

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 6:42 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2016	Time: 6:42 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST MARYS HOSPITAL (140166) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 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	293,373	-77	-29,382	0	1.00
2.00 Subprovider - IPF	0	4	0		0	2.00
3.00 Subprovider - IRF	0	4,709	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	298,086	-77	-29,382	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: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 6:41 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1800 EAST LAKE SHORE DRIVE		PO Box:	1.00
2.00	City: DECATUR		State: IL Zip Code: 62521 County: MACON	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST MARYS HOSPITAL	140166	19500	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N	P	N	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T166	19500	5	07/01/2008	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

					From:		To:		
					1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)				07/01/2015		06/30/2016		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.				1		N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,419	2,305	0	0	5,971	134	24.00

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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	20	254	0	0	23	25.00	
					Urban/Rural	S	Date of Geogr	
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		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 OPSS 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	Y	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.				Y	Y		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	
					1.00	2.00	3.00	
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	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			0.00	61.01

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)	0.00	0.00				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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. 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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		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

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				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V 1.00	XIX 2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:			262,040	741,889	1,916,178	118.01

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		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
DO NOT USE THIS LINE						
119.00	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		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 2, "Y" for yes or "N" for no.				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	141.00	
142.00	Street: STREET: 4936 LAVERNA ROAD	PO Box:			142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794	143.00	
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00	
		1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00	
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00	
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 6:41 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2015	03/31/2015	170.00	
						1.00	
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. (see instructions)					N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 6:41 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
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	
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	11/01/2016	Y	11/01/2016
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: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 6:41 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-2
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	184	67,344	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)		184	67,344	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		196	71,736	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		230				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,903	8,137	25,977			1.00
2.00 HMO and other (see instructions)	2,086	2,086				2.00
3.00 HMO IPF Subprovider	258	258				3.00
4.00 HMO IRF Subprovider	187	187				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,903	8,137	25,977			7.00
8.00 INTENSIVE CARE UNIT	1,164	437	2,167			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		943	1,501			13.00
14.00 Total (see instructions)	11,067	9,517	29,645	0.86	777.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,715	84	4,537	0.00	20.17	16.00
17.00 SUBPROVIDER - IRF	3,064	213	4,162	0.00	22.58	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.86	819.92	27.00
28.00 Observation Bed Days		422	1,769			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			401			30.00
31.00 Employee discount days - IRF			63			31.00
32.00 Labor & delivery days (see instructions)	0	134	191			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

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	2,707	1,932	7,057	1.00
2.00 HMO and other (see instructions)			484	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	2,707	1,932	7,057	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	220	8	278	16.00
17.00 SUBPROVIDER - IRF	0.00	0	257	23	362	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					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: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/29/2016 6:41 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	43,043,498	0	43,043,498	1,705,431.58	25.24	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		1,956,776	0	1,956,776	18,923.01	103.41	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,555,913	0	2,555,913	109,700.87	23.30	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	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		265,237	0	265,237	1,696.99	156.30	13.00
14.00	Home office salaries & wage-related costs		5,286,041	0	5,286,041	75,621.79	69.90	14.00
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)		14,067,995	0	14,067,995			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		957,829	0	957,829			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		419,259	0	419,259			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	270,121	0	270,121	8,135.78	33.20	26.00
27.00	Administrative & General	5.00	5,901,993	0	5,901,993	226,882.11	26.01	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,109,778	0	1,109,778	54,406.43	20.40	30.00
31.00	Laundry & Linen Service	8.00	31,171	0	31,171	3,361.15	9.27	31.00
32.00	Housekeeping	9.00	981,808	0	981,808	83,640.58	11.74	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,081,394	-841,805	239,589	19,062.58	12.57	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	841,805	841,805	66,977.18	12.57	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	652,266	0	652,266	19,442.80	33.55	38.00
39.00	Central Services and Supply	14.00	289,157	0	289,157	20,967.44	13.79	39.00
40.00	Pharmacy	15.00	1,855,278	0	1,855,278	46,058.49	40.28	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,181,160	0	1,181,160	59,618.25	19.81	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part III Date/Time Prepared: 11/29/2016 6:41 pm
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	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)	41,086,722	0	41,086,722	1,686,508.57	24.36	1.00
2.00	Excluded area salaries (see instructions)	2,555,913	0	2,555,913	109,700.87	23.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,530,809	0	38,530,809	1,576,807.70	24.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,551,278	0	5,551,278	77,318.78	71.80	4.00
5.00	Subtotal wage-related costs (see inst.)	14,067,995	0	14,067,995	0.00	36.51	5.00
6.00	Total (sum of lines 3 thru 5)	58,150,082	0	58,150,082	1,654,126.48	35.15	6.00
7.00	Total overhead cost (see instructions)	13,354,126	0	13,354,126	608,552.79	21.94	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2016 6:41 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	130,704	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)	3,839,122	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)	7,618,949	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	75,148	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	527,084	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,474,051	17.00
18.00	Medicare Taxes - Employers Portion Only	624,131	18.00
19.00	Unemployment Insurance	69,194	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	85,701	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,444,084	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 6:41 pm
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				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)		0.213641		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		11,782,891		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		114,217,833		6.00	
7.00	Medicaid cost (line 1 times line 6)		24,401,612		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		12,618,721		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (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, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,618,721		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		11,153,495	1,803,944	12,957,439	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,382,844	385,396	2,768,240	21.00
22.00	Partial payment by patients approved for charity care		1,823,502	293,105	2,116,607	22.00
23.00	Cost of charity care (line 21 minus line 22)		559,342	92,291	651,633	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0			25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,626,808			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		405,788			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,221,020			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		688,142			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,339,775			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,958,496			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,972,825		5,651,616	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	6,640,759	6,640,759	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	270,121	28,682,697	28,952,818	28,952,818	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,901,993	33,577,325	39,479,318	37,396,328	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,109,778	2,340,790	3,450,568	3,389,967	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,171	636,699	667,870	667,870	8.00
9.00	00900	HOUSEKEEPING	981,808	469,970	1,451,778	1,451,778	9.00
10.00	01000	DIETARY	1,081,394	388,883	1,470,277	237,306	10.00
11.00	01100	CAFETERIA	0	0	0	1,232,971	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	652,266	40,061	692,327	687,574	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	289,157	311,812	600,969	540,895	14.00
15.00	01500	PHARMACY	1,855,278	5,287,962	7,143,240	2,169,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,181,160	485,005	1,666,165	1,665,977	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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 A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,760,762	1,743,136	8,503,898	8,424,234	30.00
31.00	03100	INTENSIVE CARE UNIT	1,179,646	243,644	1,423,290	1,401,636	31.00
40.00	04000	SUBPROVIDER - I PF	873,630	246,537	1,120,167	1,120,045	40.00
41.00	04100	SUBPROVIDER - I RF	1,191,322	173,575	1,364,897	1,359,513	41.00
43.00	04300	NURSERY	146,580	197,183	343,763	343,533	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,145,767	6,522,130	7,667,897	2,675,413	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	294,055	212,383	506,438	422,386	50.02
51.00	05100	RECOVERY ROOM	443,784	60,597	504,381	497,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	999,469	297,263	1,296,732	1,249,503	52.00
53.00	05300	ANESTHESIOLOGY	2,302,536	1,200,838	3,503,374	3,441,005	53.00
53.01	05301	PAIN CENTER	393,862	100,913	494,775	469,046	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,803,921	580,396	2,384,317	2,315,970	54.00
56.00	05600	RADIOISOTOPE	108,710	307,598	416,308	59,835	56.00
57.00	05700	CT SCAN	369,902	497,624	867,526	792,782	57.00
58.00	05800	MRI	252,360	193,601	445,961	438,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,196,279	5,903,915	7,100,194	3,856,961	59.00
60.00	06000	LABORATORY	2,247,570	2,738,434	4,986,004	4,820,819	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62,049	454,022	516,071	147,164	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	593,108	1,702,100	2,295,208	2,285,272	65.00
66.00	06600	PHYSICAL THERAPY	1,918,352	39,663	1,958,015	1,946,610	66.00
69.00	06900	ELECTROCARDIOLOGY	590,187	1,225,741	1,815,928	1,651,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	309,937	35,008	344,945	344,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	5,434,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,431,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,974,231	73.00
75.00	07500	ASC (NON-DISTINCT PART)	606,622	58,334	664,956	652,924	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	147,891	5,784	153,675	153,451	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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	175,920	2,313	178,233	178,233	90.02
90.03	09003	WOUND CLINIC	203,379	100,382	303,761	302,070	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR MIRMIRA	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	30,820	194,944	225,764	195,984	90.12
90.13	09013	RADIATION ONCOLOGY	351,577	414,941	766,518	761,759	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	90.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		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	
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABI B	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	2,498,414	3,733,534	6,231,948	-95,685	6,136,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,037,129	1,037,129	-1,037,129	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,552,537	111,417,691	153,970,228	0	153,970,228	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	54,416	103,879	158,295	0	158,295	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,045	667,538	670,583	0	670,583	192.00
194.00	07950	SENIOR SERVICES	37,444	126,261	163,705	0	163,705	194.00
194.01	07951	ADULT DAY CARE	133,426	38,970	172,396	0	172,396	194.01
194.02	07952	SPORTS MEDICINE REHAB	246,841	25,038	271,879	0	271,879	194.02
194.04	07953	CANCER CARE	141	36,646	36,787	0	36,787	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	2,181	2,181	0	2,181	194.07
194.08	07955	ARTHUR CLINIC	0	44,686	44,686	0	44,686	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	308	268	576	0	576	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	136	254,538	254,674	0	254,674	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	26	1,475	1,501	0	1,501	194.15
194.16	07960	CERRO GORDO	0	19,901	19,901	0	19,901	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	0	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	4,572	114,348	118,920	0	118,920	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	697	325,993	326,690	0	326,690	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	9,851	-7	9,844	0	9,844	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	76	76	0	76	194.40
194.41	07978	GI SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	0	0	0	0	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	58	19	77	0	77	194.48
194.49	07973	FUND DEVELOPMENT	0	0	0	0	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	0	0	194.50
200.00		TOTAL (SUM OF LINES 118-199)	43,043,498	113,179,501	156,222,999	0	156,222,999	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	5,651,616	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,640,759	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15,532,018	13,420,800	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,117,531	23,278,797	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,389,967	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,197	659,673	8.00
9.00	00900	HOUSEKEEPING	0	1,451,778	9.00
10.00	01000	DIETARY	-58	237,248	10.00
11.00	01100	CAFETERIA	0	1,232,971	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	687,574	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	540,895	14.00
15.00	01500	PHARMACY	0	2,169,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,576	1,663,401	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
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 A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-298,438	8,125,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,401,636	31.00
40.00	04000	SUBPROVIDER - I PF	0	1,120,045	40.00
41.00	04100	SUBPROVIDER - I RF	-53,392	1,306,121	41.00
43.00	04300	NURSERY	-1,500	342,033	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,675,413	50.00
50.01	05001	STONE CENTER	0	0	50.01
50.02	05002	ENDOSCOPY	0	422,386	50.02
51.00	05100	RECOVERY ROOM	0	497,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,249,503	52.00
53.00	05300	ANESTHESIOLOGY	-2,868,707	572,298	53.00
53.01	05301	PAIN CENTER	0	469,046	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,528	2,308,442	54.00
56.00	05600	RADIOISOTOPE	0	59,835	56.00
57.00	05700	CT SCAN	-17,623	775,159	57.00
58.00	05800	MRI	0	438,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,284,166	2,572,795	59.00
60.00	06000	LABORATORY	-62,775	4,758,044	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	147,164	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-201,643	2,083,629	65.00
66.00	06600	PHYSICAL THERAPY	0	1,946,610	66.00
69.00	06900	ELECTROCARDIOLOGY	-360,470	1,291,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,444	333,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	5,434,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,431,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,974,231	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	652,924	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-261	153,190	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	PRENATAL CLINIC	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	-130,863	47,370	90.02
90.03	09003	WOUND CLINIC	-41,606	260,464	90.03
90.04	09004	NEUROSURGERY	0	0	90.04
90.05	09005	DR JATOI	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	90.06
90.07	09007	DR. CHU	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	90.08
90.09	09009	DR. SHANKER	0	0	90.09
90.10	09010	DR MIRMI RA	0	0	90.10
90.11	09011	DR TOKHI	0	0	90.11
90.12	09012	CTPET	0	195,984	90.12
90.13	09013	RADIATION ONCOLOGY	0	761,759	90.13
90.14	09014	SPORTS MED-REHAB	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	90.15
90.16	09016	DR BRITT	0	0	90.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	90.17
90.18	09018	DR BOCK	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	90.19
90.20	09020	DR ANDERSON	0	0	90.20
90.21	09021	DR HABIB	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	90.22
90.23	09023	DR MUNESSES	0	0	90.23
90.24	09024	DR KOHLI	0	0	90.24
90.25	09025	DR DUNCAN	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	90.26
90.27	09027	DR POWELL	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	90.28
91.00	09100	EMERGENCY	-3,271,846	2,864,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-38,272,642	115,697,586	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	158,295	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	670,583	192.00
194.00	07950	SENIOR SERVICES	0	163,705	194.00
194.01	07951	ADULT DAY CARE	0	172,396	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	271,879	194.02
194.04	07953	CANCER CARE	0	36,787	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	194.05
194.07	07976	BLUE MOUND	0	2,181	194.07
194.08	07955	ARTHUR CLINIC	0	44,686	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	194.09
194.11	07956	2981 NORTH MAIN	0	576	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	254,674	194.13
194.14	07958	MEDICAL ARTS	0	0	194.14
194.15	07959	MT. ZION CLINIC	0	1,501	194.15
194.16	07960	CERRO GORDO	0	19,901	194.16
194.17	07961	LIFELINE	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	118,920	194.24
194.25	07965	3915 N COWGILL	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	326,690	194.36
194.37	07968	DAY CARE CENTER	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	9,844	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	76	194.40
194.41	07978	G I SUITES	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	194.42
194.43	07970	VACANT SPACE	0	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	194.44
194.48	07972	MRI BUILDING	0	77	194.48
194.49	07973	FUND DEVELOPMENT	0	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	194.50
200.00		TOTAL (SUM OF LINES 118-199)	-38,272,642	117,950,357	200.00

RECLASSIFICATIONS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,113,433	1.00	
	O		0	6,113,433		
B - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	841,805	391,166	1.00	
	O		841,805	391,166		
D - LEASE EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	527,326	1.00	
2.00	OPERATION OF PLANT	7.00	0	8,006	2.00	
3.00	OPERATING ROOM	50.00	0	1,795	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	
	O		0	537,127		
F - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,974,231	1.00	
	O		0	4,974,231		
G - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	723,947	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	313,182	2.00	
	O		0	1,037,129		
H - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	5,434,313	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	
	O		0	5,434,313		
I - IMPLANT SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,431,402	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	
	O		0	4,431,402		

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 6:41 pm

		Increases				
Cost Center		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
J - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,068,277	1.00	
	0		0	2,068,277		
500.00	Grand Total: Increases		841,805	24,987,078	500.00	

RECLASSIFICATIONS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,113,433		9	1.00
	O		0	6,113,433			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	841,805	391,166		0	1.00
	O		841,805	391,166			
D - LEASE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	325,072		9	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	59,473		9	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,216		9	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,070		9	4.00
5.00	LABORATORY	60.00	0	55,220		9	5.00
6.00	RESPIRATORY THERAPY	65.00	0	3,133		9	6.00
7.00	PHYSICAL THERAPY	66.00	0	11,362		9	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	54,570		9	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	180		9	9.00
10.00	CARDIAC REHABILITATION	76.97	0	57		9	10.00
11.00	EMERGENCY	91.00	0	774		9	11.00
	O		0	537,127			
F - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	4,974,231		0	1.00
	O		0	4,974,231			
G - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,037,129		9	1.00
2.00		0.00	0	0		9	2.00
	O		0	1,037,129			
H - MEDICAL SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	68,279		0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	4,753		0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	601		0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	188		0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	76,043		0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	21,550		0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	122		0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	3,559		0	8.00
9.00	NURSERY	43.00	0	230		0	9.00
10.00	OPERATING ROOM	50.00	0	2,005,356		0	10.00
11.00	ENDOSCOPY	50.02	0	84,052		0	11.00
12.00	RECOVERY ROOM	51.00	0	6,403		0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	47,229		0	13.00
14.00	ANESTHESIOLOGY	53.00	0	62,246		0	14.00
15.00	PAIN CENTER	53.01	0	25,729		0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,277		0	16.00
17.00	RADIOISOTOPE	56.00	0	356,473		0	17.00
18.00	CT SCAN	57.00	0	74,744		0	18.00
19.00	MRI	58.00	0	7,336		0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,808,362		0	20.00
21.00	LABORATORY	60.00	0	109,965		0	21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	368,907		0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	6,803		0	23.00
24.00	PHYSICAL THERAPY	66.00	0	43		0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	109,718		0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	5		0	26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	12,032		0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	167		0	28.00
29.00	WOUND CLINIC	90.03	0	1,691		0	29.00
30.00	CTPET	90.12	0	29,780		0	30.00
31.00	RADIATION ONCOLOGY	90.13	0	4,759		0	31.00
32.00	EMERGENCY	91.00	0	94,911		0	32.00
	O		0	5,434,313			
I - IMPLANT SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,823		0	1.00
2.00	OPERATION OF PLANT	7.00	0	328		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,405		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	104		0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,825		0	5.00
6.00	OPERATING ROOM	50.00	0	2,988,923		0	6.00
7.00	ANESTHESIOLOGY	53.00	0	123		0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,434,871		0	8.00
	O		0	4,431,402			

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-6
Date/Time Prepared:
11/29/2016 6:41 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
J - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,068,277	9		1.00
	0		0	2,068,277			
500.00	Grand Total: Decreases		841,805	24,987,078			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,295,160	0	0	0	1.00
2.00	Land Improvements	5,810,288	0	0	1,196	2.00
3.00	Buildings and Fixtures	92,432,911	43,463	0	43,463	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	36,714,503	5,141,623	0	5,141,623	5.00
6.00	Movable Equipment	57,397,546	4,499,159	0	4,499,159	6.00
7.00	HIT designated Assets	11,830,249	435,560	0	435,560	7.00
8.00	Subtotal (sum of lines 1-7)	207,480,657	10,119,805	0	10,119,805	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	207,480,657	10,119,805	0	10,119,805	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,295,160	0			1.00
2.00	Land Improvements	5,809,092	0			2.00
3.00	Buildings and Fixtures	92,476,374	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	41,233,946	0			5.00
6.00	Movable Equipment	61,896,243	0			6.00
7.00	HIT designated Assets	12,265,809	0			7.00
8.00	Subtotal (sum of lines 1-7)	216,976,624	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	216,976,624	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,972,825	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)	8,972,825	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	8,972,825				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,972,825				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	142,814,572	0	142,814,572	0.659039	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,162,052	275,376	73,886,676	0.340961	0	2.00
3.00	Total (sum of lines 1-2)	216,976,624	275,376	216,701,248	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,651,616	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,640,759	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,292,375	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,651,616	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,640,759	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,292,375	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
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	-6,316,743				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,957,201				0	12.00
13.00 Laundry and linen service	B	-8,197	LAUNDRY & LINEN SERVICE		8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-58	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,576	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			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	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MEDICAID TAX	A	-5,016,525	ADMINISTRATIVE & GENERAL		5.00	0	33.00
33.01 ADVERTISING SPONSORSHIP COSTS	A	-371,987	ADMINISTRATIVE & GENERAL		5.00	0	33.01

