery days (title V or XIX only)		456	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)		43,939,887	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)		43,939,887	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)		43,939,887	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)		923.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,397,619	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)		1,397,619	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,979,748	1,997	991.36	456	452,060	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,260,926	10,048	1,618.32	476	770,320	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,619,999	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,908	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					923.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,761,332	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,545,351	43,939,887	0.103445	1,761,332	182,201	90.00
91.00	Nursing School cost	0	43,939,887	0.000000	1,761,332	0	91.00
92.00	Allied health cost	0	43,939,887	0.000000	1,761,332	0	92.00
93.00	All other Medical Education	0	43,939,887	0.000000	1,761,332	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,746 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,746 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)			11,746 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)			71 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)			1,997 15.00
16.00	Nursery days (title V or XIX only)			456 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)			9,914,832 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)			9,914,832 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)			9,914,832 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)			844.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			59,931 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)			59,931 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				59,931		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XIX		Subprovider - IRF		Cost	
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	1,173,650	9,914,832	0.118373	0	0	90.00
91.00	Nursing School cost	0	9,914,832	0.000000	0	0	91.00
92.00	Allied health cost	0	9,914,832	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,914,832	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am
		Title XIX	Skilled Nursing Facility	Cost
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)		78,794	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		78,794	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)		78,794	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)		41,856	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)		1,997	15.00
16.00	Nursery days (title V or XIX only)		456	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)		19,285,330	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)		19,285,330	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)		19,285,330	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					19,285,330	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					244.76	71.00
72.00	Program routine service cost (line 9 x line 71)					10,244,675	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					10,244,675	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					993,921	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					12.61	76.00
77.00	Program capital-related costs (line 9 x line 76)					527,804	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					9,716,871	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					9,716,871	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					527,804	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					527,804	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: 14-0117 Component CCN: 14-5324		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XIX		Skilled Nursing Facility		Cost	
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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 11:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		89,202,927	30.00
31.00	03100	INTENSIVE CARE UNIT		24,870,816	31.00
41.00	04100	SUBPROVIDER - IRF		1,595	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130251	26,560,178	50.00
50.01	03330	AMBULATORY SURGERY	0.198017	3,295,751	50.01
51.00	05100	RECOVERY ROOM	0.084894	4,662,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020279	6,234,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.252624	10,506,217	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247914	498,406	55.00
56.00	05600	RADIOISOTOPE	0.131469	5,061,802	56.00
57.00	05700	CT SCAN	0.026384	13,124,748	57.00
58.00	05800	MRI	0.069663	3,280,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051850	19,594,379	59.00
60.00	06000	LABORATORY	0.121380	47,236,997	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517	3,410,546	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.120294	15,270,437	65.00
66.00	06600	PHYSICAL THERAPY	0.214527	4,904,541	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.684718	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.277210	802	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.259631	1,787,491	67.00
68.00	06800	SPEECH PATHOLOGY	0.297414	862,068	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094447	12,058,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.486657	259,908	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	15,973,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449101	15,878,054	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131993	59,931,829	73.00
74.00	07400	RENAL DIALYSIS	0.223962	42,692	74.00
76.97	07697	CARDIAC REHABILITATION	0.391519	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.970556	5,519	90.00
90.01	09001	WELLNESS PROGRAM	4.863816	0	90.01
91.00	09100	EMERGENCY	0.116916	15,374,460	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.229052	194,379	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.174392	4,738,525	92.01
200.00		Total (sum of lines 50-94 and 96-98)		290,748,398	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)		290,748,398	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		17,401		30.00
31.00	03100 INTENSIVE CARE UNIT		20,963		31.00
41.00	04100 SUBPROVIDER - IRF		18,933,767		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130251	1,360	177	50.00
50.01	03330 AMBULATORY SURGERY	0.198017	47	9	50.01
51.00	05100 RECOVERY ROOM	0.084894	142	12	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020279	1,316	27	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252624	255,600	64,571	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247914	51,390	12,740	55.00
56.00	05600 RADIOISOTOPE	0.131469	141,004	18,538	56.00
57.00	05700 CT SCAN	0.026384	297,682	7,854	57.00
58.00	05800 MRI	0.069663	90,017	6,271	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051850	38,778	2,011	59.00
60.00	06000 LABORATORY	0.121380	2,778,893	337,302	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517	94,766	12,748	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.120294	1,476,028	177,557	65.00
66.00	06600 PHYSICAL THERAPY	0.214527	6,740,175	1,445,950	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.684718	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.277210	1,124	312	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.259631	5,326,484	1,382,920	67.00