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 PHYSICIAN RECRUITMENT	A	-243,777	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 LOBBYING COSTS	A	-33,261	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 SELF INSURED HEALTH PREMIUMS	A	-3,643,114	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 CRNA SALARIES	A	-1,956,776	ANESTHESIOLOGY	53.00	0 33.05
33.06 CRNA BENEFITS	A	-419,249	EMPLOYEE BENEFITS DEPARTMENT	4.00	9 33.06
33.07 TRANSPORTATION	A	-812	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07
33.08 TRANSPORTATION	A	-2,883	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 TRANSPORTATION	A	-718	ADULTS & PEDIATRICS	30.00	0 33.09
33.10 PURCHASED SERVICES HSHS MEDICAL	A	-10,008,089	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11 ADVERTISING SPONSORSHIP COSTS	A	-109,285	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12 PURCHASED SERVICES HSHS MEDICAL	A	-65,777	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.12
33.13 TRANSPORTATION	A	-122	EMERGENCY	91.00	0 33.13
33.14 DEFINED PENSION	A	-11,417,407	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.14
33.15 ADVERTISING SPONSORSHIP COSTS	A	-261	CARDIAC REHABILITATION	76.97	0 33.15
33.16 ADVERTISING SPONSORSHIP COSTS	A	-1,000	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 RENTAL REVENUE	B	-4,605	ADULTS & PEDIATRICS	30.00	0 33.17
33.18 RENTAL REVENUE	B	-702	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19 MISC REVENUE	B	-259,646	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20 MISC REVENUE	B	-52	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21 MISC REVENUE	B	-6,706	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22 MISC REVENUE	B	-7,086	CARDIAC CATHETERIZATION	59.00	0 33.22
33.23 MISC REVENUE	B	-201,566	RESPIRATORY THERAPY	65.00	0 33.23
33.24 MISC REVENUE	B	-130,863	OUTPATIENT PSYCHIATRIC	90.02	0 33.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,272,642			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: 140166
 Period: From 07/01/2015 To 06/30/2016
 Worksheet A-8-1
 Date/Time Prepared: 11/29/2016 6:41 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	6,394,775	6,380,434 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	8,557,446	6,410,511 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,372,611	2,576,686 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	76,881	76,881 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,401,713	15,444,512 5.00

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

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

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

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

6.00	B	ST. MARYS HOSPITAL	0.00	HSHS	0.00	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: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:
11/29/2016 6:41 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	14,341	0		1.00
2.00	2,146,935	0		2.00
3.00	-204,075	0		3.00
4.00	0	0		4.00
5.00	1,957,201			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: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:
11/29/2016 6:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	13,184	13,184	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	366,327	232,527	133,800	211,500	720	2.00
3.00	41.00	SUBPROVIDER - IRF	85,904	29,962	55,941	181,300	373	3.00
4.00	43.00	NURSERY	1,500	1,500	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	911,931	911,931	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	2,260	0	2,260	271,900	11	6.00
7.00	57.00	CT SCAN	17,623	17,623	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	1,277,080	1,277,080	0	0	0	8.00
9.00	60.00	LABORATORY	132,283	62,775	69,508	260,300	644	9.00
10.00	65.00	RESPIRATORY THERAPY	179	0	179	211,500	1	10.00
11.00	69.00	ELECTROCARDIOLOGY	372,062	343,524	28,538	211,500	114	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	13,681	10,351	3,330	211,500	22	12.00
13.00	90.03	WOUND CLINIC	60,316	32,693	27,623	211,500	184	13.00
14.00	91.00	EMERGENCY	3,271,724	3,271,724	0	0	0	14.00
200.00			6,526,054	6,204,874	321,179		2,069	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	73,212	3,661	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	32,512	1,626	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,438	72	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	80,593	4,030	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	102	5	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	11,592	580	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,237	112	0	0	0	12.00
13.00	90.03	WOUND CLINIC	18,710	936	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
200.00			220,396	11,022	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	13,184		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	73,212	60,588	293,115		2.00
3.00	41.00	SUBPROVIDER - IRF	0	32,512	23,429	53,392		3.00
4.00	43.00	NURSERY	0	0	0	1,500		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	911,931		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,438	822	822		6.00
7.00	57.00	CT SCAN	0	0	0	17,623		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,277,080		8.00
9.00	60.00	LABORATORY	0	80,593	0	62,775		9.00
10.00	65.00	RESPIRATORY THERAPY	0	102	77	77		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	11,592	16,946	360,470		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,237	1,093	11,444		12.00
13.00	90.03	WOUND CLINIC	0	18,710	8,913	41,606		13.00
14.00	91.00	EMERGENCY	0	0	0	3,271,724		14.00
200.00			0	220,396	111,868	6,316,743		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,651,616	5,651,616			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,640,759		6,640,759		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,420,800	21,511	25,275	13,467,586	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,278,797	729,594	857,287	1,858,296	26,723,974
6.00 00600	MAINTENANCE & REPAIRS	0	41,882	49,212	0	91,094
7.00 00700	OPERATION OF PLANT	3,389,967	474,824	557,927	349,424	4,772,142
8.00 00800	LAUNDRY & LINEN SERVICE	659,673	188,340	221,303	9,814	1,079,130
9.00 00900	HOUSEKEEPING	1,451,778	67,854	79,730	309,131	1,908,493
10.00 01000	DIETARY	237,248	192,042	225,653	75,437	730,380
11.00 01100	CAFETERIA	1,232,971	45,667	53,660	265,050	1,597,348
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	687,574	21,155	24,857	205,372	938,958
14.00 01400	CENTRAL SERVICES & SUPPLY	540,895	116,036	136,345	91,044	884,320
15.00 01500	PHARMACY	2,169,009	45,299	53,228	584,151	2,851,687
16.00 01600	MEDICAL RECORDS & LIBRARY	1,663,401	101,538	119,309	371,899	2,256,147
17.00 01700	SOCIAL SERVICE	0	0	0	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 A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,125,796	973,139	1,143,459	2,128,691	12,371,085
31.00 03100	INTENSIVE CARE UNIT	1,401,636	70,417	82,741	371,422	1,926,216
40.00 04000	SUBPROVIDER - I/PF	1,120,045	82,780	97,268	275,070	1,575,163
41.00 04100	SUBPROVIDER - I/RF	1,306,121	136,384	160,254	375,098	1,977,857
43.00 04300	NURSERY	342,033	27,301	32,079	46,152	447,565
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,675,413	208,711	245,240	360,755	3,490,119
50.01 05001	STONE CENTER	0	0	0	0	0
50.02 05002	ENDOSCOPY	422,386	39,379	46,271	92,586	600,622
51.00 05100	RECOVERY ROOM	497,978	26,885	31,591	139,729	696,183
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,249,503	112,240	131,884	314,692	1,808,319
53.00 05300	ANESTHESIOLOGY	572,298	3,737	4,391	724,974	1,305,400
53.01 05301	PAIN CENTER	469,046	41,609	48,892	124,011	683,558
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,308,442	170,460	200,293	554,202	3,233,397
56.00 05600	RADIOISOTOPE	59,835	7,866	9,243	90,637	167,581
57.00 05700	CT SCAN	775,159	6,620	7,779	116,467	906,025
58.00 05800	MRI	438,625	10,477	12,310	79,458	540,870
59.00 05900	CARDIAC CATHETERIZATION	2,572,795	59,169	69,525	376,659	3,078,148
60.00 06000	LABORATORY	4,758,044	421,148	494,857	707,668	6,381,717
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	147,164	3,227	3,792	19,537	173,720
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,083,629	8,982	10,554	186,745	2,289,910
66.00 06600	PHYSICAL THERAPY	1,946,610	163,044	191,580	604,010	2,905,244
69.00 06900	ELECTROCARDIOLOGY	1,291,170	44,837	52,684	129,417	1,518,108
70.00 07000	ELECTROENCEPHALOGRAPHY	333,316	31,252	36,721	97,586	498,875
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	5,434,313	0	0	0	5,434,313
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,431,402	0	0	0	4,431,402
73.00 07300	DRUGS CHARGED TO PATIENTS	4,974,231	0	0	0	4,974,231
75.00 07500	ASC (NON-DISTINCT PART)	652,924	0	0	191,000	843,924
76.00 03950	TREATMENT CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	153,190	0	0	46,565	199,755
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	PRENATAL CLINIC	0	0	0	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC	47,370	42,452	49,882	55,390	195,094
90.03 09003	WOUND CLINIC	260,464	0	0	64,036	324,500
90.04 09004	NEUROSURGERY	0	0	0	0	0
90.05 09005	DR. JATOI	0	0	0	0	0
90.06 09006	UROLOGY PHYSICIAN	0	0	0	0	0
90.07 09007	DR. CHU	0	0	0	0	0
90.08 09008	SPORTS MEDICINE CLINIC	0	0	0	0	0
90.09 09009	DR. SHANKER	0	0	0	0	0
90.10 09010	DR. MIRRA	0	0	0	0	0
90.11 09011	DR. TOKHI	0	0	0	0	0
90.12 09012	CTPET	195,984	0	0	9,704	205,688

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.13 09013 RADIATION ONCOLOGY	761,759	0	0	110,697	872,456	90.13
90.14 09014 SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16 09016 DR BRITT	0	0	0	0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18 09018 DR BOCK	0	0	0	0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20 09020 DR ANDERSON	0	0	0	0	0	90.20
90.21 09021 DR HABI B	0	0	0	0	0	90.21
90.22 09022 DR HANNEKEN	0	0	0	0	0	90.22
90.23 09023 DR MUNESSES	0	0	0	0	0	90.23
90.24 09024 DR KOHLI	0	0	0	0	0	90.24
90.25 09025 DR DUNCAN	0	0	0	0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27 09027 DR POWELL	0	0	0	0	0	90.27
90.28 09028 CHEMOTHEROPY	0	0	0	0	0	90.28
91.00 09100 EMERGENCY	2,864,417	445,376	523,325	786,648	4,619,766	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	115,697,586	5,183,234	6,090,401	13,299,224	114,510,484	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	158,295	6,229	7,319	17,133	188,976	190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	670,583	0	0	959	671,542	192.00
194.00 07950 SENIOR SERVICES	163,705	0	0	11,790	175,495	194.00
194.01 07951 ADULT DAY CARE	172,396	0	0	42,010	214,406	194.01
194.02 07952 SPORTS MEDICINE REHAB	271,879	0	0	77,720	349,599	194.02
194.04 07953 CANCER CARE	36,787	0	0	44	36,831	194.04
194.05 07954 RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07 07976 BLUE MOUND	2,181	0	0	0	2,181	194.07
194.08 07955 ARTHUR CLINIC	44,686	0	0	0	44,686	194.08
194.09 07974 OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11 07956 2981 NORTH MAIN	576	0	0	97	673	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	254,674	0	0	43	254,717	194.13
194.14 07958 MEDICAL ARTS	0	0	0	0	0	194.14
194.15 07959 MT. ZION CLINIC	1,501	0	0	8	1,509	194.15
194.16 07960 CERRO GORDO	19,901	0	0	0	19,901	194.16
194.17 07961 LIFELINE	0	0	0	0	0	194.17
194.18 07980 COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19 07962 ST. JOHNS HOME HEALTH	0	60,403	70,975	0	131,378	194.19
194.23 07963 ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	118,920	0	0	15,219	134,139	194.24
194.25 07965 3915 N COWGILL	0	0	0	0	0	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	326,690	0	0	219	326,909	194.36
194.37 07968 DAY CARE CENTER	0	0	0	0	0	194.37
194.38 07969 SCHOOL HEALTH SERVICES	9,844	0	0	3,102	12,946	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	76	64,081	75,297	0	139,454	194.40
194.41 07978 G I SUITES	0	0	0	0	0	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43 07970 VACANT SPACE	0	296,617	348,530	0	645,147	194.43
194.44 07971 PHYSICIAN POOL	0	0	0	0	0	194.44
194.48 07972 MRI BUILDING	77	0	0	18	95	194.48
194.49 07973 FUND DEVELOPMENT	0	11,912	13,997	0	25,909	194.49
194.50 07981 CENTRAL ILLINOIS LUNG	0	29,140	34,240	0	63,380	194.50
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	117,950,357	5,651,616	6,640,759	13,467,586	117,950,357	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,723,974					5.00
6.00	00600	MAINTENANCE & REPAIRS	26,686	117,780				6.00
7.00	00700	OPERATION OF PLANT	1,397,980	11,510	6,181,632			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	316,127	4,566	265,579	1,665,402		8.00
9.00	00900	HOUSEKEEPING	559,085	1,645	95,681	0	2,564,904	9.00
10.00	01000	DIETARY	213,962	4,655	270,799	0	119,335	10.00
11.00	01100	CAFETERIA	467,937	1,107	64,395	0	28,378	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	275,064	513	29,830	0	13,146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	259,058	2,813	163,624	0	72,105	14.00
15.00	01500	PHARMACY	835,390	1,098	63,877	0	28,149	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	660,929	2,461	143,179	0	63,096	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	3,624,074	23,591	1,372,234	1,174,229	604,710	30.00
31.00	03100	INTENSIVE CARE UNIT	564,277	1,707	99,295	97,954	43,757	31.00
40.00	04000	SUBPROVIDER - I/PF	461,438	2,007	116,728	205,085	51,439	40.00
41.00	04100	SUBPROVIDER - I/RF	579,405	3,306	192,316	188,134	84,749	41.00
43.00	04300	NURSERY	131,112	662	38,497	0	16,965	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,022,416	5,059	294,305	0	129,694	50.00
50.01	05001	STONE CENTER	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	175,950	955	55,528	0	24,470	50.02
51.00	05100	RECOVERY ROOM	203,944	652	37,911	0	16,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	529,740	2,721	158,270	0	69,746	52.00
53.00	05300	ANESTHESIOLOGY	382,412	91	5,270	0	2,322	53.00
53.01	05301	PAIN CENTER	200,246	1,009	58,674	0	25,856	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	947,211	4,132	240,366	0	105,924	54.00
56.00	05600	RADIO SOTOPE	49,092	191	11,092	0	4,888	56.00
57.00	05700	CT SCAN	265,416	160	9,336	0	4,114	57.00
58.00	05800	MRI	158,446	254	14,773	0	6,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	901,731	1,434	83,435	0	36,768	59.00
60.00	06000	LABORATORY	1,869,498	10,209	593,864	0	261,702	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	50,891	78	4,551	0	2,005	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	670,820	218	12,665	0	5,581	65.00
66.00	06600	PHYSICAL THERAPY	851,080	3,952	229,910	0	101,316	66.00
69.00	06900	ELECTROCARDIOLOGY	444,724	1,087	63,224	0	27,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	146,143	758	44,068	0	19,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,591,960	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,298,161	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,457,181	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	247,224	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	58,517	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								
90.01	09001	PRENATAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	57,152	1,029	59,862	0	26,380	90.02
90.03	09003	WOUND CLINIC	95,061	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	0	90.09
90.10	09010	DR. MIRMI RA	0	0	0	0	0	90.10
90.11	09011	DR. TOKHI	0	0	0	0	0	90.11
90.12	09012	CTPET	60,255	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	255,582	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR. BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
90.18	09018 DR BOCK	0	0	0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0	0	0	90.20
90.21	09021 DR HABI B	0	0	0	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0	0	0	90.23
90.24	09024 DR KOHLI	0	0	0	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027 DR POWELL	0	0	0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100 EMERGENCY	1,353,342	10,797	628,027	0	276,757	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,716,719	106,427	5,521,165	1,665,402	2,273,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	55,360	151	8,783	0	3,871	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	196,726	0	0	0	0	192.00
194.00	07950 SENIOR SERVICES	51,411	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	62,809	0	0	0	0	194.01
194.02	07952 SPORTS MEDICINE REHAB	102,414	0	0	0	0	194.02
194.04	07953 CANCER CARE	10,789	0	0	0	0	194.04
194.05	07954 RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976 BLUE MOUND	639	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	13,091	0	0	0	0	194.08
194.09	07974 OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956 2981 NORTH MAIN	197	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	74,618	0	0	0	0	194.13
194.14	07958 MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	5,830	0	0	0	0	194.16
194.17	07961 LIFELINE	0	0	0	0	0	194.17
194.18	07980 COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962 ST. JOHNS HOME HEALTH	38,487	1,464	85,175	0	37,535	194.19
194.23	07963 ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	39,295	0	0	0	0	194.24
194.25	07965 3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975 LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966 MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	95,767	0	0	0	0	194.36
194.37	07968 DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969 SCHOOL HEALTH SERVICES	3,792	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	40,852	1,553	90,361	0	39,820	194.40
194.41	07978 G I SUITES	0	0	0	0	0	194.41
194.42	07979 RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970 VACANT SPACE	188,993	7,190	418,261	0	184,318	194.43
194.44	07971 PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972 MRI BUILDING	28	0	0	0	0	194.48
194.49	07973 FUND DEVELOPMENT	7,590	289	16,797	0	7,402	194.49
194.50	07981 CENTRAL ILLINOIS LUNG	18,567	706	41,090	0	18,107	194.50
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)	26,723,974	117,780	6,181,632	1,665,402	2,564,904	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,339,131					10.00
11.00	01100	CAFETERIA	0	2,159,165				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	41,832	0	1,299,343		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,545	0	0	1,400,465	14.00
15.00	01500	PHARMACY	0	118,985	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	75,751	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	944,185	433,568	0	491,561	0	30.00
31.00	03100	INTENSIVE CARE UNIT	78,764	75,654	0	85,769	0	31.00
40.00	04000	SUBPROVIDER - I PF	164,906	56,029	0	63,519	0	40.00
41.00	04100	SUBPROVIDER - I RF	151,276	76,403	0	86,617	0	41.00
43.00	04300	NURSERY	0	9,401	0	10,657	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	73,481	0	83,305	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	18,859	0	21,380	0	50.02
51.00	05100	RECOVERY ROOM	0	28,461	0	32,266	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	64,099	0	72,668	0	52.00
53.00	05300	ANESTHESIOLOGY	0	147,669	0	167,410	0	53.00
53.01	05301	PAIN CENTER	0	25,260	0	28,637	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,884	0	127,976	0	54.00
56.00	05600	RADIOISOTOPE	0	18,462	0	0	0	56.00
57.00	05700	CT SCAN	0	23,723	0	0	0	57.00
58.00	05800	MRI	0	16,185	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	76,721	0	0	0	59.00
60.00	06000	LABORATORY	0	144,143	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	3,979	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	38,038	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	123,030	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	26,361	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,877	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	771,414	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	629,051	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	38,904	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	9,485	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								
90.01	09001	PRENATAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	11,282	0	12,791	0	90.02
90.03	09003	WOUND CLINIC	0	13,043	0	14,787	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	0	90.09
90.10	09010	DR MIRMI RA	0	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	0	90.11
90.12	09012	CTPET	0	1,977	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	22,548	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	0	90.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABI B	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	0	160,231	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,339,131	2,124,870	0	1,299,343	1,400,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	3,490	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	195	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	2,401	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	8,557	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	15,831	0	0	0	194.02
194.04	07953	CANCER CARE	0	9	0	0	0	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	0	20	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	9	0	0	0	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	0	2	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	0	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	3,100	0	0	0	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	45	0	0	0	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	632	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.41	07978	G I SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	0	0	0	0	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	0	4	0	0	0	194.48
194.49	07973	FUND DEVELOPMENT	0	0	0	0	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	0	0	194.50
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)	1,339,131	2,159,165	0	1,299,343	1,400,465	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

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Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	3,899,186					15.00
16.00	01600	0	3,201,563				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	156,889	0	0	0	30.00
31.00	03100	0	23,859	0	0	0	31.00
40.00	04000	0	22,943	0	0	0	40.00
41.00	04100	0	34,212	0	0	0	41.00
43.00	04300	0	7,211	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	187,889	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	28,863	0	0	0	50.02
51.00	05100	0	32,311	0	0	0	51.00
52.00	05200	0	26,293	0	0	0	52.00
53.00	05300	0	30,108	0	0	0	53.00
53.01	05301	0	46,083	0	0	0	53.01
54.00	05400	0	164,532	0	0	0	54.00
56.00	05600	0	7,671	0	0	0	56.00
57.00	05700	0	319,490	0	0	0	57.00
58.00	05800	0	93,030	0	0	0	58.00
59.00	05900	0	196,726	0	0	0	59.00
60.00	06000	0	450,470	0	0	0	60.00
62.00	06200	0	12,492	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	45,801	0	0	0	65.00
66.00	06600	0	150,041	0	0	0	66.00
69.00	06900	0	165,741	0	0	0	69.00
70.00	07000	0	32,543	0	0	0	70.00
71.00	07100	0	78,071	0	0	0	71.00
72.00	07200	0	144,675	0	0	0	72.00
73.00	07300	0	333,754	0	0	0	73.00
75.00	07500	0	10,965	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	3,184	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							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	3,483	0	0	0	90.02
90.03	09003	0	4,939	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	0	0	0	0	0	90.06
90.07	09007	0	0	0	0	0	90.07
90.08	09008	0	0	0	0	0	90.08
90.09	09009	0	0	0	0	0	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	0	0	0	0	0	90.11
90.12	09012	0	8,589	0	0	0	90.12
90.13	09013	0	45,995	0	0	0	90.13
90.14	09014	0	0	0	0	0	90.14
90.15	09015	0	0	0	0	0	90.15
90.16	09016	0	0	0	0	0	90.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
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To 06/30/2016

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0 90.17
90.18	09018	DR BOCK	0	0	0	0	0 90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0 90.19
90.20	09020	DR ANDERSON	0	0	0	0	0 90.20
90.21	09021	DR HABI B	0	0	0	0	0 90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0 90.22
90.23	09023	DR MUNESSES	0	0	0	0	0 90.23
90.24	09024	DR KOHLI	0	0	0	0	0 90.24
90.25	09025	DR DUNCAN	0	0	0	0	0 90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0 90.26
90.27	09027	DR POWELL	0	0	0	0	0 90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0 90.28
91.00	09100	EMERGENCY	0	332,710	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,899,186	3,201,563	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0 194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0 194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0 194.02
194.04	07953	CANCER CARE	0	0	0	0	0 194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0 194.05
194.07	07976	BLUE MOUND	0	0	0	0	0 194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0 194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0 194.09
194.11	07956	2981 NORTH MAIN	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0 194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0 194.14
194.15	07959	MT. ZION CLINIC	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0 194.16
194.17	07961	LIFELINE	0	0	0	0	0 194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0 194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	0	0 194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0 194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0 194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0 194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0 194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0 194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0 194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0 194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0 194.40
194.41	07978	G I SUITES	0	0	0	0	0 194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0 194.42
194.43	07970	VACANT SPACE	0	0	0	0	0 194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0 194.44
194.48	07972	MRI BUILDING	0	0	0	0	0 194.48
194.49	07973	FUND DEVELOPMENT	0	0	0	0	0 194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	0	0 194.50
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		TOTAL (sum lines 118-201)	3,899,186	3,201,563	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	21,196,126	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	2,997,252	0	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	2,719,257	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	3,374,275	0	41.00
43.00 04300	NURSERY	0	0	0	662,070	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	5,286,268	0	50.00
50.01 05001	STONE CENTER	0	0	0	0	0	50.01
50.02 05002	ENDOSCOPY	0	0	0	926,627	0	50.02
51.00 05100	RECOVERY ROOM	0	0	0	1,048,435	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,731,856	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	2,040,682	0	53.00
53.01 05301	PAIN CENTER	0	0	0	1,069,323	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,936,422	0	54.00
56.00 05600	RADIOISOTOPE	0	0	0	258,977	0	56.00
57.00 05700	CT SCAN	0	0	0	1,528,264	0	57.00
58.00 05800	MRI	0	0	0	830,068	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	4,374,963	0	59.00
60.00 06000	LABORATORY	0	0	0	9,711,603	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	247,716	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	3,063,033	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	4,364,573	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,247,107	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	761,684	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	7,875,758	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,503,289	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,664,352	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	1,141,017	0	75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	270,941	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							
90.01 09001	PRENATAL CLINIC	0	0	0	0	0	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC	0	0	0	367,073	0	90.02
90.03 09003	WOUND CLINIC	0	0	0	452,330	0	90.03
90.04 09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05 09005	DR JATOI	0	0	0	0	0	90.05
90.06 09006	UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07 09007	DR. CHU	0	0	0	0	0	90.07
90.08 09008	SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09 09009	DR. SHANKER	0	0	0	0	0	90.09
90.10 09010	DR. MIRRA	0	0	0	0	0	90.10
90.11 09011	DR. TOKHI	0	0	0	0	0	90.11
90.12 09012	CTPET	0	0	0	276,509	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
			21.00	22.00	23.00				
90.13	09013	RADIATION ONCOLOGY	0	0	0	1,196,581	0	90.13	
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14	
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15	
90.16	09016	DR BRITTT	0	0	0	0	0	90.16	
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17	
90.18	09018	DR BOCK	0	0	0	0	0	90.18	
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19	
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20	
90.21	09021	DR HABI B	0	0	0	0	0	90.21	
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22	
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23	
90.24	09024	DR KOHLI	0	0	0	0	0	90.24	
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25	
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26	
90.27	09027	DR POWELL	0	0	0	0	0	90.27	
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28	
91.00	09100	EMERGENCY	0	0	0	7,381,630	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	112,506,061	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	260,631	0	190.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	868,463	0	192.00	
194.00	07950	SENIOR SERVICES	0	0	0	229,307	0	194.00	
194.01	07951	ADULT DAY CARE	0	0	0	285,772	0	194.01	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	467,844	0	194.02	
194.04	07953	CANCER CARE	0	0	0	47,629	0	194.04	
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05	
194.07	07976	BLUE MOUND	0	0	0	2,820	0	194.07	
194.08	07955	ARTHUR CLINIC	0	0	0	57,777	0	194.08	
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09	
194.11	07956	2981 NORTH MAIN	0	0	0	890	0	194.11	
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	329,344	0	194.13	
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14	
194.15	07959	MT. ZION CLINIC	0	0	0	1,511	0	194.15	
194.16	07960	CERRO GORDO	0	0	0	25,731	0	194.16	
194.17	07961	LIFELINE	0	0	0	0	0	194.17	
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18	
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	294,039	0	194.19	
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23	
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	176,534	0	194.24	
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25	
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28	
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35	
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	422,721	0	194.36	
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37	
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	17,370	0	194.38	
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	312,040	0	194.40	
194.41	07978	G I SUITES	0	0	0	0	0	194.41	
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42	
194.43	07970	VACANT SPACE	0	0	0	1,443,909	0	194.43	
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44	
194.48	07972	MRI BUILDING	0	0	0	127	0	194.48	
194.49	07973	FUND DEVELOPMENT	0	0	0	57,987	0	194.49	
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	141,850	0	194.50	
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	0	0	117,950,357	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
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11/29/2016 6:41 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	21,196,126	30.00
31.00	03100 INTENSIVE CARE UNIT	2,997,252	31.00
40.00	04000 SUBPROVIDER - IPF	2,719,257	40.00
41.00	04100 SUBPROVIDER - IRF	3,374,275	41.00
43.00	04300 NURSERY	662,070	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	5,286,268	50.00
50.01	05001 STONE CENTER	0	50.01
50.02	05002 ENDOSCOPY	926,627	50.02
51.00	05100 RECOVERY ROOM	1,048,435	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,731,856	52.00
53.00	05300 ANESTHESIOLOGY	2,040,682	53.00
53.01	05301 PAIN CENTER	1,069,323	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,936,422	54.00
56.00	05600 RADIOISOTOPE	258,977	56.00
57.00	05700 CT SCAN	1,528,264	57.00
58.00	05800 MRI	830,068	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,374,963	59.00
60.00	06000 LABORATORY	9,711,603	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	247,716	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	3,063,033	65.00
66.00	06600 PHYSICAL THERAPY	4,364,573	66.00
69.00	06900 ELECTROCARDIOLOGY	2,247,107	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	761,684	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	7,875,758	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,503,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,664,352	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,141,017	75.00
76.00	03950 TREATMENT CENTER	0	76.00
76.97	07697 CARDIAC REHABILITATION	270,941	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 PRENATAL CLINIC	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	367,073	90.02
90.03	09003 WOUND CLINIC	452,330	90.03
90.04	09004 NEUROSURGERY	0	90.04
90.05	09005 DR JATOI	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	90.06
90.07	09007 DR. CHU	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	90.08
90.09	09009 DR. SHANKER	0	90.09
90.10	09010 DR MIRMI RA	0	90.10
90.11	09011 DR TOKHI	0	90.11
90.12	09012 CTPET	276,509	90.12
90.13	09013 RADIATION ONCOLOGY	1,196,581	90.13
90.14	09014 SPORTS MED-REHAB	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	90.15
90.16	09016 DR BRITT	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	90.17
90.18	09018 DR BOCK	0	90.18

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
90.19	09019 PEDIATRIC PROF SERVICES	0	90.19
90.20	09020 DR ANDERSON	0	90.20
90.21	09021 DR HABIB	0	90.21
90.22	09022 DR HANNEKEN	0	90.22
90.23	09023 DR MUNESSES	0	90.23
90.24	09024 DR KOHLI	0	90.24
90.25	09025 DR DUNCAN	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	90.26
90.27	09027 DR POWELL	0	90.27
90.28	09028 CHEMOTHEROPY	0	90.28
91.00	09100 EMERGENCY	7,381,630	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,506,061	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	260,631	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	868,463	192.00
194.00	07950 SENIOR SERVICES	229,307	194.00
194.01	07951 ADULT DAY CARE	285,772	194.01
194.02	07952 SPORTS MEDICINE REHAB	467,844	194.02
194.04	07953 CANCER CARE	47,629	194.04
194.05	07954 RESIDENTIAL PROPERTIES	0	194.05
194.07	07976 BLUE MOUND	2,820	194.07
194.08	07955 ARTHUR CLINIC	57,777	194.08
194.09	07974 OCCUPATIONAL HEALTH	0	194.09
194.11	07956 2981 NORTH MAIN	890	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	329,344	194.13
194.14	07958 MEDICAL ARTS	0	194.14
194.15	07959 MT. ZION CLINIC	1,511	194.15
194.16	07960 CERRO GORDO	25,731	194.16
194.17	07961 LIFELINE	0	194.17
194.18	07980 COUNTY JAIL CONTRACT	0	194.18
194.19	07962 ST. JOHNS HOME HEALTH	294,039	194.19
194.23	07963 ST. MARYS SURGERY CENTER	0	194.23
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	176,534	194.24
194.25	07965 3915 N COWGILL	0	194.25
194.28	07975 LAUNDRY OUTSIDE SERVICES	0	194.28
194.35	07966 MEDICAL MANAGEMENT SYSTEM	0	194.35
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	422,721	194.36
194.37	07968 DAY CARE CENTER	0	194.37
194.38	07969 SCHOOL HEALTH SERVICES	17,370	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	312,040	194.40
194.41	07978 GI SUITES	0	194.41
194.42	07979 RESPIRATORY CARE NURSING HOME	0	194.42
194.43	07970 VACANT SPACE	1,443,909	194.43
194.44	07971 PHYSICIAN POOL	0	194.44
194.48	07972 MRI BUILDING	127	194.48
194.49	07973 FUND DEVELOPMENT	57,987	194.49
194.50	07981 CENTRAL ILLINOIS LUNG	141,850	194.50
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	117,950,357	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,511	25,275	46,786	46,786 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,310,345	729,594	857,287	3,897,226	6,457 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	41,882	49,212	91,094	0 6.00
7.00 00700	OPERATION OF PLANT	0	474,824	557,927	1,032,751	1,214 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	188,340	221,303	409,643	34 8.00
9.00 00900	HOUSEKEEPING	0	67,854	79,730	147,584	1,074 9.00
10.00 01000	DIETARY	0	192,042	225,653	417,695	262 10.00
11.00 01100	CAFETERIA	0	45,667	53,660	99,327	921 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	21,155	24,857	46,012	714 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	116,036	136,345	252,381	316 14.00
15.00 01500	PHARMACY	0	45,299	53,228	98,527	2,030 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	101,538	119,309	220,847	1,292 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	0	973,139	1,143,459	2,116,598	7,387 30.00
31.00 03100	INTENSIVE CARE UNIT	0	70,417	82,741	153,158	1,291 31.00
40.00 04000	SUBPROVIDER - I PF	0	82,780	97,268	180,048	956 40.00
41.00 04100	SUBPROVIDER - I RF	0	136,384	160,254	296,638	1,303 41.00
43.00 04300	NURSERY	0	27,301	32,079	59,380	160 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	208,711	245,240	453,951	1,253 50.00
50.01 05001	STONE CENTER	0	0	0	0	0 50.01
50.02 05002	ENDOSCOPY	0	39,379	46,271	85,650	322 50.02
51.00 05100	RECOVERY ROOM	0	26,885	31,591	58,476	485 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	112,240	131,884	244,124	1,093 52.00
53.00 05300	ANESTHESIOLOGY	0	3,737	4,391	8,128	2,519 53.00
53.01 05301	PAIN CENTER	0	41,609	48,892	90,501	431 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	170,460	200,293	370,753	1,926 54.00
56.00 05600	RADIOISOTOPE	0	7,866	9,243	17,109	315 56.00
57.00 05700	CT SCAN	0	6,620	7,779	14,399	405 57.00
58.00 05800	MRI	0	10,477	12,310	22,787	276 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	59,169	69,525	128,694	1,309 59.00
60.00 06000	LABORATORY	0	421,148	494,857	916,005	2,459 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	3,227	3,792	7,019	68 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	8,982	10,554	19,536	649 65.00
66.00 06600	PHYSICAL THERAPY	0	163,044	191,580	354,624	2,099 66.00
69.00 06900	ELECTROCARDIOLOGY	0	44,837	52,684	97,521	450 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	31,252	36,721	67,973	339 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	664 75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	162 76.97
76.98 07698	HYPERBARI C 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						
90.01 09001	PRENATAL CLINIC	0	0	0	0	0 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC	0	42,452	49,882	92,334	192 90.02
90.03 09003	WOUND CLINIC	0	0	0	0	222 90.03
90.04 09004	NEUROSURGERY	0	0	0	0	0 90.04
90.05 09005	DR JATOI	0	0	0	0	0 90.05
90.06 09006	UROLOGY PHYSICIAN	0	0	0	0	0 90.06
90.07 09007	DR. CHU	0	0	0	0	0 90.07
90.08 09008	SPORTS MEDICINE CLINIC	0	0	0	0	0 90.08
90.09 09009	DR. SHANKER	0	0	0	0	0 90.09
90.10 09010	DR MIRMI RA	0	0	0	0	0 90.10
90.11 09011	DR TOKHI	0	0	0	0	0 90.11
90.12 09012	CTPET	0	0	0	0	34 90.12
90.13 09013	RADIATION ONCOLOGY	0	0	0	0	385 90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period: From 07/01/2015 To 06/30/2016