68.00	06800 SPEECH PATHOLOGY	0.297414	1,150,584	342,200	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094447	87,034	8,220	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.486657	8,920	4,341	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	483,293	176,391	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449101	13,708	6,156	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131993	4,723,924	623,525	73.00
74.00	07400 RENAL DIALYSIS	0.223962	719,753	161,197	74.00
76.97	07697 CARDIAC REHABILITATION	0.391519	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.970556	83	164	90.00
90.01	09001 WELLNESS PROGRAM	4.863816	0	0	90.01
91.00	09100 EMERGENCY	0.116916	250,893	29,333	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.229052	846	194	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.174392	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		24,733,844	4,820,720	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		24,733,844		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII	Skilled Nursing Facility	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		1		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130251	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.198017	0	0	50.01
51.00	05100 RECOVERY ROOM	0.084894	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020279	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252624	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.247914	0	0	55.00
56.00	05600 RADIOISOTOPE	0.131469	0	0	56.00
57.00	05700 CT SCAN	0.026384	0	0	57.00
58.00	05800 MRI	0.069663	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051850	0	0	59.00
60.00	06000 LABORATORY	0.121380	8,015	973	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.134517	2,894	389	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.120294	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.214527	1,869,956	401,156	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.684718	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.277210	346	96	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.259631	1,664,915	432,264	67.00
68.00	06800 SPEECH PATHOLOGY	0.297414	289,338	86,053	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094447	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.486657	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.364977	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449101	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131993	780,457	103,015	73.00
74.00	07400 RENAL DIALYSIS	0.223962	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.391519	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.970556	0	0	90.00
90.01	09001 WELLNESS PROGRAM	4.863816	0	0	90.01
91.00	09100 EMERGENCY	0.116916	606	71	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.229052	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.174392	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		4,616,527	1,024,017	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)		4,616,527		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,616,824	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,628,738	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,293,440	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		12,141,973	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		219.71	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)		47.57	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)		18.00	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).		10.00	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)		75.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		73.74	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)		73.74	12.00
13.00	Total allowable FTE count for the prior year.		74.06	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.		75.01	14.00
15.00	Sum of lines 12 through 14 divided by 3.		74.27	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		74.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.338037	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.354660	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.338037	21.00
22.00	IME payment adjustment (see instructions)		9,842,626	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,051,811	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)		-1.83	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)		9,842,626	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,051,811	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.15	31.00
32.00	Sum of lines 30 and 31		17.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.05	33.00
34.00	Disproportionate share adjustment (see instructions)		589,736	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000075281	0.000175386	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	482,261	1,048,367	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	361,037	264,246	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	625,283		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	70,596,647		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)		72,648,458	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,669,956	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).		3,833,646	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,487	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		82,154,547	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		82,154,547	61.00
62.00	Deductibles billed to program beneficiaries		4,989,516	62.00
63.00	Coinurance billed to program beneficiaries		353,500	63.00
64.00	Allowable bad debts (see instructions)		307,661	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		199,980	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		236,040	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		77,011,511	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)		12,923	70.93
70.94	HRR adjustment amount (see instructions)		-208,308	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			76,816,126	71.00
71.01	Sequestration adjustment (see instructions)			1,536,323	71.01
72.00	Interim payments			75,218,082	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)			61,721	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			209,740	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 11:40 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	43,616,824	0	43,616,824		43,616,824	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,628,738	0		14,628,738	14,628,738	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,293,440	0	891,288	402,152	1,293,440	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,141,973	0	0	12,141,973	12,141,973	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.338037	0.338037	0.338037	0.338037		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,842,626	0	7,370,589	2,472,037	9,842,626	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,051,811	0	2,051,811	0	2,051,811	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,842,626	0	7,370,589	2,472,037	9,842,626	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,051,811	0	2,051,811	0	2,051,811	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0405	0.0405	0.0405	0.0405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	589,736	0	441,620	148,116	589,736	11.00