Worksheet B Part II Date/Time Prepared: 11/29/2016 6:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.14 09014 SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16 09016 DR BRITTT	0	0	0	0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18 09018 DR BOCK	0	0	0	0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20 09020 DR ANDERSON	0	0	0	0	0	90.20
90.21 09021 DR HABI B	0	0	0	0	0	90.21
90.22 09022 DR HANNEKEN	0	0	0	0	0	90.22
90.23 09023 DR MUNESSES	0	0	0	0	0	90.23
90.24 09024 DR KOHLI	0	0	0	0	0	90.24
90.25 09025 DR DUNCAN	0	0	0	0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27 09027 DR POWELL	0	0	0	0	0	90.27
90.28 09028 CHEMOTHEROPY	0	0	0	0	0	90.28
91.00 09100 EMERGENCY	0	445,376	523,325	968,701	2,733	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,310,345	5,183,234	6,090,401	13,583,980	46,201	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	6,229	7,319	13,548	60	190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	3	192.00
194.00 07950 SENIOR SERVICES	0	0	0	0	41	194.00
194.01 07951 ADULT DAY CARE	0	0	0	0	146	194.01
194.02 07952 SPORTS MEDICINE REHAB	0	0	0	0	270	194.02
194.04 07953 CANCER CARE	0	0	0	0	0	194.04
194.05 07954 RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07 07976 BLUE MOUND	0	0	0	0	0	194.07
194.08 07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.09 07974 OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11 07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.14 07958 MEDICAL ARTS	0	0	0	0	0	194.14
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16 07960 CERRO GORDO	0	0	0	0	0	194.16
194.17 07961 LIFELINE	0	0	0	0	0	194.17
194.18 07980 COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19 07962 ST. JOHNS HOME HEALTH	0	60,403	70,975	131,378	0	194.19
194.23 07963 ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	53	194.24
194.25 07965 3915 N COWGILL	0	0	0	0	0	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	1	194.36
194.37 07968 DAY CARE CENTER	0	0	0	0	0	194.37
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	11	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	64,081	75,297	139,378	0	194.40
194.41 07978 GI SUITES	0	0	0	0	0	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43 07970 VACANT SPACE	0	296,617	348,530	645,147	0	194.43
194.44 07971 PHYSICIAN POOL	0	0	0	0	0	194.44
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
194.49 07973 FUND DEVELOPMENT	0	11,912	13,997	25,909	0	194.49
194.50 07981 CENTRAL ILLINOIS LUNG	0	29,140	34,240	63,380	0	194.50
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118-201)	2,310,345	5,651,616	6,640,759	14,602,720	46,786	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,903,683					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,898	94,992				6.00
7.00	00700	OPERATION OF PLANT	204,210	9,283	1,247,458			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,178	3,682		53,594	513,131	8.00
9.00	00900	HOUSEKEEPING	81,668	1,327	19,309	0	250,962	9.00
10.00	01000	DIETARY	31,254	3,755	54,647	0	11,676	10.00
11.00	01100	CAFETERIA	68,354	893	12,995	0	2,777	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	40,180	414	6,020	0	1,286	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,842	2,269	33,019	0	7,055	14.00
15.00	01500	PHARMACY	122,029	886	12,890	0	2,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,545	1,985	28,894	0	6,174	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	529,370	19,022	276,917	361,795	59,168	30.00
31.00	03100	INTENSIVE CARE UNIT	82,427	1,377	20,038	30,181	4,281	31.00
40.00	04000	SUBPROVIDER - I/PF	67,404	1,618	23,556	63,189	5,033	40.00
41.00	04100	SUBPROVIDER - I/RF	84,636	2,666	38,810	57,966	8,292	41.00
43.00	04300	NURSERY	19,152	534	7,769	0	1,660	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	149,349	4,081	59,391	0	12,690	50.00
50.01	05001	STONE CENTER	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	25,702	770	11,206	0	2,394	50.02
51.00	05100	RECOVERY ROOM	29,791	526	7,651	0	1,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,382	2,194	31,939	0	6,824	52.00
53.00	05300	ANESTHESIOLOGY	55,861	73	1,064	0	227	53.00
53.01	05301	PAIN CENTER	29,251	814	11,840	0	2,530	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	138,364	3,333	48,506	0	10,364	54.00
56.00	05600	RADIO SOTOPE	7,171	154	2,238	0	478	56.00
57.00	05700	CT SCAN	38,771	129	1,884	0	403	57.00
58.00	05800	MRI	23,145	205	2,981	0	637	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,720	1,157	16,837	0	3,598	59.00
60.00	06000	LABORATORY	273,086	8,234	119,842	0	25,606	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	7,434	63	918	0	196	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	97,990	176	2,556	0	546	65.00
66.00	06600	PHYSICAL THERAPY	124,321	3,188	46,396	0	9,913	66.00
69.00	06900	ELECTROCARDIOLOGY	64,963	877	12,759	0	2,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,348	611	8,893	0	1,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	232,545	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,629	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,857	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	36,113	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,548	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								
90.01	09001	PRENATAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	8,348	830	12,080	0	2,581	90.02
90.03	09003	WOUND CLINIC	13,886	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	0	90.09
90.10	09010	DR MIRMI RA	0	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	0	90.11
90.12	09012	CTPET	8,802	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	37,334	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 6:41 pm			
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
90.18	09018 DR BOCK	0	0	0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0	0	0	90.20
90.21	09021 DR HABIB	0	0	0	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0	0	0	90.23
90.24	09024 DR KOHLI	0	0	0	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027 DR POWELL	0	0	0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100 EMERGENCY	197,689	8,708	126,736	0	27,079	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,756,547	85,834	1,114,175	513,131	222,483	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	8,087	122	1,773	0	379	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	28,737	0	0	0	0	192.00
194.00	07950 SENIOR SERVICES	7,510	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	9,175	0	0	0	0	194.01
194.02	07952 SPORTS MEDICINE REHAB	14,960	0	0	0	0	194.02
194.04	07953 CANCER CARE	1,576	0	0	0	0	194.04
194.05	07954 RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976 BLUE MOUND	93	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	1,912	0	0	0	0	194.08
194.09	07974 OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956 2981 NORTH MAIN	29	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	10,900	0	0	0	0	194.13
194.14	07958 MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	852	0	0	0	0	194.16
194.17	07961 LIFELINE	0	0	0	0	0	194.17
194.18	07980 COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962 ST. JOHNS HOME HEALTH	5,622	1,181	17,188	0	3,673	194.19
194.23	07963 ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	5,740	0	0	0	0	194.24
194.25	07965 3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975 LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966 MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	13,989	0	0	0	0	194.36
194.37	07968 DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969 SCHOOL HEALTH SERVICES	554	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,968	1,253	18,235	0	3,896	194.40
194.41	07978 G I SUITES	0	0	0	0	0	194.41
194.42	07979 RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970 VACANT SPACE	27,607	5,799	84,405	0	18,035	194.43
194.44	07971 PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972 MRI BUILDING	4	0	0	0	0	194.48
194.49	07973 FUND DEVELOPMENT	1,109	233	3,390	0	724	194.49
194.50	07981 CENTRAL ILLINOIS LUNG	2,712	570	8,292	0	1,772	194.50
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)	3,903,683	94,992	1,247,458	513,131	250,962	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	519,289					10.00
11.00	01100	CAFETERIA	0	185,267				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,589	0	98,215		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,591	0	0	334,473	14.00
15.00	01500	PHARMACY	0	10,210	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,500	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	366,137	37,200	0	37,153	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,543	6,492	0	6,483	0	31.00
40.00	04000	SUBPROVIDER - I PF	63,947	4,808	0	4,801	0	40.00
41.00	04100	SUBPROVIDER - I RF	58,662	6,556	0	6,548	0	41.00
43.00	04300	NURSERY	0	807	0	806	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,305	0	6,297	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	1,618	0	1,616	0	50.02
51.00	05100	RECOVERY ROOM	0	2,442	0	2,439	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,500	0	5,493	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,671	0	12,655	0	53.00
53.01	05301	PAIN CENTER	0	2,167	0	2,165	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,686	0	9,674	0	54.00
56.00	05600	RADIOISOTOPE	0	1,584	0	0	0	56.00
57.00	05700	CT SCAN	0	2,036	0	0	0	57.00
58.00	05800	MRI	0	1,389	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,583	0	0	0	59.00
60.00	06000	LABORATORY	0	12,368	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	341	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	3,264	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,557	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,262	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,706	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	184,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	150,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,338	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	814	0	0	0	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								
90.01	09001	PRENATAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	968	0	967	0	90.02
90.03	09003	WOUND CLINIC	0	1,119	0	1,118	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	0	90.09
90.10	09010	DR MIRMI RA	0	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	0	90.11
90.12	09012	CTPET	0	170	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	1,935	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRIT T	0	0	0	0	0	90.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABI B	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	0	13,749	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	519,289	182,325	0	98,215	334,473	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	299	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	17	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	206	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	734	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	1,358	0	0	0	194.02
194.04	07953	CANCER CARE	0	1	0	0	0	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	0	2	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	1	0	0	0	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	0	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	266	0	0	0	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	4	0	0	0	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	54	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.41	07978	G I SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	0	0	0	0	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
194.49	07973	FUND DEVELOPMENT	0	0	0	0	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	0	0	194.50
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)	519,289	185,267	0	98,215	334,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	249,326	362,237				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	17,753	0			30.00
31.00	03100	0	2,700	0			31.00
40.00	04000	0	2,596	0			40.00
41.00	04100	0	3,871	0			41.00
43.00	04300	0	816	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	21,261	0			50.00
50.01	05001	0	0	0			50.01
50.02	05002	0	3,266	0			50.02
51.00	05100	0	3,656	0			51.00
52.00	05200	0	2,975	0			52.00
53.00	05300	0	3,407	0			53.00
53.01	05301	0	5,215	0			53.01
54.00	05400	0	18,618	0			54.00
56.00	05600	0	868	0			56.00
57.00	05700	0	36,153	0			57.00
58.00	05800	0	10,527	0			58.00
59.00	05900	0	22,261	0			59.00
60.00	06000	0	50,929	0			60.00
62.00	06200	0	1,414	0			62.00
62.30	06250	0	0	0			62.30
65.00	06500	0	5,183	0			65.00
66.00	06600	0	16,978	0			66.00
69.00	06900	0	18,755	0			69.00
70.00	07000	0	3,683	0			70.00
71.00	07100	0	8,834	0			71.00
72.00	07200	0	16,371	0			72.00
73.00	07300	0	37,767	0			73.00
75.00	07500	0	1,241	0			75.00
76.00	03950	0	0	0			76.00
76.97	07697	0	360	0			76.97
76.98	07698	0	0	0			76.98
76.99	07699	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0			90.01
90.02	09002	0	394	0			90.02
90.03	09003	0	559	0			90.03
90.04	09004	0	0	0			90.04
90.05	09005	0	0	0			90.05
90.06	09006	0	0	0			90.06
90.07	09007	0	0	0			90.07
90.08	09008	0	0	0			90.08
90.09	09009	0	0	0			90.09
90.10	09010	0	0	0			90.10
90.11	09011	0	0	0			90.11
90.12	09012	0	972	0			90.12
90.13	09013	0	5,205	0			90.13
90.14	09014	0	0	0			90.14
90.15	09015	0	0	0			90.15
90.16	09016	0	0	0			90.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
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To 06/30/2016

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0		90.17
90.18	09018	DR BOCK	0	0	0		90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0		90.19
90.20	09020	DR ANDERSON	0	0	0		90.20
90.21	09021	DR HABI B	0	0	0		90.21
90.22	09022	DR HANNEKEN	0	0	0		90.22
90.23	09023	DR MUNESSES	0	0	0		90.23
90.24	09024	DR KOHLI	0	0	0		90.24
90.25	09025	DR DUNCAN	0	0	0		90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0		90.26
90.27	09027	DR POWELL	0	0	0		90.27
90.28	09028	CHEMOTHEROPY	0	0	0		90.28
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	37,649	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	249,326	362,237	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
194.00	07950	SENIOR SERVICES	0	0	0		194.00
194.01	07951	ADULT DAY CARE	0	0	0		194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0		194.02
194.04	07953	CANCER CARE	0	0	0		194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0		194.05
194.07	07976	BLUE MOUND	0	0	0		194.07
194.08	07955	ARTHUR CLINIC	0	0	0		194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0		194.09
194.11	07956	2981 NORTH MAIN	0	0	0		194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0		194.13
194.14	07958	MEDICAL ARTS	0	0	0		194.14
194.15	07959	MT. ZION CLINIC	0	0	0		194.15
194.16	07960	CERRO GORDO	0	0	0		194.16
194.17	07961	LIFELINE	0	0	0		194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0		194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0		194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0		194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0		194.24
194.25	07965	3915 N COWGILL	0	0	0		194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0		194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0		194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0		194.36
194.37	07968	DAY CARE CENTER	0	0	0		194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0		194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0		194.40
194.41	07978	G I SUITES	0	0	0		194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0		194.42
194.43	07970	VACANT SPACE	0	0	0		194.43
194.44	07971	PHYSICIAN POOL	0	0	0		194.44
194.48	07972	MRI BUILDING	0	0	0		194.48
194.49	07973	FUND DEVELOPMENT	0	0	0		194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0		194.50
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	249,326	362,237	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				3,828,500	0	30.00
31.00 03100	INTENSIVE CARE UNIT				338,971	0	31.00
40.00 04000	SUBPROVIDER - IPF				417,956	0	40.00
41.00 04100	SUBPROVIDER - IRF				565,948	0	41.00
43.00 04300	NURSERY				91,084	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				714,578	0	50.00
50.01 05001	STONE CENTER				0	0	50.01
50.02 05002	ENDOSCOPY				132,544	0	50.02
51.00 05100	RECOVERY ROOM				107,101	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				377,524	0	52.00
53.00 05300	ANESTHESIOLOGY				96,605	0	53.00
53.01 05301	PAIN CENTER				144,914	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				611,224	0	54.00
56.00 05600	RADIOISOTOPE				29,917	0	56.00
57.00 05700	CT SCAN				94,180	0	57.00
58.00 05800	MRI				61,947	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				312,159	0	59.00
60.00 06000	LABORATORY				1,408,529	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD				17,453	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00 06500	RESPIRATORY THERAPY				129,900	0	65.00
66.00 06600	PHYSICAL THERAPY				568,076	0	66.00
69.00 06900	ELECTROCARDIOLOGY				200,313	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				106,453	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT				425,614	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				356,238	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				499,950	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)				41,356	0	75.00
76.00 03950	TREATMENT CENTER				0	0	76.00
76.97 07697	CARDIAC REHABILITATION				9,884	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99 07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	PRENATAL CLINIC				0	0	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC				118,694	0	90.02
90.03 09003	WOUND CLINIC				16,904	0	90.03
90.04 09004	NEUROSURGERY				0	0	90.04
90.05 09005	DR JATOI				0	0	90.05
90.06 09006	UROLOGY PHYSICIAN				0	0	90.06
90.07 09007	DR. CHU				0	0	90.07
90.08 09008	SPORTS MEDICINE CLINIC				0	0	90.08
90.09 09009	DR. SHANKER				0	0	90.09
90.10 09010	DR. MIRMI RA				0	0	90.10
90.11 09011	DR. TOKHI				0	0	90.11
90.12 09012	CTPET				9,978	0	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
			24.00		25.00		
90.13 09013 RADIATION ONCOLOGY					44,859	0	90.13
90.14 09014 SPORTS MED-REHAB					0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES					0	0	90.15
90.16 09016 DR BRITTT					0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER					0	0	90.17
90.18 09018 DR BOCK					0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES					0	0	90.19
90.20 09020 DR ANDERSON					0	0	90.20
90.21 09021 DR HABIB					0	0	90.21
90.22 09022 DR HANNEKEN					0	0	90.22
90.23 09023 DR MUNESSES					0	0	90.23
90.24 09024 DR KOHLI					0	0	90.24
90.25 09025 DR DUNCAN					0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE					0	0	90.26
90.27 09027 DR POWELL					0	0	90.27
90.28 09028 CHEMOTHEROPY					0	0	90.28
91.00 09100 EMERGENCY					1,383,044	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF					0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY					0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY					0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY					0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		13,262,397	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN					24,268	0	190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES					28,757	0	192.00
194.00 07950 SENIOR SERVICES					7,757	0	194.00
194.01 07951 ADULT DAY CARE					10,055	0	194.01
194.02 07952 SPORTS MEDICINE REHAB					16,588	0	194.02
194.04 07953 CANCER CARE					1,577	0	194.04
194.05 07954 RESIDENTIAL PROPERTIES					0	0	194.05
194.07 07976 BLUE MOUND					93	0	194.07
194.08 07955 ARTHUR CLINIC					1,912	0	194.08
194.09 07974 OCCUPATIONAL HEALTH					0	0	194.09
194.11 07956 2981 NORTH MAIN					31	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750					10,901	0	194.13
194.14 07958 MEDICAL ARTS					0	0	194.14
194.15 07959 MT. ZION CLINIC					0	0	194.15
194.16 07960 CERRO GORDO					852	0	194.16
194.17 07961 LIFELINE					0	0	194.17
194.18 07980 COUNTY JAIL CONTRACT					0	0	194.18
194.19 07962 ST. JOHNS HOME HEALTH					159,042	0	194.19
194.23 07963 ST. MARYS SURGERY CENTER					0	0	194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE					6,059	0	194.24
194.25 07965 3915 N COWGILL					0	0	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES					0	0	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM					0	0	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD					13,994	0	194.36
194.37 07968 DAY CARE CENTER					0	0	194.37
194.38 07969 SCHOOL HEALTH SERVICES					619	0	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					168,730	0	194.40
194.41 07978 GI SUITES					0	0	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME					0	0	194.42
194.43 07970 VACANT SPACE					780,993	0	194.43
194.44 07971 PHYSICIAN POOL					0	0	194.44
194.48 07972 MRI BUILDING					4	0	194.48
194.49 07973 FUND DEVELOPMENT					31,365	0	194.49
194.50 07981 CENTRAL ILLINOIS LUNG					76,726	0	194.50
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	0	0		14,602,720	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 6:41 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	STONE CENTER	50.01
50.02	05002	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	PAIN CENTER	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	TREATMENT CENTER	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	PRENATAL CLINIC	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	90.02
90.03	09003	WOUND CLINIC	90.03
90.04	09004	NEUROSURGERY	90.04
90.05	09005	DR JATOI	90.05
90.06	09006	UROLOGY PHYSICIAN	90.06
90.07	09007	DR. CHU	90.07
90.08	09008	SPORTS MEDICINE CLINIC	90.08
90.09	09009	DR. SHANKER	90.09
90.10	09010	DR MIRMI RA	90.10
90.11	09011	DR TOKHI	90.11
90.12	09012	CTPET	90.12
90.13	09013	RADIATION ONCOLOGY	90.13
90.14	09014	SPORTS MED-REHAB	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	90.15
90.16	09016	DR BRITT	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	90.17
90.18	09018	DR BOCK	90.18

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Total	
		26.00	
90.19	09019 PEDIATRIC PROF SERVICES	0	90.19
90.20	09020 DR ANDERSON	0	90.20
90.21	09021 DR HABIB	0	90.21
90.22	09022 DR HANNEKEN	0	90.22
90.23	09023 DR MUNESSES	0	90.23
90.24	09024 DR KOHLI	0	90.24
90.25	09025 DR DUNCAN	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	90.26
90.27	09027 DR POWELL	0	90.27
90.28	09028 CHEMOTHEROPY	0	90.28
91.00	09100 EMERGENCY	1,383,044	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,262,397	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	24,268	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	28,757	192.00
194.00	07950 SENIOR SERVICES	7,757	194.00
194.01	07951 ADULT DAY CARE	10,055	194.01
194.02	07952 SPORTS MEDICINE REHAB	16,588	194.02
194.04	07953 CANCER CARE	1,577	194.04
194.05	07954 RESIDENTIAL PROPERTIES	0	194.05
194.07	07976 BLUE MOUND	93	194.07
194.08	07955 ARTHUR CLINIC	1,912	194.08
194.09	07974 OCCUPATIONAL HEALTH	0	194.09
194.11	07956 2981 NORTH MAIN	31	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	10,901	194.13
194.14	07958 MEDICAL ARTS	0	194.14
194.15	07959 MT. ZION CLINIC	0	194.15
194.16	07960 CERRO GORDO	852	194.16
194.17	07961 LIFELINE	0	194.17
194.18	07980 COUNTY JAIL CONTRACT	0	194.18
194.19	07962 ST. JOHNS HOME HEALTH	159,042	194.19
194.23	07963 ST. MARYS SURGERY CENTER	0	194.23
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	6,059	194.24
194.25	07965 3915 N COWGILL	0	194.25
194.28	07975 LAUNDRY OUTSIDE SERVICES	0	194.28
194.35	07966 MEDICAL MANAGEMENT SYSTEM	0	194.35
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	13,994	194.36
194.37	07968 DAY CARE CENTER	0	194.37
194.38	07969 SCHOOL HEALTH SERVICES	619	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	168,730	194.40
194.41	07978 GI SUITES	0	194.41
194.42	07979 RESPIRATORY CARE NURSING HOME	0	194.42
194.43	07970 VACANT SPACE	780,993	194.43
194.44	07971 PHYSICIAN POOL	0	194.44
194.48	07972 MRI BUILDING	4	194.48
194.49	07973 FUND DEVELOPMENT	31,365	194.49
194.50	07981 CENTRAL ILLINOIS LUNG	76,726	194.50
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	14,602,720	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	476,340				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		476,340			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	42,773,376		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,493	61,493	5,901,993	-26,723,974	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	6.00
7.00	00700	OPERATION OF PLANT	40,020	40,020	1,109,778	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	31,171	0	8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	981,808	0	9.00
10.00	01000	DIETARY	16,186	16,186	239,589	0	10.00
11.00	01100	CAFETERIA	3,849	3,849	841,805	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	652,266	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	289,157	0	14.00
15.00	01500	PHARMACY	3,818	3,818	1,855,278	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,181,160	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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 A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	6,760,762	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	1,179,646	0	31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	873,630	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	1,191,322	0	41.00
43.00	04300	NURSERY	2,301	2,301	146,580	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,591	17,591	1,145,767	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	3,319	3,319	294,055	0	50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	443,784	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	999,469	0	52.00
53.00	05300	ANESTHESIOLOGY	315	315	2,302,536	0	53.00
53.01	05301	PAIN CENTER	3,507	3,507	393,862	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,760,158	0	54.00
56.00	05600	RADIOISOTOPE	663	663	287,864	0	56.00
57.00	05700	CT SCAN	558	558	369,902	0	57.00
58.00	05800	MRI	883	883	252,360	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	1,196,279	0	59.00
60.00	06000	LABORATORY	35,496	35,496	2,247,570	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	62,049	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	757	757	593,108	0	65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	1,918,352	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	411,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	309,937	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	606,622	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	147,891	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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	175,920	0	90.02
90.03	09003	WOUND CLINIC	0	0	203,379	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR. MIRRA	0	0	0	0	90.10
90.11	09011	DR. TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	0	0	30,820	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
1.00	2.00	4.00	5A	5.00				
90.13	09013	RADIATION ONCOLOGY	0	0	351,577	0	872,456	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABIB	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	37,538	37,538	2,498,414	0	4,619,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	436,863	436,863	42,238,652	-26,723,974	87,786,510	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	54,416	0	188,976	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,045	0	671,542	192.00
194.00	07950	SENIOR SERVICES	0	0	37,444	0	175,495	194.00
194.01	07951	ADULT DAY CARE	0	0	133,426	0	214,406	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	246,841	0	349,599	194.02
194.04	07953	CANCER CARE	0	0	141	0	36,831	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	0	0	0	2,181	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	44,686	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	0	0	308	0	673	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	136	0	254,717	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	0	0	26	-1,509	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	19,901	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	5,091	5,091	0	0	131,378	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	48,335	0	134,139	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	697	0	326,909	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	0	9,851	0	12,946	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	139,454	194.40
194.41	07978	G I SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	25,000	25,000	0	0	645,147	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	0	0	58	0	95	194.48
194.49	07973	FUND DEVELOPMENT	1,004	1,004	0	0	25,909	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	2,456	2,456	0	0	63,380	194.50
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)	5,651,616	6,640,759	13,467,586		26,723,974	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.864668	13.941216	0.314859		0.292946	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			46,786		3,903,683	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.001094	5A	5.00 0.042792	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	409,504				6.00
7.00	00700	OPERATION OF PLANT	40,020	369,484			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	36,843		8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	0	347,891	9.00
10.00	01000	DIETARY	16,186	16,186	0	16,186	36,843 10.00
11.00	01100	CAFETERIA	3,849	3,849	0	3,849	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	0	1,783	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	0	9,780	0 14.00
15.00	01500	PHARMACY	3,818	3,818	0	3,818	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	0	8,558	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	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	82,020	82,020	25,977	82,020	25,977 30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	2,167	5,935	2,167 31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	4,537	6,977	4,537 40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	4,162	11,495	4,162 41.00
43.00	04300	NURSERY	2,301	2,301	0	2,301	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,591	17,591	0	17,591	0 50.00
50.01	05001	STONE CENTER	0	0	0	0	0 50.01
50.02	05002	ENDOSCOPY	3,319	3,319	0	3,319	0 50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	0	2,266	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	0	9,460	0 52.00
53.00	05300	ANESTHESIOLOGY	315	315	0	315	0 53.00
53.01	05301	PAIN CENTER	3,507	3,507	0	3,507	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	0	14,367	0 54.00
56.00	05600	RADIOISOTOPE	663	663	0	663	0 56.00
57.00	05700	CT SCAN	558	558	0	558	0 57.00
58.00	05800	MRI	883	883	0	883	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	0	4,987	0 59.00
60.00	06000	LABORATORY	35,496	35,496	0	35,496	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	272	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	757	757	0	757	0 65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	0	13,742	0 66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	0	3,779	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	0	2,634	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0 76.00
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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	0	3,578	0 90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0 90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0 90.04
90.05	09005	DR JATOI	0	0	0	0	0 90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	0 90.06
90.07	09007	DR. CHU	0	0	0	0	0 90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	0 90.08
90.09	09009	DR. SHANKER	0	0	0	0	0 90.09
90.10	09010	DR MIRMI RA	0	0	0	0	0 90.10
90.11	09011	DR TOKHI	0	0	0	0	0 90.11
90.12	09012	CTPET	0	0	0	0	0 90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0 90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	0 90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0 90.15

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
90.16	09016	DR BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABI B	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	37,538	37,538	0	37,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	370,027	330,007	36,843	308,414	36,843	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	0	525	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	5,091	5,091	0	5,091	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	194.40
194.41	07978	G I SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	25,000	25,000	0	25,000	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
194.49	07973	FUND DEVELOPMENT	1,004	1,004	0	1,004	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	2,456	2,456	0	2,456	0	194.50
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)	117,780	6,181,632	1,665,402	2,564,904	1,339,131	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.287616	16.730446	45.202671	7.372723	36.346959	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	94,992	1,247,458	513,131	250,962	519,289	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.231968	3.376217	13.927503	0.721381	14.094645	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		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
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	33,667,232					11.00
12.00	01200		0				12.00
13.00	01300	652,266	0	17,870,870			13.00
14.00	01400	289,157	0	0	9,865,715		14.00
15.00	01500	1,855,278	0	0	0	100,000	15.00
16.00	01600	1,181,160	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,760,762	0	6,760,762	0	0	30.00
31.00	03100	1,179,646	0	1,179,646	0	0	31.00
40.00	04000	873,630	0	873,630	0	0	40.00
41.00	04100	1,191,322	0	1,191,322	0	0	41.00
43.00	04300	146,580	0	146,580	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,145,767	0	1,145,767	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	294,055	0	294,055	0	0	50.02
51.00	05100	443,784	0	443,784	0	0	51.00
52.00	05200	999,469	0	999,469	0	0	52.00
53.00	05300	2,302,536	0	2,302,536	0	0	53.00
53.01	05301	393,862	0	393,862	0	0	53.01
54.00	05400	1,760,158	0	1,760,158	0	0	54.00
56.00	05600	287,864	0	0	0	0	56.00
57.00	05700	369,902	0	0	0	0	57.00
58.00	05800	252,360	0	0	0	0	58.00
59.00	05900	1,196,279	0	0	0	0	59.00
60.00	06000	2,247,570	0	0	0	0	60.00
62.00	06200	62,049	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	593,108	0	0	0	0	65.00
66.00	06600	1,918,352	0	0	0	0	66.00
69.00	06900	411,032	0	0	0	0	69.00
70.00	07000	309,937	0	0	0	0	70.00
71.00	07100	0	0	0	5,434,313	0	71.00
72.00	07200	0	0	0	4,431,402	0	72.00
73.00	07300	0	0	0	0	100,000	73.00
75.00	07500	606,622	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	147,891	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							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	175,920	0	175,920	0	0	90.02
90.03	09003	203,379	0	203,379	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	0	0	0	0	0	90.06
90.07	09007	0	0	0	0	0	90.07
90.08	09008	0	0	0	0	0	90.08
90.09	09009	0	0	0	0	0	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	0	0	0	0	0	90.11
90.12	09012	30,820	0	0	0	0	90.12
90.13	09013	351,577	0	0	0	0	90.13
90.14	09014	0	0	0	0	0	90.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	0	90.20
90.21	09021	DR HABIB	0	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100	EMERGENCY	2,498,414	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,132,508	0	17,870,870	9,865,715	100,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	54,416	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,045	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	37,444	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	133,426	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	246,841	0	0	0	0	194.02
194.04	07953	CANCER CARE	141	0	0	0	0	194.04
194.05	07954	RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.09	07974	OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956	2981 NORTH MAIN	308	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	136	0	0	0	0	194.13
194.14	07958	MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959	MT. ZION CLINIC	26	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.17	07961	LIFELINE	0	0	0	0	0	194.17
194.18	07980	COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962	ST. JOHNS HOME HEALTH	0	0	0	0	0	194.19
194.23	07963	ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	48,335	0	0	0	0	194.24
194.25	07965	3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	697	0	0	0	0	194.36
194.37	07968	DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969	SCHOOL HEALTH SERVICES	9,851	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.41	07978	GI SUITES	0	0	0	0	0	194.41
194.42	07979	RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970	VACANT SPACE	0	0	0	0	0	194.43
194.44	07971	PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972	MRI BUILDING	58	0	0	0	0	194.48
194.49	07973	FUND DEVELOPMENT	0	0	0	0	0	194.49
194.50	07981	CENTRAL ILLINOIS LUNG	0	0	0	0	0	194.50
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)	2,159,165	0	1,299,343	1,400,465	3,899,186	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.064133	0.000000	0.072707	0.141953	38.991860	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	185,267	0	98,215	334,473	249,326	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005503	0.000000	0.005496	0.033903	2.493260	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
	16.00	17.00	19.00	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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	526,613,231					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	25,804,182	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,924,180	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	3,773,572	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,626,995	0	0	0	0	41.00
43.00 04300 NURSERY	1,186,025	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	30,902,813	0	0	0	0	50.00
50.01 05001 STONE CENTER	0	0	0	0	0	50.01
50.02 05002 ENDOSCOPY	4,747,175	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	5,314,289	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,324,569	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	4,952,046	0	0	0	0	53.00
53.01 05301 PAIN CENTER	7,579,442	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,061,143	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	1,261,677	0	0	0	0	56.00
57.00 05700 CT SCAN	52,547,744	0	0	0	0	57.00
58.00 05800 MRI	15,300,998	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	32,356,209	0	0	0	0	59.00
60.00 06000 LABORATORY	74,130,735	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	2,054,625	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	7,533,124	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	24,677,786	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	27,260,003	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,352,514	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	12,840,571	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	23,795,283	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	54,893,672	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,803,389	0	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	523,671	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						
90.01 09001 PRENATAL CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC	572,818	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	812,319	0	0	0	0	90.03
90.04 09004 NEUROSURGERY	0	0	0	0	0	90.04
90.05 09005 DR JATOI	0	0	0	0	0	90.05
90.06 09006 UROLOGY PHYSICIAN	0	0	0	0	0	90.06
90.07 09007 DR. CHU	0	0	0	0	0	90.07
90.08 09008 SPORTS MEDICINE CLINIC	0	0	0	0	0	90.08
90.09 09009 DR. SHANKER	0	0	0	0	0	90.09
90.10 09010 DR MI RMI RA	0	0	0	0	0	90.10
90.11 09011 DR TOKHI	0	0	0	0	0	90.11
90.12 09012 CTPET	1,412,624	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
90.13	09013 RADIATION ONCOLOGY	7,565,024	0	0	0	0	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	0	90.15
90.16	09016 DR BRITTT	0	0	0	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	0	90.17
90.18	09018 DR BOCK	0	0	0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0	0	0	90.20
90.21	09021 DR HABIB	0	0	0	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0	0	0	90.23
90.24	09024 DR KOHLI	0	0	0	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0	0	0	90.26
90.27	09027 DR POWELL	0	0	0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0	0	0	90.28
91.00	09100 EMERGENCY	54,722,014	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	526,613,231	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	0	0	0	0	0	194.01
194.02	07952 SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.04	07953 CANCER CARE	0	0	0	0	0	194.04
194.05	07954 RESIDENTIAL PROPERTIES	0	0	0	0	0	194.05
194.07	07976 BLUE MOUND	0	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.09	07974 OCCUPATIONAL HEALTH	0	0	0	0	0	194.09
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.14	07958 MEDICAL ARTS	0	0	0	0	0	194.14
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	194.16
194.17	07961 LIFELINE	0	0	0	0	0	194.17
194.18	07980 COUNTY JAIL CONTRACT	0	0	0	0	0	194.18
194.19	07962 ST. JOHNS HOME HEALTH	0	0	0	0	0	194.19
194.23	07963 ST. MARYS SURGERY CENTER	0	0	0	0	0	194.23
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.25	07965 3915 N COWGILL	0	0	0	0	0	194.25
194.28	07975 LAUNDRY OUTSIDE SERVICES	0	0	0	0	0	194.28
194.35	07966 MEDICAL MANAGEMENT SYSTEM	0	0	0	0	0	194.35
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.37	07968 DAY CARE CENTER	0	0	0	0	0	194.37
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.41	07978 GI SUITES	0	0	0	0	0	194.41
194.42	07979 RESPIRATORY CARE NURSING HOME	0	0	0	0	0	194.42
194.43	07970 VACANT SPACE	0	0	0	0	0	194.43
194.44	07971 PHYSICIAN POOL	0	0	0	0	0	194.44
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
194.49	07973 FUND DEVELOPMENT	0	0	0	0	0	194.49
194.50	07981 CENTRAL ILLINOIS LUNG	0	0	0	0	0	194.50
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)	3,201,563	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006080	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	362,237	0	0	0	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000688	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM COSTS A (ASSIGNED TIME)	
	SERVICES-OTHER			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000	NURSING SCHOOL			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	100		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	STONE CENTER	0	0	50.01
50.02 05002	ENDOSCOPY	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
53.01 05301	PAIN CENTER	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	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
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950	TREATMENT CENTER	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001	PRENATAL CLINIC	0	0	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03 09003	WOUND CLINIC	0	0	90.03
90.04 09004	NEUROSURGERY	0	0	90.04
90.05 09005	DR JATOI	0	0	90.05
90.06 09006	UROLOGY PHYSICIAN	0	0	90.06
90.07 09007	DR. CHU	0	0	90.07
90.08 09008	SPORTS MEDICINE CLINIC	0	0	90.08
90.09 09009	DR. SHANKER	0	0	90.09
90.10 09010	DR MI RMI RA	0	0	90.10
90.11 09011	DR TOKHI	0	0	90.11
90.12 09012	CTPET	0	0	90.12
90.13 09013	RADIATION ONCOLOGY	0	0	90.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	90.14
	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
	22.00		
90.14 09014 SPORTS MED-REHAB	0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0	90.15
90.16 09016 DR BRITT	0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0	90.17
90.18 09018 DR BOCK	0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0	90.19
90.20 09020 DR ANDERSON	0	0	90.20
90.21 09021 DR HABIB	0	0	90.21
90.22 09022 DR HANNEKEN	0	0	90.22
90.23 09023 DR MUNESSES	0	0	90.23
90.24 09024 DR KOHLI	0	0	90.24
90.25 09025 DR DUNCAN	0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0	90.26
90.27 09027 DR POWELL	0	0	90.27
90.28 09028 CHEMOTHEROPY	0	0	90.28
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS			
113.00 11300 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00 07950 SENIOR SERVICES	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	194.01
194.02 07952 SPORTS MEDICINE REHAB	0	0	194.02
194.04 07953 CANCER CARE	0	0	194.04
194.05 07954 RESIDENTIAL PROPERTIES	0	0	194.05
194.07 07976 BLUE MOUND	0	0	194.07
194.08 07955 ARTHUR CLINIC	0	0	194.08
194.09 07974 OCCUPATIONAL HEALTH	0	0	194.09
194.11 07956 2981 NORTH MAIN	0	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	194.13
194.14 07958 MEDICAL ARTS	0	0	194.14
194.15 07959 MT. ZION CLINIC	0	0	194.15
194.16 07960 CERRO GORDO	0	0	194.16
194.17 07961 LIFELINE	0	0	194.17
194.18 07980 COUNTY JAIL CONTRACT	0	0	194.18
194.19 07962 ST. JOHNS HOME HEALTH	0	0	194.19
194.23 07963 ST. MARYS SURGERY CENTER	0	0	194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	194.24
194.25 07965 3915 N COWGILL	0	0	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	0	0	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	0	0	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	194.36
194.37 07968 DAY CARE CENTER	0	0	194.37
194.38 07969 SCHOOL HEALTH SERVICES	0	0	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.41 07978 GI SUITES	0	0	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME	0	0	194.42
194.43 07970 VACANT SPACE	0	0	194.43
194.44 07971 PHYSICIAN POOL	0	0	194.44
194.48 07972 MRI BUILDING	0	0	194.48
194.49 07973 FUND DEVELOPMENT	0	0	194.49
194.50 07981 CENTRAL ILLINOIS LUNG	0	0	194.50
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	21,196,126		21,196,126	60,588	21,256,714	30.00
31.00	03100 INTENSIVE CARE UNIT	2,997,252		2,997,252	0	2,997,252	31.00
40.00	04000 SUBPROVIDER - I/PF	2,719,257		2,719,257	0	2,719,257	40.00
41.00	04100 SUBPROVIDER - I/RP	3,374,275		3,374,275	23,429	3,397,704	41.00
43.00	04300 NURSERY	662,070		662,070	0	662,070	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,286,268		5,286,268	0	5,286,268	50.00
50.01	05001 STONE CENTER	0		0	0	0	50.01
50.02	05002 ENDOSCOPY	926,627		926,627	0	926,627	50.02
51.00	05100 RECOVERY ROOM	1,048,435		1,048,435	0	1,048,435	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,731,856		2,731,856	0	2,731,856	52.00
53.00	05300 ANESTHESIOLOGY	2,040,682		2,040,682	0	2,040,682	53.00
53.01	05301 PAIN CENTER	1,069,323		1,069,323	0	1,069,323	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,936,422		4,936,422	822	4,937,244	54.00
56.00	05600 RADIOISOTOPE	258,977		258,977	0	258,977	56.00
57.00	05700 CT SCAN	1,528,264		1,528,264	0	1,528,264	57.00
58.00	05800 MRI	830,068		830,068	0	830,068	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,374,963		4,374,963	0	4,374,963	59.00
60.00	06000 LABORATORY	9,711,603		9,711,603	0	9,711,603	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	247,716		247,716	0	247,716	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	3,063,033	0	3,063,033	77	3,063,110	65.00
66.00	06600 PHYSICAL THERAPY	4,364,573	0	4,364,573	0	4,364,573	66.00
69.00	06900 ELECTROCARDIOLOGY	2,247,107		2,247,107	16,946	2,264,053	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	761,684		761,684	1,093	762,777	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	7,875,758		7,875,758	0	7,875,758	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,503,289		6,503,289	0	6,503,289	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,664,352		10,664,352	0	10,664,352	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,141,017		1,141,017	0	1,141,017	75.00
76.00	03950 TREATMENT CENTER	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	270,941		270,941	0	270,941	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 PRENATAL CLINIC	0		0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	367,073		367,073	0	367,073	90.02
90.03	09003 WOUND CLINIC	452,330		452,330	8,913	461,243	90.03
90.04	09004 NEUROSURGERY	0		0	0	0	90.04
90.05	09005 DR JATOI	0		0	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0		0	0	0	90.06
90.07	09007 DR. CHU	0		0	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0		0	0	0	90.08
90.09	09009 DR. SHANKER	0		0	0	0	90.09
90.10	09010 DR MIRMIRA	0		0	0	0	90.10
90.11	09011 DR TOKHI	0		0	0	0	90.11
90.12	09012 CTPET	276,509		276,509	0	276,509	90.12
90.13	09013 RADIATION ONCOLOGY	1,196,581		1,196,581	0	1,196,581	90.13
90.14	09014 SPORTS MED-REHAB	0		0	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0		0	0	0	90.15
90.16	09016 DR BRITT	0		0	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0		0	0	0	90.17
90.18	09018 DR BOCK	0		0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0		0	0	0	90.19
90.20	09020 DR ANDERSON	0		0	0	0	90.20
90.21	09021 DR HABI B	0		0	0	0	90.21
90.22	09022 DR HANNEKEN	0		0	0	0	90.22
90.23	09023 DR MUNESSES	0		0	0	0	90.23
90.24	09024 DR KOHLI	0		0	0	0	90.24
90.25	09025 DR DUNCAN	0		0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0		0	0	0	90.26
90.27	09027 DR POWELL	0		0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0		0	0	0	90.28
91.00	09100 EMERGENCY	7,381,630		7,381,630	0	7,381,630	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,355,266		1,355,266	0	1,355,266	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	113,861,327	111,868	113,973,195	200.00
201.00		Less Observation Beds		1,355,266		1,355,266	201.00
202.00		Total (see instructions)	0	112,506,061	111,868	112,617,929	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