11.01	Uncompensated care payments	36.00	625,283	0	1,413,986	476,508	1,890,494	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	70,596,647	0	52,469,096	18,127,551	70,596,647	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	72,648,458	0	54,520,907	18,127,551	72,648,458	15.00
16.00	Payment for inpatient program capital	50.00	5,669,956	0	4,228,374	1,441,582	5,669,956	16.00
17.00	Special add-on payments for new technologies	54.00	2,487	0	1,452	1,036	2,488	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 11:40 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	58,750,733	19,570,169	78,320,902	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,682,624	0	3,498,581	1,184,043	4,682,624	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	129,007	0	88,503	40,504	129,007	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1475	0.1475	0.1475	0.1475		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	690,687	0	516,041	174,646	690,687	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0358	0.0358	0.0358	0.0358		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	167,638	0	125,249	42,389	167,638	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,669,956	0	4,228,374	1,441,582	5,669,956	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2017 11:40 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	43,616,824	43,616,824		43,616,824	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,628,738		14,628,738	14,628,738	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	1,293,440	891,288	402,152	1,293,440	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	12,141,973	0	12,141,973	12,141,973	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.338037	0.338037	0.338037		
6.00	IME payment adjustment (see instructions)	22.00	9,842,626	7,370,589	2,472,037	9,842,626	
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,051,811	0	2,051,811	2,051,811	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,842,626	7,370,589	2,472,037	9,842,626	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,051,811	0	2,051,811	2,051,811	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0405	0.0405	0.0405		
11.00	Disproportionate share adjustment (see instructions)	34.00	589,736	441,620	148,116	589,736	
11.01	Uncompensated care payments	36.00	625,283	361,037	264,246	625,283	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	70,596,647	52,681,358	17,915,289	70,596,647	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	72,648,458	52,681,358	19,967,100	72,648,458	
16.00	Payment for inpatient program capital	50.00	5,669,956	4,228,374	1,441,582	5,669,956	
17.00	Special add-on payments for new technologies	54.00	2,487	1,451	1,036	2,487	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			56,911,183	21,409,718	78,320,901	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2017 11:40 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,682,624	3,498,581	1,184,043	4,682,624	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	129,007	88,503	40,504	129,007	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1475	0.1475	0.1475		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	690,687	516,041	174,646	690,687	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0358	0.0358	0.0358		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	167,638	125,249	42,389	167,638	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,669,956	4,228,374	1,441,582	5,669,956	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	12,923	-29,249	42,172	12,923	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-208,308	-143,937	-64,371	-208,308	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36,976	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,395,302	2.00
3.00	PPS payments		22,566,619	3.00
4.00	Outlier payment (see instructions)		119,152	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)		36,976	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		178,776	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)		178,776	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		178,776	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		141,800	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)		36,976	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)		22,685,771	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,443	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,422,547	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)		18,291,757	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		925,023	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)		19,216,780	30.00
31.00	Primary payer payments		986	31.00
32.00	Subtotal (line 30 minus line 31)		19,215,794	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)		320,744	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		208,484	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		283,836	36.00
37.00	Subtotal (see instructions)		19,424,278	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-54	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,424,332	40.00
40.01	Sequestration adjustment (see instructions)		388,487	40.01
41.00	Interim payments		19,160,932	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-125,087	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			659 2.00
3.00	PPS payments			562 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			562 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			155 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)			407 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)			407 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			407 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			407 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			407 40.00
40.01	Sequestration adjustment (see instructions)			8 40.01
41.00	Interim payments			398 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0117		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		71,118,743		17,914,725	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		4,048,799		1,317,390	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	12/22/2016	66,266		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	07/26/2016	15,726	07/26/2016	71,183		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)		50,540		-71,183		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)		75,218,082		19,160,932		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		61,721		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		125,087		6.02
7.00	Total Medicare program liability (see instructions)		75,279,803		19,035,845		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: 14-0117
Component CCN: 14-T117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		13,065,510		398	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	07/26/2016	50,448		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)		-50,448		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)		13,015,062		398	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		34,921		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		13,049,983		399	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: 14-0117
Component CCN: 14-5324