		Title XVIIII			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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,502,471		24,502,471		30.00
31.00	03100	INTENSIVE CARE UNIT	3,726,222		3,726,222		31.00
40.00	04000	SUBPROVIDER - I/PF	3,583,211		3,583,211		40.00
41.00	04100	SUBPROVIDER - I/RF	5,343,137		5,343,137		41.00
43.00	04300	NURSERY	1,126,195		1,126,195		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,695,122	15,207,691	30,902,813	0.171061	50.00
50.01	05001	STONE CENTER	0	0	0	0.000000	50.01
50.02	05002	ENDOSCOPY	509,891	4,237,284	4,747,175	0.195195	50.02
51.00	05100	RECOVERY ROOM	1,480,627	3,833,662	5,314,289	0.197286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363,782	960,787	4,324,569	0.631706	52.00
53.00	05300	ANESTHESIOLOGY	2,627,102	2,324,944	4,952,046	0.412089	53.00
53.01	05301	PAIN CENTER	60,208	7,519,234	7,579,442	0.141082	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,952,510	21,108,633	27,061,143	0.182417	54.00
56.00	05600	RADIOISOTOPE	458,226	803,451	1,261,677	0.205264	56.00
57.00	05700	CT SCAN	14,269,328	38,278,416	52,547,744	0.029083	57.00
58.00	05800	MRI	3,481,936	11,819,062	15,300,998	0.054249	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,721,481	19,634,728	32,356,209	0.135212	59.00
60.00	06000	LABORATORY	30,033,036	44,097,699	74,130,735	0.131006	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,366,535	688,090	2,054,625	0.120565	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	6,277,351	1,255,773	7,533,124	0.406609	65.00
66.00	06600	PHYSICAL THERAPY	14,163,766	10,514,020	24,677,786	0.176862	66.00
69.00	06900	ELECTROCARDIOLOGY	5,693,985	21,566,018	27,260,003	0.082432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	212,942	5,139,572	5,352,514	0.142304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,542,212	5,298,359	12,840,571	0.613350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,502,759	9,292,524	23,795,283	0.273302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,678,205	21,215,467	54,893,672	0.194273	73.00
75.00	07500	ASC (NON-DISTINCT PART)	87,298	1,716,091	1,803,389	0.632707	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,160	521,511	523,671	0.517388	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	PRENATAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	2,925	569,893	572,818	0.640820	90.02
90.03	09003	WOUND CLINIC	325,533	486,786	812,319	0.556838	90.03
90.04	09004	NEUROSURGERY	0	0	0	0.000000	90.04
90.05	09005	DR JATOI	0	0	0	0.000000	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0.000000	90.06
90.07	09007	DR. CHU	0	0	0	0.000000	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0.000000	90.08
90.09	09009	DR. SHANKER	0	0	0	0.000000	90.09
90.10	09010	DR MIRMI RA	0	0	0	0.000000	90.10
90.11	09011	DR TOKHI	0	0	0	0.000000	90.11
90.12	09012	CTPET	25,750	1,386,874	1,412,624	0.195741	90.12
90.13	09013	RADIATION ONCOLOGY	53,563	7,511,461	7,565,024	0.158173	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0.000000	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0.000000	90.15
90.16	09016	DR BRITT	0	0	0	0.000000	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0.000000	90.17
90.18	09018	DR BOCK	0	0	0	0.000000	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0.000000	90.19
90.20	09020	DR ANDERSON	0	0	0	0.000000	90.20
90.21	09021	DR HABIB	0	0	0	0.000000	90.21
90.22	09022	DR HANNEKEN	0	0	0	0.000000	90.22
90.23	09023	DR MUNESSES	0	0	0	0.000000	90.23
90.24	09024	DR KOHLI	0	0	0	0.000000	90.24
90.25	09025	DR DUNCAN	0	0	0	0.000000	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0.000000	90.26
90.27	09027	DR POWELL	0	0	0	0.000000	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0.000000	90.28
91.00	09100	EMERGENCY	12,290,680	42,431,334	54,722,014	0.134893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	207,193	1,826,524	2,033,717	0.666399	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)						200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.171061			50.00
50.01	05001 STONE CENTER	0.000000			50.01
50.02	05002 ENDOSCOPY	0.195195			50.02
51.00	05100 RECOVERY ROOM	0.197286			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.631706			52.00
53.00	05300 ANESTHESIOLOGY	0.412089			53.00
53.01	05301 PAIN CENTER	0.141082			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182448			54.00
56.00	05600 RADIOISOTOPE	0.205264			56.00
57.00	05700 CT SCAN	0.029083			57.00
58.00	05800 MRI	0.054249			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135212			59.00
60.00	06000 LABORATORY	0.131006			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.120565			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.406619			65.00
66.00	06600 PHYSICAL THERAPY	0.176862			66.00
69.00	06900 ELECTROCARDIOLOGY	0.083054			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.142508			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.613350			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273302			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194273			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.632707			75.00
76.00	03950 TREATMENT CENTER	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.517388			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 PRENATAL CLINIC	0.000000			90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0.640820			90.02
90.03	09003 WOUND CLINIC	0.567810			90.03
90.04	09004 NEUROSURGERY	0.000000			90.04
90.05	09005 DR JATOI	0.000000			90.05
90.06	09006 UROLOGY PHYSICIAN	0.000000			90.06
90.07	09007 DR. CHU	0.000000			90.07
90.08	09008 SPORTS MEDICINE CLINIC	0.000000			90.08
90.09	09009 DR. SHANKER	0.000000			90.09
90.10	09010 DR MIRMI RA	0.000000			90.10
90.11	09011 DR TOKHI	0.000000			90.11
90.12	09012 CTPET	0.195741			90.12
90.13	09013 RADIATION ONCOLOGY	0.158173			90.13
90.14	09014 SPORTS MED-REHAB	0.000000			90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0.000000			90.15
90.16	09016 DR BRITT	0.000000			90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0.000000			90.17
90.18	09018 DR BOCK	0.000000			90.18
90.19	09019 PEDIATRIC PROF SERVICES	0.000000			90.19
90.20	09020 DR ANDERSON	0.000000			90.20
90.21	09021 DR HABI B	0.000000			90.21
90.22	09022 DR HANNEKEN	0.000000			90.22
90.23	09023 DR MUNESSES	0.000000			90.23
90.24	09024 DR KOHLI	0.000000			90.24
90.25	09025 DR DUNCAN	0.000000			90.25
90.26	09026 MT ZION FAMILY PRACTICE	0.000000			90.26
90.27	09027 DR POWELL	0.000000			90.27
90.28	09028 CHEMOTHEROPY	0.000000			90.28
91.00	09100 EMERGENCY	0.134893			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.666399			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 6:41 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,196,126	21,196,126	60,588	21,256,714	30.00
31.00	03100	INTENSIVE CARE UNIT	2,997,252	2,997,252	0	2,997,252	31.00
40.00	04000	SUBPROVIDER - I/PF	2,719,257	2,719,257	0	2,719,257	40.00
41.00	04100	SUBPROVIDER - I/RP	3,374,275	3,374,275	23,429	3,397,704	41.00
43.00	04300	NURSERY	662,070	662,070	0	662,070	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,286,268	5,286,268	0	5,286,268	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	926,627	926,627	0	926,627	50.02
51.00	05100	RECOVERY ROOM	1,048,435	1,048,435	0	1,048,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,731,856	2,731,856	0	2,731,856	52.00
53.00	05300	ANESTHESIOLOGY	2,040,682	2,040,682	0	2,040,682	53.00
53.01	05301	PAIN CENTER	1,069,323	1,069,323	0	1,069,323	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,936,422	4,936,422	822	4,937,244	54.00
56.00	05600	RADIOISOTOPE	258,977	258,977	0	258,977	56.00
57.00	05700	CT SCAN	1,528,264	1,528,264	0	1,528,264	57.00
58.00	05800	MRI	830,068	830,068	0	830,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,374,963	4,374,963	0	4,374,963	59.00
60.00	06000	LABORATORY	9,711,603	9,711,603	0	9,711,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	247,716	247,716	0	247,716	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,063,033	3,063,033	77	3,063,110	65.00
66.00	06600	PHYSICAL THERAPY	4,364,573	4,364,573	0	4,364,573	66.00
69.00	06900	ELECTROCARDIOLOGY	2,247,107	2,247,107	16,946	2,264,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	761,684	761,684	1,093	762,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,875,758	7,875,758	0	7,875,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,503,289	6,503,289	0	6,503,289	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,664,352	10,664,352	0	10,664,352	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,141,017	1,141,017	0	1,141,017	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	270,941	270,941	0	270,941	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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	367,073	367,073	0	367,073	90.02
90.03	09003	WOUND CLINIC	452,330	452,330	8,913	461,243	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR MIRMI RA	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	276,509	276,509	0	276,509	90.12
90.13	09013	RADIATION ONCOLOGY	1,196,581	1,196,581	0	1,196,581	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	90.20
90.21	09021	DR HABIB	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	90.28
91.00	09100	EMERGENCY	7,381,630	7,381,630	0	7,381,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,355,266	1,355,266	0	1,355,266	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
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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
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	113,861,327	0	113,861,327	111,868	113,973,195	
201.00	Less Observation Beds	1,355,266		1,355,266		1,355,266	
202.00	Total (see instructions)	112,506,061	0	112,506,061	111,868	112,617,929	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
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			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	24,502,471		24,502,471				30.00
31.00	03100	INTENSIVE CARE UNIT	3,726,222		3,726,222				31.00
40.00	04000	SUBPROVIDER - IPF	3,583,211		3,583,211				40.00
41.00	04100	SUBPROVIDER - IRF	5,343,137		5,343,137				41.00
43.00	04300	NURSERY	1,126,195		1,126,195				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,695,122	15,207,691	30,902,813	0.171061	0.000000		50.00
50.01	05001	STONE CENTER	0	0	0	0.000000	0.000000		50.01
50.02	05002	ENDOSCOPY	509,891	4,237,284	4,747,175	0.195195	0.000000		50.02
51.00	05100	RECOVERY ROOM	1,480,627	3,833,662	5,314,289	0.197286	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363,782	960,787	4,324,569	0.631706	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,627,102	2,324,944	4,952,046	0.412089	0.000000		53.00
53.01	05301	PAIN CENTER	60,208	7,519,234	7,579,442	0.141082	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,952,510	21,108,633	27,061,143	0.182417	0.000000		54.00
56.00	05600	RADIOISOTOPE	458,226	803,451	1,261,677	0.205264	0.000000		56.00
57.00	05700	CT SCAN	14,269,328	38,278,416	52,547,744	0.029083	0.000000		57.00
58.00	05800	MRI	3,481,936	11,819,062	15,300,998	0.054249	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,721,481	19,634,728	32,356,209	0.135212	0.000000		59.00
60.00	06000	LABORATORY	30,033,036	44,097,699	74,130,735	0.131006	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,366,535	688,090	2,054,625	0.120565	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	6,277,351	1,255,773	7,533,124	0.406609	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	14,163,766	10,514,020	24,677,786	0.176862	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	5,693,985	21,566,018	27,260,003	0.082432	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	212,942	5,139,572	5,352,514	0.142304	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,542,212	5,298,359	12,840,571	0.613350	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,502,759	9,292,524	23,795,283	0.273302	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,678,205	21,215,467	54,893,672	0.194273	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	87,298	1,716,091	1,803,389	0.632707	0.000000		75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	2,160	521,511	523,671	0.517388	0.000000		76.97
76.98	07698	HYPERBARI C 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									
90.01	09001	PRENATAL CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	2,925	569,893	572,818	0.640820	0.000000		90.02
90.03	09003	WOUND CLINIC	325,533	486,786	812,319	0.556838	0.000000		90.03
90.04	09004	NEUROSURGERY	0	0	0	0.000000	0.000000		90.04
90.05	09005	DR JATOI	0	0	0	0.000000	0.000000		90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0.000000	0.000000		90.06
90.07	09007	DR. CHU	0	0	0	0.000000	0.000000		90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09009	DR. SHANKER	0	0	0	0.000000	0.000000		90.09
90.10	09010	DR MIRMI RA	0	0	0	0.000000	0.000000		90.10
90.11	09011	DR TOKHI	0	0	0	0.000000	0.000000		90.11
90.12	09012	CTPET	25,750	1,386,874	1,412,624	0.195741	0.000000		90.12
90.13	09013	RADIATION ONCOLOGY	53,563	7,511,461	7,565,024	0.158173	0.000000		90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0.000000	0.000000		90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0.000000	0.000000		90.15
90.16	09016	DR BRITT	0	0	0	0.000000	0.000000		90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0.000000	0.000000		90.17
90.18	09018	DR BOCK	0	0	0	0.000000	0.000000		90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0.000000	0.000000		90.19
90.20	09020	DR ANDERSON	0	0	0	0.000000	0.000000		90.20
90.21	09021	DR HABIB	0	0	0	0.000000	0.000000		90.21
90.22	09022	DR HANNEKEN	0	0	0	0.000000	0.000000		90.22
90.23	09023	DR MUNESSES	0	0	0	0.000000	0.000000		90.23
90.24	09024	DR KOHLI	0	0	0	0.000000	0.000000		90.24
90.25	09025	DR DUNCAN	0	0	0	0.000000	0.000000		90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0.000000	0.000000		90.26
90.27	09027	DR POWELL	0	0	0	0.000000	0.000000		90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0.000000	0.000000		90.28
91.00	09100	EMERGENCY	12,290,680	42,431,334	54,722,014	0.134893	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	207,193	1,826,524	2,033,717	0.666399	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col . 6 + col . 7)			
	6.00	7.00	8.00			
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	225,367,342	301,245,888	526,613,230	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	225,367,342	301,245,888	526,613,230	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 6:41 pm
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
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 STONE CENTER	0.000000		50.01
50.02	05002 ENDOSCOPY	0.000000		50.02
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
53.01	05301 PAIN CENTER	0.000000		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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	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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 TREATMENT CENTER	0.000000		76.00
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			
90.01	09001 PRENATAL CLINIC	0.000000		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000		90.02
90.03	09003 WOUND CLINIC	0.000000		90.03
90.04	09004 NEUROSURGERY	0.000000		90.04
90.05	09005 DR JATOI	0.000000		90.05
90.06	09006 UROLOGY PHYSICIAN	0.000000		90.06
90.07	09007 DR. CHU	0.000000		90.07
90.08	09008 SPORTS MEDICINE CLINIC	0.000000		90.08
90.09	09009 DR. SHANKER	0.000000		90.09
90.10	09010 DR MIRMI RA	0.000000		90.10
90.11	09011 DR TOKHI	0.000000		90.11
90.12	09012 CTPET	0.000000		90.12
90.13	09013 RADIATION ONCOLOGY	0.000000		90.13
90.14	09014 SPORTS MED-REHAB	0.000000		90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0.000000		90.15
90.16	09016 DR BRIT T	0.000000		90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0.000000		90.17
90.18	09018 DR BOCK	0.000000		90.18
90.19	09019 PEDIATRIC PROF SERVICES	0.000000		90.19
90.20	09020 DR ANDERSON	0.000000		90.20
90.21	09021 DR HABI B	0.000000		90.21
90.22	09022 DR HANNEKEN	0.000000		90.22
90.23	09023 DR MUNESSES	0.000000		90.23
90.24	09024 DR KOHLI	0.000000		90.24
90.25	09025 DR DUNCAN	0.000000		90.25
90.26	09026 MT ZION FAMILY PRACTICE	0.000000		90.26
90.27	09027 DR POWELL	0.000000		90.27
90.28	09028 CHEMOTHEROPY	0.000000		90.28
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 6:41 pm
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/29/2016 6:41 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,828,500	0	3,828,500	27,746	137.98	30.00
31.00	INTENSIVE CARE UNIT	338,971	0	338,971	2,167	156.42	31.00
40.00	SUBPROVIDER - IPF	417,956	0	417,956	4,537	92.12	40.00
41.00	SUBPROVIDER - IRF	565,948	0	565,948	4,162	135.98	41.00
43.00	NURSERY	91,084		91,084	1,501	60.68	43.00
200.00	Total (lines 30-199)	5,242,459		5,242,459	40,113		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,903	1,366,416				
31.00	INTENSIVE CARE UNIT	1,164	182,073				
40.00	SUBPROVIDER - IPF	3,715	342,226				
41.00	SUBPROVIDER - IRF	3,064	416,643				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	17,846	2,307,358				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/29/2016 6:41 pm
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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	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	714,578	30,902,813	0.023123	8,280,689	191,474	50.00
50.01	05001 STONE CENTER	0	0	0.000000	0	0	50.01
50.02	05002 ENDOSCOPY	132,544	4,747,175	0.027921	298,736	8,341	50.02
51.00	05100 RECOVERY ROOM	107,101	5,314,289	0.020153	630,736	12,711	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	377,524	4,324,569	0.087297	131,015	11,437	52.00
53.00	05300 ANESTHESIOLOGY	96,605	4,952,046	0.019508	1,111,924	21,691	53.00
53.01	05301 PAIN CENTER	144,914	7,579,442	0.019119	25,131	480	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	611,224	27,061,143	0.022587	3,106,103	70,158	54.00
56.00	05600 RADIOISOTOPE	29,917	1,261,677	0.023712	255,332	6,054	56.00
57.00	05700 CT SCAN	94,180	52,547,744	0.001792	6,434,648	11,531	57.00
58.00	05800 MRI	61,947	15,300,998	0.004049	1,737,724	7,036	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,159	32,356,209	0.009648	5,731,398	55,297	59.00
60.00	06000 LABORATORY	1,408,529	74,130,735	0.019001	13,107,829	249,062	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	17,453	2,054,625	0.008494	877,501	7,453	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	129,900	7,533,124	0.017244	3,458,447	59,637	65.00
66.00	06600 PHYSICAL THERAPY	568,076	24,677,786	0.023020	2,828,886	65,121	66.00
69.00	06900 ELECTROCARDIOLOGY	200,313	27,260,003	0.007348	3,103,421	22,804	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	106,453	5,352,514	0.019888	113,585	2,259	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	425,614	12,840,571	0.033146	4,068,674	134,860	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	356,238	23,795,283	0.014971	7,843,941	117,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	499,950	54,893,672	0.009108	13,791,155	125,610	73.00
75.00	07500 ASC (NON-DISTINCT PART)	41,356	1,803,389	0.022932	25,740	590	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,884	523,671	0.018874	960	18	76.97
76.98	07698 HYPERBARI C 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							
90.01	09001 PRENATAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	118,694	572,818	0.207211	975	202	90.02
90.03	09003 WOUND CLINIC	16,904	812,319	0.020810	134,697	2,803	90.03
90.04	09004 NEUROSURGERY	0	0	0.000000	0	0	90.04
90.05	09005 DR JATOI	0	0	0.000000	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0.000000	0	0	90.06
90.07	09007 DR. CHU	0	0	0.000000	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 DR. SHANKER	0	0	0.000000	0	0	90.09
90.10	09010 DR MIRIMIRA	0	0	0.000000	0	0	90.10
90.11	09011 DR TOKHI	0	0	0.000000	0	0	90.11
90.12	09012 CTPET	9,978	1,412,624	0.007063	12,156	86	90.12
90.13	09013 RADIATION ONCOLOGY	44,859	7,565,024	0.005930	50,788	301	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0.000000	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0	0	90.15
90.16	09016 DR BRITT	0	0	0.000000	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.17
90.18	09018 DR BOCK	0	0	0.000000	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0.000000	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0.000000	0	0	90.20
90.21	09021 DR HABI B	0	0	0.000000	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0.000000	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0.000000	0	0	90.23
90.24	09024 DR KOHLI	0	0	0.000000	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0.000000	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0.000000	0	0	90.26
90.27	09027 DR POWELL	0	0	0.000000	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0.000000	0	0	90.28
91.00	09100 EMERGENCY	1,383,044	54,722,014	0.025274	5,231,373	132,218	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	244,094	2,033,717	0.120024	130,897	15,711	92.00
200.00	Total (lines 50-199)	8,264,032	488,331,994		82,524,461	1,332,377	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,746	0.00	9,903	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,167	0.00	1,164	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,537	0.00	3,715	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,162	0.00	3,064	0		41.00
43.00	04300	NURSERY	1,501	0.00	0	0		43.00
200.00		Total (lines 30-199)	40,113		17,846	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR MIRMIRA	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	90.15
90.16	09016	DR BRITT	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	90.20
90.21	09021	DR HABI B	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	90.28
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm	
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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,902,813	0.000000	0.000000	8,280,689	50.00
50.01	05001 STONE CENTER	0	0	0.000000	0.000000	0	50.01
50.02	05002 ENDOSCOPY	0	4,747,175	0.000000	0.000000	298,736	50.02
51.00	05100 RECOVERY ROOM	0	5,314,289	0.000000	0.000000	630,736	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,324,569	0.000000	0.000000	131,015	52.00
53.00	05300 ANESTHESIOLOGY	0	4,952,046	0.000000	0.000000	1,111,924	53.00
53.01	05301 PAIN CENTER	0	7,579,442	0.000000	0.000000	25,131	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,061,143	0.000000	0.000000	3,106,103	54.00
56.00	05600 RADIOISOTOPE	0	1,261,677	0.000000	0.000000	255,332	56.00
57.00	05700 CT SCAN	0	52,547,744	0.000000	0.000000	6,434,648	57.00
58.00	05800 MRI	0	15,300,998	0.000000	0.000000	1,737,724	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,356,209	0.000000	0.000000	5,731,398	59.00
60.00	06000 LABORATORY	0	74,130,735	0.000000	0.000000	13,107,829	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	2,054,625	0.000000	0.000000	877,501	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	7,533,124	0.000000	0.000000	3,458,447	65.00
66.00	06600 PHYSICAL THERAPY	0	24,677,786	0.000000	0.000000	2,828,886	66.00
69.00	06900 ELECTROCARDIOLOGY	0	27,260,003	0.000000	0.000000	3,103,421	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,352,514	0.000000	0.000000	113,585	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,840,571	0.000000	0.000000	4,068,674	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,795,283	0.000000	0.000000	7,843,941	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,893,672	0.000000	0.000000	13,791,155	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,803,389	0.000000	0.000000	25,740	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	523,671	0.000000	0.000000	960	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							
90.01	09001 PRENATAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0	572,818	0.000000	0.000000	975	90.02
90.03	09003 WOUND CLINIC	0	812,319	0.000000	0.000000	134,697	90.03
90.04	09004 NEUROSURGERY	0	0	0.000000	0.000000	0	90.04
90.05	09005 DR JATOI	0	0	0.000000	0.000000	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0.000000	0.000000	0	90.06
90.07	09007 DR. CHU	0	0	0.000000	0.000000	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009 DR. SHANKER	0	0	0.000000	0.000000	0	90.09
90.10	09010 DR MIRIMIRA	0	0	0.000000	0.000000	0	90.10
90.11	09011 DR TOKHI	0	0	0.000000	0.000000	0	90.11
90.12	09012 CTPET	0	1,412,624	0.000000	0.000000	12,156	90.12
90.13	09013 RADIATION ONCOLOGY	0	7,565,024	0.000000	0.000000	50,788	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0.000000	0.000000	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0.000000	0	90.15
90.16	09016 DR BRITTT	0	0	0.000000	0.000000	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0.000000	0	90.17
90.18	09018 DR BOCK	0	0	0.000000	0.000000	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0.000000	0.000000	0	90.19
90.20	09020 DR ANDERSON	0	0	0.000000	0.000000	0	90.20
90.21	09021 DR HABIB	0	0	0.000000	0.000000	0	90.21
90.22	09022 DR HANNEKEN	0	0	0.000000	0.000000	0	90.22
90.23	09023 DR MUNESSES	0	0	0.000000	0.000000	0	90.23
90.24	09024 DR KOHLI	0	0	0.000000	0.000000	0	90.24
90.25	09025 DR DUNCAN	0	0	0.000000	0.000000	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.26
90.27	09027 DR POWELL	0	0	0.000000	0.000000	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0.000000	0.000000	0	90.28
91.00	09100 EMERGENCY	0	54,722,014	0.000000	0.000000	5,231,373	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	2,033,717	0.000000	0.000000	130,897	92.00
200.00	Total (lines 50-199)	0	488,331,994			82,524,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	5,339,155	0	50.00
50.01 05001 STONE CENTER	0	0	0	50.01
50.02 05002 ENDOSCOPY	0	1,521,912	0	50.02
51.00 05100 RECOVERY ROOM	0	1,518,491	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,024	0	52.00
53.00 05300 ANESTHESIOLOGY	0	520,888	0	53.00
53.01 05301 PAIN CENTER	0	3,264,250	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,911,557	0	54.00
56.00 05600 RADIOISOTOPE	0	499,916	0	56.00
57.00 05700 CT SCAN	0	11,401,578	0	57.00
58.00 05800 MRI	0	4,272,393	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	9,649,921	0	59.00
60.00 06000 LABORATORY	0	6,440,131	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	173,360	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	472,666	0	65.00
66.00 06600 PHYSICAL THERAPY	0	84,434	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	9,545,663	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,650,117	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,269,041	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,886,049	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,919,636	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,712,382	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	342,480	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				
90.01 09001 PRENATAL CLINIC	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC	0	255,526	0	90.02
90.03 09003 WOUND CLINIC	0	196,332	0	90.03
90.04 09004 NEUROSURGERY	0	0	0	90.04
90.05 09005 DR JATOI	0	0	0	90.05
90.06 09006 UROLOGY PHYSICIAN	0	0	0	90.06
90.07 09007 DR. CHU	0	0	0	90.07
90.08 09008 SPORTS MEDICINE CLINIC	0	0	0	90.08
90.09 09009 DR. SHANKER	0	0	0	90.09
90.10 09010 DR MIRIMIRA	0	0	0	90.10
90.11 09011 DR TOKHI	0	0	0	90.11
90.12 09012 CTPET	0	617,308	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	3,789,207	0	90.13
90.14 09014 SPORTS MED-REHAB	0	0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	90.15
90.16 09016 DR BRITTT	0	0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	90.17
90.18 09018 DR BOCK	0	0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0	0	90.19
90.20 09020 DR ANDERSON	0	0	0	90.20
90.21 09021 DR HABIB	0	0	0	90.21
90.22 09022 DR HANNEKEN	0	0	0	90.22
90.23 09023 DR MUNESSES	0	0	0	90.23
90.24 09024 DR KOHLI	0	0	0	90.24
90.25 09025 DR DUNCAN	0	0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0	0	90.26
90.27 09027 DR POWELL	0	0	0	90.27
90.28 09028 CHEMOTHEROPY	0	0	0	90.28
91.00 09100 EMERGENCY	0	6,977,654	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	681,123	0	92.00
200.00 Total (lines 50-199)	0	91,917,194	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 6:41 pm
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		Title XVIIII		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	0.171061	5,339,155	0	0	913,321	50.00
50.01	05001 STONE CENTER	0.000000	0	0	0	0	50.01
50.02	05002 ENDOSCOPY	0.195195	1,521,912	0	0	297,070	50.02
51.00	05100 RECOVERY ROOM	0.197286	1,518,491	0	0	299,577	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.631706	4,024	0	0	2,542	52.00
53.00	05300 ANESTHESIOLOGY	0.412089	520,888	0	0	214,652	53.00
53.01	05301 PAIN CENTER	0.141082	3,264,250	0	0	460,527	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.182417	5,911,557	0	0	1,078,368	54.00
56.00	05600 RADIO SOTOPE	0.205264	499,916	0	0	102,615	56.00
57.00	05700 CT SCAN	0.029083	11,401,578	0	0	331,592	57.00
58.00	05800 MRI	0.054249	4,272,393	0	0	231,773	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135212	9,649,921	0	0	1,304,785	59.00
60.00	06000 LABORATORY	0.131006	6,440,131	604	0	843,696	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.120565	173,360	0	0	20,901	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.406609	472,666	0	0	192,190	65.00
66.00	06600 PHYSICAL THERAPY	0.176862	84,434	0	0	14,933	66.00
69.00	06900 ELECTROCARDIOLOGY	0.082432	9,545,663	0	0	786,868	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.142304	1,650,117	0	0	234,818	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.613350	2,269,041	0	0	1,391,716	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273302	4,886,049	0	0	1,335,367	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194273	7,919,636	0	121,828	1,538,571	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.632707	1,712,382	0	0	1,083,436	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.517388	342,480	0	0	177,195	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							
90.01	09001 PRENATAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0.640820	255,526	0	0	163,746	90.02
90.03	09003 WOUND CLINIC	0.556838	196,332	0	0	109,325	90.03
90.04	09004 NEUROSURGERY	0.000000	0	0	0	0	90.04
90.05	09005 DR JATOI	0.000000	0	0	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0.000000	0	0	0	0	90.06
90.07	09007 DR. CHU	0.000000	0	0	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 DR. SHANKER	0.000000	0	0	0	0	90.09
90.10	09010 DR MIRMI RA	0.000000	0	0	0	0	90.10
90.11	09011 DR TOKHI	0.000000	0	0	0	0	90.11
90.12	09012 CTPET	0.195741	617,308	0	0	120,832	90.12
90.13	09013 RADIATION ONCOLOGY	0.158173	3,789,207	0	0	599,350	90.13
90.14	09014 SPORTS MED-REHAB	0.000000	0	0	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0.000000	0	0	0	0	90.15
90.16	09016 DR BRITT	0.000000	0	0	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.17
90.18	09018 DR BOCK	0.000000	0	0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0.000000	0	0	0	0	90.19
90.20	09020 DR ANDERSON	0.000000	0	0	0	0	90.20
90.21	09021 DR HABI B	0.000000	0	0	0	0	90.21
90.22	09022 DR HANNEKEN	0.000000	0	0	0	0	90.22
90.23	09023 DR MUNESSES	0.000000	0	0	0	0	90.23
90.24	09024 DR KOHLI	0.000000	0	0	0	0	90.24
90.25	09025 DR DUNCAN	0.000000	0	0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0.000000	0	0	0	0	90.26
90.27	09027 DR POWELL	0.000000	0	0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0.000000	0	0	0	0	90.28
91.00	09100 EMERGENCY	0.134893	6,977,654	0	0	941,237	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.666399	681,123	0	0	453,900	92.00
200.00	Subtotal (see instructions)		91,917,194	604	121,828	15,244,903	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		91,917,194	604	121,828	15,244,903	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 6:41 pm
	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 05001 STONE CENTER	0	0		50.01
50.02 05002 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PAIN CENTER	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	79	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	23,668		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0		76.00
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				
90.01 09001 PRENATAL CLINIC	0	0		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03 09003 WOUND CLINIC	0	0		90.03
90.04 09004 NEUROSURGERY	0	0		90.04
90.05 09005 DR JATOI	0	0		90.05
90.06 09006 UROLOGY PHYSICIAN	0	0		90.06
90.07 09007 DR. CHU	0	0		90.07
90.08 09008 SPORTS MEDICINE CLINIC	0	0		90.08
90.09 09009 DR. SHANKER	0	0		90.09
90.10 09010 DR MIRMI RA	0	0		90.10
90.11 09011 DR TOKHI	0	0		90.11
90.12 09012 CTPET	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	0	0		90.13
90.14 09014 SPORTS MED-REHAB	0	0		90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0		90.15
90.16 09016 DR BRITT	0	0		90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0		90.17
90.18 09018 DR BOCK	0	0		90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0		90.19
90.20 09020 DR ANDERSON	0	0		90.20
90.21 09021 DR HABI B	0	0		90.21
90.22 09022 DR HANNEKEN	0	0		90.22
90.23 09023 DR MUNESSES	0	0		90.23
90.24 09024 DR KOHLI	0	0		90.24
90.25 09025 DR DUNCAN	0	0		90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0		90.26
90.27 09027 DR POWELL	0	0		90.27
90.28 09028 CHEMOTHEROPY	0	0		90.28
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00 Subtotal (see instructions)	79	23,668		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	79	23,668		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 6:41 pm	
		Component CCN: 14S166		Title XVIII		Subprovider - IPF	
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	714,578	30,902,813	0.023123	2,672	62	50.00
50.01	05001 STONE CENTER	0	0	0.000000	0	0	50.01
50.02	05002 ENDOSCOPY	132,544	4,747,175	0.027921	922	26	50.02
51.00	05100 RECOVERY ROOM	107,101	5,314,289	0.020153	27,871	562	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	377,524	4,324,569	0.087297	2,123	185	52.00
53.00	05300 ANESTHESIOLOGY	96,605	4,952,046	0.019508	20,468	399	53.00
53.01	05301 PAIN CENTER	144,914	7,579,442	0.019119	2,638	50	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	611,224	27,061,143	0.022587	88,050	1,989	54.00
56.00	05600 RADIOISOTOPE	29,917	1,261,677	0.023712	800	19	56.00
57.00	05700 CT SCAN	94,180	52,547,744	0.001792	145,896	261	57.00
58.00	05800 MRI	61,947	15,300,998	0.004049	10,918	44	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,159	32,356,209	0.009648	10,739	104	59.00
60.00	06000 LABORATORY	1,408,529	74,130,735	0.019001	977,420	18,572	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	17,453	2,054,625	0.008494	15,810	134	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	129,900	7,533,124	0.017244	136,878	2,360	65.00
66.00	06600 PHYSICAL THERAPY	568,076	24,677,786	0.023020	751,976	17,310	66.00
69.00	06900 ELECTROCARDIOLOGY	200,313	27,260,003	0.007348	65,872	484	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	106,453	5,352,514	0.019888	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	425,614	12,840,571	0.033146	84,215	2,791	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	356,238	23,795,283	0.014971	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	499,950	54,893,672	0.009108	1,556,815	14,179	73.00
75.00	07500 ASC (NON-DISTINCT PART)	41,356	1,803,389	0.022932	2,415	55	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,884	523,671	0.018874	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRIPTY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 PRENATAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	118,694	572,818	0.207211	0	0	90.02
90.03	09003 WOUND CLINIC	16,904	812,319	0.020810	19,590	408	90.03
90.04	09004 NEUROSURGERY	0	0	0.000000	0	0	90.04
90.05	09005 DR JATOI	0	0	0.000000	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0.000000	0	0	90.06
90.07	09007 DR. CHU	0	0	0.000000	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 DR. SHANKER	0	0	0.000000	0	0	90.09
90.10	09010 DR MIRMI RA	0	0	0.000000	0	0	90.10
90.11	09011 DR TOKHI	0	0	0.000000	0	0	90.11
90.12	09012 CTPET	9,978	1,412,624	0.007063	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	44,859	7,565,024	0.005930	1	0	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0.000000	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0	0	90.15
90.16	09016 DR BRITTT	0	0	0.000000	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.17
90.18	09018 DR BOCK	0	0	0.000000	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0.000000	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0.000000	0	0	90.20
90.21	09021 DR HABI B	0	0	0.000000	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0.000000	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0.000000	0	0	90.23
90.24	09024 DR KOHLI	0	0	0.000000	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0.000000	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0.000000	0	0	90.26
90.27	09027 DR POWELL	0	0	0.000000	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0.000000	0	0	90.28
91.00	09100 EMERGENCY	1,383,044	54,722,014	0.025274	258,891	6,543	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	2,033,717	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	8,019,938	488,331,994		4,182,980	66,537	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166 Component CCN: 14S166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR MIRIMIRA	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	90.15
90.16	09016	DR BRITTT	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	90.20
90.21	09021	DR HABIB	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	90.28
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140166 Component CCN: 14S166		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,902,813	0.000000	0.000000	2,672	50.00
50.01	05001 STONE CENTER	0	0	0.000000	0.000000	0	50.01
50.02	05002 ENDOSCOPY	0	4,747,175	0.000000	0.000000	922	50.02
51.00	05100 RECOVERY ROOM	0	5,314,289	0.000000	0.000000	27,871	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,324,569	0.000000	0.000000	2,123	52.00
53.00	05300 ANESTHESIOLOGY	0	4,952,046	0.000000	0.000000	20,468	53.00
53.01	05301 PAIN CENTER	0	7,579,442	0.000000	0.000000	2,638	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,061,143	0.000000	0.000000	88,050	54.00
56.00	05600 RADIOISOTOPE	0	1,261,677	0.000000	0.000000	800	56.00
57.00	05700 CT SCAN	0	52,547,744	0.000000	0.000000	145,896	57.00
58.00	05800 MRI	0	15,300,998	0.000000	0.000000	10,918	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,356,209	0.000000	0.000000	10,739	59.00
60.00	06000 LABORATORY	0	74,130,735	0.000000	0.000000	977,420	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	2,054,625	0.000000	0.000000	15,810	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	7,533,124	0.000000	0.000000	136,878	65.00
66.00	06600 PHYSICAL THERAPY	0	24,677,786	0.000000	0.000000	751,976	66.00
69.00	06900 ELECTROCARDIOLOGY	0	27,260,003	0.000000	0.000000	65,872	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,352,514	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,840,571	0.000000	0.000000	84,215	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,795,283	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,893,672	0.000000	0.000000	1,556,815	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,803,389	0.000000	0.000000	2,415	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	523,671	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C 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							
90.01	09001 PRENATAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0	572,818	0.000000	0.000000	0	90.02
90.03	09003 WOUND CLINIC	0	812,319	0.000000	0.000000	19,590	90.03
90.04	09004 NEUROSURGERY	0	0	0.000000	0.000000	0	90.04
90.05	09005 DR JATOI	0	0	0.000000	0.000000	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0.000000	0.000000	0	90.06
90.07	09007 DR. CHU	0	0	0.000000	0.000000	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009 DR. SHANKER	0	0	0.000000	0.000000	0	90.09
90.10	09010 DR MIRIMIRA	0	0	0.000000	0.000000	0	90.10
90.11	09011 DR TOKHI	0	0	0.000000	0.000000	0	90.11
90.12	09012 CTPET	0	1,412,624	0.000000	0.000000	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	7,565,024	0.000000	0.000000	1	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0.000000	0.000000	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0.000000	0	90.15
90.16	09016 DR BRITT	0	0	0.000000	0.000000	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0.000000	0	90.17
90.18	09018 DR BOCK	0	0	0.000000	0.000000	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0.000000	0.000000	0	90.19
90.20	09020 DR ANDERSON	0	0	0.000000	0.000000	0	90.20
90.21	09021 DR HABI B	0	0	0.000000	0.000000	0	90.21
90.22	09022 DR HANNEKEN	0	0	0.000000	0.000000	0	90.22
90.23	09023 DR MUNESSES	0	0	0.000000	0.000000	0	90.23
90.24	09024 DR KOHLI	0	0	0.000000	0.000000	0	90.24
90.25	09025 DR DUNCAN	0	0	0.000000	0.000000	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.26
90.27	09027 DR POWELL	0	0	0.000000	0.000000	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0.000000	0.000000	0	90.28
91.00	09100 EMERGENCY	0	54,722,014	0.000000	0.000000	258,891	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	2,033,717	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	488,331,994			4,182,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166 Component CCN: 14S166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 STONE CENTER	0	0	0	50.01
50.02	05002 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	05301 PAIN CENTER	0	5	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	411	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	8,698	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5	0	59.00
60.00	06000 LABORATORY	0	75	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	38	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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	76.00
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					
90.01	09001 PRENATAL CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	90.02
90.03	09003 WOUND CLINIC	0	0	0	90.03
90.04	09004 NEUROSURGERY	0	0	0	90.04
90.05	09005 DR JATOI	0	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0	90.06
90.07	09007 DR. CHU	0	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0	90.08
90.09	09009 DR. SHANKER	0	0	0	90.09
90.10	09010 DR MIRMI RA	0	0	0	90.10
90.11	09011 DR TOKHI	0	0	0	90.11
90.12	09012 CTPET	0	41	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	90.15
90.16	09016 DR BRITT	0	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	90.17
90.18	09018 DR BOCK	0	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0	90.20
90.21	09021 DR HABI B	0	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0	90.23
90.24	09024 DR KOHLI	0	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0	90.26
90.27	09027 DR POWELL	0	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0	90.28
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (Lines 50-199)	0	9,273	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 6:41 pm				
		Component CCN: 14S166	Title XVIII	Subprovider - IPF	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	0.171061	0	0	0	0	50.00
50.01	05001	STONE CENTER	0.000000	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0.195195	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.197286	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.631706	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.412089	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0.141082	5	0	0	1	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182417	411	0	0	75	54.00
56.00	05600	RADIOISOTOPE	0.205264	0	0	0	0	56.00
57.00	05700	CT SCAN	0.029083	8,698	0	0	253	57.00
58.00	05800	MRI	0.054249	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135212	5	0	0	1	59.00
60.00	06000	LABORATORY	0.131006	75	0	0	10	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.120565	38	0	0	5	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.406609	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.176862	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.082432	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142304	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.613350	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273302	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194273	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.632707	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.517388	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	PRENATAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.640820	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.556838	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0.000000	0	0	0	0	90.04