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 11:40 am

Title XVIII

Skilled Nursing
Facility

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					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		8,240,856		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)		8,240,856		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		8,240,855		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: 14-0117

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2017 11:40 am

Title XVIII		Hospital	PPS
			1.00

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

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,636	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	30,044	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	6,300	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	55,739	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,340,363,447	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	15,798,938	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)	675,866	8.00
9.00	Sequestration adjustment amount (see instructions)	13,517	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	662,349	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)	662,349	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			13,277,459 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0163 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			143,397 3.00
4.00	Outlier Payments			15,972 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			32.092896 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			13,436,828 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			13,436,828 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			13,436,828 19.00
20.00	Deductibles			68,208 20.00
21.00	Subtotal (line 19 minus line 20)			13,368,620 21.00
22.00	Coinsurance			53,130 22.00
23.00	Subtotal (line 21 minus line 22)			13,315,490 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,260 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			819 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			13,316,309 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			13,316,309 32.00
32.01	Sequestration adjustment (see instructions)			266,326 32.01
33.00	Interim payments			13,015,062 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			34,921 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			17,670 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			15,972 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		10,100,180	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		10,100,180	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		1,691,144	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		8,409,036	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		8,409,036	15.00
15.01	Sequestration adjustment (see instructions)		168,181	15.01
16.00	Interim payments		8,240,856	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 11:40 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,619,999		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,619,999	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,619,999	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		2,619,999	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		2,619,999	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 11:40 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	59,931		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	59,931	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	59,931	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	59,931	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	59,931	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 11:40 am
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	527,804		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	527,804	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	527,804	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	527,804	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	527,804	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 11:40 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.05	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			13.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			79.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.34	6.00
7.00	Enter the lesser of line 5 or line 6			74.34	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	26.48	45.46	71.94	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	26.48	45.46	71.94	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	26.48	45.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	27.60	45.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.09	47.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	26.72	46.10		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	26.72	46.10		17.00
18.00	Per resident amount	97,720.02	97,720.02		18.00
19.00	Approved amount for resident costs	2,611,079	4,504,893	7,115,972	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			7,115,972	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	38,975	7,167		26.00
27.00	Total Inpatient Days (see instructions)	67,485	67,485		27.00
28.00	Ratio of inpatient days to total inpatient days	0.577536	0.106201		28.00
29.00	Program direct GME amount	4,109,730	755,723		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		106,784		30.00
31.00	Net Program direct GME amount			4,758,669	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		10,531,625	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		101,255,441	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		101,255,441	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,432,937	42.00
43.00	Primary payer payments (see instructions)		986	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,431,951	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		125,687,392	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.805613	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.194387	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,758,669	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,833,646	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		925,023	50.00

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

Provider CCN: 14-0117

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

Worksheet G

Date/Time Prepared:
5/24/2017 11:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-2,081,060	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	141,944,261	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-101,378,531	0	0	0	6.00
7.00	Inventory	6,245,595	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,504,932	0	0	0	9.00
10.00	Due from other funds	-155,052,900	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-107,817,703	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,892,216	0	0	0	12.00
13.00	Land improvements	6,726,595	0	0	0	13.00
14.00	Accumulated depreciation	-3,550,542	0	0	0	14.00
15.00	Buildings	168,739,612	0	0	0	15.00
16.00	Accumulated depreciation	-73,316,124	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	479,859	0	0	0	21.00
22.00	Accumulated depreciation	-479,859	0	0	0	22.00
23.00	Major movable equipment	122,379,703	0	0	0	23.00
24.00	Accumulated depreciation	-92,108,385	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	131,763,075	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	167,627	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	167,627	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	24,112,999	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,386,569	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	37,359,390	0	0	0	43.00
44.00	Other current liabilities	333,064	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,079,023	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,079,023	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-14,966,024				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)	-14,966,024	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	24,112,999	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 11:40 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		275,772,987		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,254,143				2.00
3.00	Total (sum of line 1 and line 2)		282,027,130		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	-296,993,151		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)		-296,993,151		0		10.00
11.00	Subtotal (line 3 plus line 10)		-14,966,021		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-14,966,021		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	TEMPORARILY RESTRICTED FUNDS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 11:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	202,555,448		202,555,448	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	24,948,554		24,948,554	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	21,526,028		21,526,028	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)	249,030,030		249,030,030	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	48,228,532		48,228,532	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)	48,228,532		48,228,532	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	297,258,562		297,258,562	17.00
18.00	Ancillary services	553,290,921	487,945,756	1,041,236,677	18.00
19.00	Outpatient services	0	9,684,117	9,684,117	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	850,549,483	497,629,873	1,348,179,356	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,899,787		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	RECONCILING ITEM	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)		287,899,787		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0117

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 11:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,348,179,356	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,060,414,839	2.00
3.00	Net patient revenues (line 1 minus line 2)	287,764,517	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,899,787	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-135,270	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,301	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	27,132	13.00
14.00	Revenue from meals sold to employees and guests	1,116,432	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	4,517	22.00
23.00	Governmental appropriations	22,619	23.00
24.00	REVENUE FROM OTHER SERVICES	4,646,594	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	666,056	24.01
25.00	Total other income (sum of lines 6-24)	6,489,651	25.00
26.00	Total (line 5 plus line 25)	6,354,381	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	100,238	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	100,238	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,254,143	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0117

Period:

Worksheet I-1

Component CCN: 14-2335

From 01/01/2016
To 12/31/2016

Date/Time Prepared:
5/24/2017 11:40 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	670,174	HOURS OF SERVICE	26,915.00	12.94	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	183,227	HOURS OF SERVICE	11,377.00	5.47	4.00
5.00	SOCIAL WORKERS	36,563	HOURS OF SERVICE	1,280.00	0.62	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	34,114	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	924,078				9.00
10.00	EMPLOYEE BENEFITS	90,965	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	1,808	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	5,052	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	134,187	REQUISITIONS			14.00
15.00	DRUGS	916	REQUISITIONS			15.00
16.00	OTHER	175,426	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,332,432				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	83,513	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	3,040	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	226,593	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	453,347	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	185,319	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	74,436	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,358,680				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,358,680				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0117

Period: From 01/01/2016

Worksheet 1-2

Component CCN: 14-2335

To 12/31/2016

Date/Time Prepared: 5/24/2017 11:40 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	268,832	9,900	670,174	219,790	317,558	916	1.00
MAINTENANCE								
2.00	Hemodialysis	224,468	8,266	559,576	183,526	265,155	765	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	44,364	1,634	110,598	36,264	52,403	151	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	268,832	9,900	670,174	219,790	317,558	916	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	134,187	0	1,621,357	737,323	2,358,680		1.00
MAINTENANCE								
2.00	Hemodialysis	112,044	0	1,353,800	615,650	1,969,450		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	22,143	0	267,557	121,673	389,230		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	134,187	0	1,621,357	737,323	2,358,680		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,358,680		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period: From 01/01/2016

Worksheet 1-3

Component CCN: 14-2335

To 12/31/2016

Date/Time Prepared: 5/24/2017 11:40 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	268,832	9,900	670,174	219,790	317,558	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	180,479
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	71.554964	0.463483	35.585090	17.776610	0.290356	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	916	134,187	0	1,621,357	737,323	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	85,474	54,621	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	517,966	330,999	0		1,621,357	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.001768	0.405400	0.000000		0.454757	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0117
Component CCN: 14-2335

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

Worksheet 1-4
Date/Time Prepared:
5/24/2017 11:40 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,183	1,969,450	318.53	5,513	1,756,056	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks		Patient Weeks			
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	6,183	1,969,450		5,513	1,756,056	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	6,183					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,411,072	255.95				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,411,072					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-5 Date/Time Prepared: 5/24/2017 11:40 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,756,056		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,411,072	1,411,072	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,411,072	1,411,072	2.03
2.04	Outlier payments	26,680		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	54	54	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	54	54	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	282,204	282,204	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	282,204	282,204	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	282,258	8.00
9.00	Program payment (see instructions)	1,128,814	1,128,814	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,969,450		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,969,450		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 11:40 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,682,624	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		129,007	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)		152.29	3.00
4.00	Number of interns & residents (see instructions)		74.27	4.00
5.00	Indirect medical education percentage (see instructions)		14.75	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)		690,687	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.15	8.00
9.00	Sum of lines 7 and 8		17.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.58	10.00
11.00	Disproportionate share adjustment (see instructions)		167,638	11.00
12.00	Total prospective capital payments (see instructions)		5,669,956	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