90.05	09005	DR JATOI	0.000000	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0.000000	0	0	0	0	90.06
90.07	09007	DR. CHU	0.000000	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0.000000	0	0	0	0	90.09
90.10	09010	DR MIRIMIRA	0.000000	0	0	0	0	90.10
90.11	09011	DR TOKHI	0.000000	0	0	0	0	90.11
90.12	09012	CTPET	0.195741	41	0	0	8	90.12
90.13	09013	RADIATION ONCOLOGY	0.158173	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0.000000	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0.000000	0	0	0	0	90.15
90.16	09016	DR BRITT	0.000000	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.17
90.18	09018	DR BOCK	0.000000	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0.000000	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0.000000	0	0	0	0	90.20
90.21	09021	DR HABI B	0.000000	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0.000000	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0.000000	0	0	0	0	90.23
90.24	09024	DR KOHLI	0.000000	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0.000000	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0.000000	0	0	0	0	90.26
90.27	09027	DR POWELL	0.000000	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0.000000	0	0	0	0	90.28
91.00	09100	EMERGENCY	0.134893	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.666399	0	0	0	0	92.00
200.00		Subtotal (see instructions)		9,273	0	0	353	200.00
201.00		Less BPB Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		9,273	0	0	353	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140166 Component CCN: 14S166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 6:41 pm
	Title XVII I	Subprovider - IPF	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 05001 STONE CENTER	0	0		50.01
50.02 05002 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PAIN CENTER	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0		76.00
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				
90.01 09001 PRENATAL CLINIC	0	0		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03 09003 WOUND CLINIC	0	0		90.03
90.04 09004 NEUROSURGERY	0	0		90.04
90.05 09005 DR JATOI	0	0		90.05
90.06 09006 UROLOGY PHYSICIAN	0	0		90.06
90.07 09007 DR. CHU	0	0		90.07
90.08 09008 SPORTS MEDICINE CLINIC	0	0		90.08
90.09 09009 DR. SHANKER	0	0		90.09
90.10 09010 DR MIRMI RA	0	0		90.10
90.11 09011 DR TOKHI	0	0		90.11
90.12 09012 CTPET	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	0	0		90.13
90.14 09014 SPORTS MED-REHAB	0	0		90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0		90.15
90.16 09016 DR BRITT	0	0		90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0		90.17
90.18 09018 DR BOCK	0	0		90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0		90.19
90.20 09020 DR ANDERSON	0	0		90.20
90.21 09021 DR HABIB	0	0		90.21
90.22 09022 DR HANNEKEN	0	0		90.22
90.23 09023 DR MUNESSES	0	0		90.23
90.24 09024 DR KOHLI	0	0		90.24
90.25 09025 DR DUNCAN	0	0		90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0		90.26
90.27 09027 DR POWELL	0	0		90.27
90.28 09028 CHEMOTHEROPY	0	0		90.28
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 6:41 pm	
		Component CCN: 14T166		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	714,578	30,902,813	0.023123	12,284	284	50.00
50.01	05001 STONE CENTER	0	0	0.000000	0	0	50.01
50.02	05002 ENDOSCOPY	132,544	4,747,175	0.027921	2,376	66	50.02
51.00	05100 RECOVERY ROOM	107,101	5,314,289	0.020153	1,508	30	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	377,524	4,324,569	0.087297	1,043	91	52.00
53.00	05300 ANESTHESIOLOGY	96,605	4,952,046	0.019508	2,475	48	53.00
53.01	05301 PAIN CENTER	144,914	7,579,442	0.019119	5,370	103	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	611,224	27,061,143	0.022587	120,764	2,728	54.00
56.00	05600 RADIOISOTOPE	29,917	1,261,677	0.023712	4,172	99	56.00
57.00	05700 CT SCAN	94,180	52,547,744	0.001792	123,323	221	57.00
58.00	05800 MRI	61,947	15,300,998	0.004049	69,064	280	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,159	32,356,209	0.009648	16,098	155	59.00
60.00	06000 LABORATORY	1,408,529	74,130,735	0.019001	781,271	14,845	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	17,453	2,054,625	0.008494	33,555	285	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	129,900	7,533,124	0.017244	237,888	4,102	65.00
66.00	06600 PHYSICAL THERAPY	568,076	24,677,786	0.023020	6,574,070	151,335	66.00
69.00	06900 ELECTROCARDIOLOGY	200,313	27,260,003	0.007348	46,757	344	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	106,453	5,352,514	0.019888	10,079	200	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	425,614	12,840,571	0.033146	181,174	6,005	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	356,238	23,795,283	0.014971	525	8	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	499,950	54,893,672	0.009108	1,422,712	12,958	73.00
75.00	07500 ASC (NON-DISTINCT PART)	41,356	1,803,389	0.022932	4,292	98	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,884	523,671	0.018874	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							
90.01	09001 PRENATAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC	118,694	572,818	0.207211	0	0	90.02
90.03	09003 WOUND CLINIC	16,904	812,319	0.020810	25,703	535	90.03
90.04	09004 NEUROSURGERY	0	0	0.000000	0	0	90.04
90.05	09005 DR JATOI	0	0	0.000000	0	0	90.05
90.06	09006 UROLOGY PHYSICIAN	0	0	0.000000	0	0	90.06
90.07	09007 DR. CHU	0	0	0.000000	0	0	90.07
90.08	09008 SPORTS MEDICINE CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 DR. SHANKER	0	0	0.000000	0	0	90.09
90.10	09010 DR MIRMI RA	0	0	0.000000	0	0	90.10
90.11	09011 DR TOKHI	0	0	0.000000	0	0	90.11
90.12	09012 CTPET	9,978	1,412,624	0.007063	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	44,859	7,565,024	0.005930	1	0	90.13
90.14	09014 SPORTS MED-REHAB	0	0	0.000000	0	0	90.14
90.15	09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0	0	90.15
90.16	09016 DR BRITT	0	0	0.000000	0	0	90.16
90.17	09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0	0	90.17
90.18	09018 DR BOCK	0	0	0.000000	0	0	90.18
90.19	09019 PEDIATRIC PROF SERVICES	0	0	0.000000	0	0	90.19
90.20	09020 DR ANDERSON	0	0	0.000000	0	0	90.20
90.21	09021 DR HABI B	0	0	0.000000	0	0	90.21
90.22	09022 DR HANNEKEN	0	0	0.000000	0	0	90.22
90.23	09023 DR MUNESSES	0	0	0.000000	0	0	90.23
90.24	09024 DR KOHLI	0	0	0.000000	0	0	90.24
90.25	09025 DR DUNCAN	0	0	0.000000	0	0	90.25
90.26	09026 MT ZION FAMILY PRACTICE	0	0	0.000000	0	0	90.26
90.27	09027 DR POWELL	0	0	0.000000	0	0	90.27
90.28	09028 CHEMOTHEROPY	0	0	0.000000	0	0	90.28
91.00	09100 EMERGENCY	1,383,044	54,722,014	0.025274	11,816	299	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	2,033,717	0.000000	3,243	0	92.00
200.00	Total (Lines 50-199)	8,019,938	488,331,994		9,691,563	195,119	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166 Component CCN: 14T166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	STONE CENTER	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
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							
90.01	09001	PRENATAL CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	90.04
90.05	09005	DR JATOI	0	0	0	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0	0	90.06
90.07	09007	DR. CHU	0	0	0	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0	0	90.08
90.09	09009	DR. SHANKER	0	0	0	0	90.09
90.10	09010	DR MIRIMIRA	0	0	0	0	90.10
90.11	09011	DR TOKHI	0	0	0	0	90.11
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0	0	90.15
90.16	09016	DR BRITTT	0	0	0	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0	0	90.17
90.18	09018	DR BOCK	0	0	0	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0	0	90.19
90.20	09020	DR ANDERSON	0	0	0	0	90.20
90.21	09021	DR HABIB	0	0	0	0	90.21
90.22	09022	DR HANNEKEN	0	0	0	0	90.22
90.23	09023	DR MUNESSES	0	0	0	0	90.23
90.24	09024	DR KOHLI	0	0	0	0	90.24
90.25	09025	DR DUNCAN	0	0	0	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0	0	90.26
90.27	09027	DR POWELL	0	0	0	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0	0	90.28
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm				
		Component CCN: 14T166	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	30,902,813	0.000000	0.000000	12,284	50.00
50.01	05001	STONE CENTER	0	0	0.000000	0.000000	0	50.01
50.02	05002	ENDOSCOPY	0	4,747,175	0.000000	0.000000	2,376	50.02
51.00	05100	RECOVERY ROOM	0	5,314,289	0.000000	0.000000	1,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,324,569	0.000000	0.000000	1,043	52.00
53.00	05300	ANESTHESIOLOGY	0	4,952,046	0.000000	0.000000	2,475	53.00
53.01	05301	PAIN CENTER	0	7,579,442	0.000000	0.000000	5,370	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,061,143	0.000000	0.000000	120,764	54.00
56.00	05600	RADIOISOTOPE	0	1,261,677	0.000000	0.000000	4,172	56.00
57.00	05700	CT SCAN	0	52,547,744	0.000000	0.000000	123,323	57.00
58.00	05800	MRI	0	15,300,998	0.000000	0.000000	69,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,356,209	0.000000	0.000000	16,098	59.00
60.00	06000	LABORATORY	0	74,130,735	0.000000	0.000000	781,271	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,054,625	0.000000	0.000000	33,555	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,533,124	0.000000	0.000000	237,888	65.00
66.00	06600	PHYSICAL THERAPY	0	24,677,786	0.000000	0.000000	6,574,070	66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,260,003	0.000000	0.000000	46,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,352,514	0.000000	0.000000	10,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	12,840,571	0.000000	0.000000	181,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,795,283	0.000000	0.000000	525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,893,672	0.000000	0.000000	1,422,712	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,803,389	0.000000	0.000000	4,292	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	523,671	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARI C 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								
90.01	09001	PRENATAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0	572,818	0.000000	0.000000	0	90.02
90.03	09003	WOUND CLINIC	0	812,319	0.000000	0.000000	25,703	90.03
90.04	09004	NEUROSURGERY	0	0	0.000000	0.000000	0	90.04
90.05	09005	DR JATOI	0	0	0.000000	0.000000	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0	0	0.000000	0.000000	0	90.06
90.07	09007	DR. CHU	0	0	0.000000	0.000000	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009	DR. SHANKER	0	0	0.000000	0.000000	0	90.09
90.10	09010	DR MIRIMIRA	0	0	0.000000	0.000000	0	90.10
90.11	09011	DR TOKHI	0	0	0.000000	0.000000	0	90.11
90.12	09012	CTPET	0	1,412,624	0.000000	0.000000	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	7,565,024	0.000000	0.000000	1	90.13
90.14	09014	SPORTS MED-REHAB	0	0	0.000000	0.000000	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0	0	0.000000	0.000000	0	90.15
90.16	09016	DR BRITT	0	0	0.000000	0.000000	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0	0	0.000000	0.000000	0	90.17
90.18	09018	DR BOCK	0	0	0.000000	0.000000	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0	0	0.000000	0.000000	0	90.19
90.20	09020	DR ANDERSON	0	0	0.000000	0.000000	0	90.20
90.21	09021	DR HABIB	0	0	0.000000	0.000000	0	90.21
90.22	09022	DR HANNEKEN	0	0	0.000000	0.000000	0	90.22
90.23	09023	DR MUNESSES	0	0	0.000000	0.000000	0	90.23
90.24	09024	DR KOHLI	0	0	0.000000	0.000000	0	90.24
90.25	09025	DR DUNCAN	0	0	0.000000	0.000000	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.26
90.27	09027	DR POWELL	0	0	0.000000	0.000000	0	90.27
90.28	09028	CHEMOTHEROPY	0	0	0.000000	0.000000	0	90.28
91.00	09100	EMERGENCY	0	54,722,014	0.000000	0.000000	11,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,033,717	0.000000	0.000000	3,243	92.00
200.00		Total (Lines 50-199)	0	488,331,994			9,691,563	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140166 Component CCN: 14T166	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 6:41 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 STONE CENTER	0	0	0	50.01
50.02 05002 ENDOSCOPY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PAIN CENTER	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
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	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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	76.00
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				
90.01 09001 PRENATAL CLINIC	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	0	90.02
90.03 09003 WOUND CLINIC	0	0	0	90.03
90.04 09004 NEUROSURGERY	0	0	0	90.04
90.05 09005 DR JATOI	0	0	0	90.05
90.06 09006 UROLOGY PHYSICIAN	0	0	0	90.06
90.07 09007 DR. CHU	0	0	0	90.07
90.08 09008 SPORTS MEDICINE CLINIC	0	0	0	90.08
90.09 09009 DR. SHANKER	0	0	0	90.09
90.10 09010 DR MIRMI RA	0	0	0	90.10
90.11 09011 DR TOKHI	0	0	0	90.11
90.12 09012 CTPET	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	0	90.13
90.14 09014 SPORTS MED-REHAB	0	0	0	90.14
90.15 09015 MACON COUNT MEDICAL ASSOCIATES	0	0	0	90.15
90.16 09016 DR BRITT	0	0	0	90.16
90.17 09017 ARTHUR FAMILY MEDICINE CENTER	0	0	0	90.17
90.18 09018 DR BOCK	0	0	0	90.18
90.19 09019 PEDIATRIC PROF SERVICES	0	0	0	90.19
90.20 09020 DR ANDERSON	0	0	0	90.20
90.21 09021 DR HABI B	0	0	0	90.21
90.22 09022 DR HANNEKEN	0	0	0	90.22
90.23 09023 DR MUNESSES	0	0	0	90.23
90.24 09024 DR KOHLI	0	0	0	90.24
90.25 09025 DR DUNCAN	0	0	0	90.25
90.26 09026 MT ZION FAMILY PRACTICE	0	0	0	90.26
90.27 09027 DR POWELL	0	0	0	90.27
90.28 09028 CHEMOTHEROPY	0	0	0	90.28
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,746	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,746	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)		25,977	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,903	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)		21,256,714	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)		21,256,714	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)		21,256,714	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)		766.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,586,886	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)		7,586,886	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/29/2016 6:41 pm	
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	2,997,252	2,167	1,383.13	1,164	1,609,963		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)					16,038,520		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,235,369		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)					1,548,489		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,332,377		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,880,866		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,354,503		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)					1,769		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					766.12		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,355,266		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,828,500	21,256,714	0.180108	1,355,266	244,094	90.00
91.00	Nursing School cost	0	21,256,714	0.000000	1,355,266	0	91.00
92.00	Allied health cost	0	21,256,714	0.000000	1,355,266	0	92.00
93.00	All other Medical Education	0	21,256,714	0.000000	1,355,266	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166 Component CCN: 14S166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,537	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,537	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)		4,537	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)		3,715	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)		2,719,257	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)		2,719,257	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)		2,719,257	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)		599.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,226,585	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,226,585	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S166				Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					764,552		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,991,137		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)					342,226		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,537		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					408,763		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,582,374		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		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)					0		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		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		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)					0		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)					0		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: 140166 Component CCN: 14S166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	417,956	2,719,257	0.153702	0	0	90.00
91.00	Nursing School cost	0	2,719,257	0.000000	0	0	91.00
92.00	Allied health cost	0	2,719,257	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,719,257	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14T166		Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,162	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)		4,162	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)		3,064	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,397,704	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,397,704	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,397,704	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)		816.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,501,327	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,501,327	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T166				Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							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)					1,817,575		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,318,902		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)					416,643		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					195,119		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					611,762		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,707,140		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: 140166 Component CCN: 14T166		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	565,948	3,397,704	0.166568	0	0	90.00
91.00	Nursing School cost	0	3,397,704	0.000000	0	0	91.00
92.00	Allied health cost	0	3,397,704	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,397,704	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 6:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,955,657	30.00
31.00	03100	INTENSIVE CARE UNIT		1,896,704	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171061	8,280,689	50.00
50.01	05001	STONE CENTER	0.000000	0	50.01
50.02	05002	ENDOSCOPY	0.195195	298,736	50.02
51.00	05100	RECOVERY ROOM	0.197286	630,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.631706	131,015	52.00
53.00	05300	ANESTHESIOLOGY	0.412089	1,111,924	53.00
53.01	05301	PAIN CENTER	0.141082	25,131	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182448	3,106,103	54.00
56.00	05600	RADIOISOTOPE	0.205264	255,332	56.00
57.00	05700	CT SCAN	0.029083	6,434,648	57.00
58.00	05800	MRI	0.054249	1,737,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135212	5,731,398	59.00
60.00	06000	LABORATORY	0.131006	13,107,829	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.120565	877,501	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.406619	3,458,447	65.00
66.00	06600	PHYSICAL THERAPY	0.176862	2,828,886	66.00
69.00	06900	ELECTROCARDIOLOGY	0.083054	3,103,421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142508	113,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.613350	4,068,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273302	7,843,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194273	13,791,155	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.632707	25,740	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.517388	960	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	PRENATAL CLINIC	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.640820	975	90.02
90.03	09003	WOUND CLINIC	0.567810	134,697	90.03
90.04	09004	NEUROSURGERY	0.000000	0	90.04
90.05	09005	DR JATOI	0.000000	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0.000000	0	90.06
90.07	09007	DR. CHU	0.000000	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0.000000	0	90.08
90.09	09009	DR. SHANKER	0.000000	0	90.09
90.10	09010	DR MIRMI RA	0.000000	0	90.10
90.11	09011	DR TOKHI	0.000000	0	90.11
90.12	09012	CTPET	0.195741	12,156	90.12
90.13	09013	RADIATION ONCOLOGY	0.158173	50,788	90.13
90.14	09014	SPORTS MED-REHAB	0.000000	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0.000000	0	90.15
90.16	09016	DR BRITT	0.000000	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0.000000	0	90.17
90.18	09018	DR BOCK	0.000000	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0.000000	0	90.19
90.20	09020	DR ANDERSON	0.000000	0	90.20
90.21	09021	DR HABI B	0.000000	0	90.21
90.22	09022	DR HANNEKEN	0.000000	0	90.22
90.23	09023	DR MUNESSES	0.000000	0	90.23
90.24	09024	DR KOHLI	0.000000	0	90.24
90.25	09025	DR DUNCAN	0.000000	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0.000000	0	90.26
90.27	09027	DR POWELL	0.000000	0	90.27
90.28	09028	CHEMOTHEROPY	0.000000	0	90.28
91.00	09100	EMERGENCY	0.134893	5,231,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.666399	130,897	92.00
200.00		Total (sum of lines 50-94 and 96-98)		82,524,461	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)		82,524,461	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14S166		Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,918,799	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171061	2,672	50.00
50.01	05001	STONE CENTER	0.000000	0	50.01
50.02	05002	ENDOSCOPY	0.195195	922	50.02
51.00	05100	RECOVERY ROOM	0.197286	27,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.631706	2,123	52.00
53.00	05300	ANESTHESIOLOGY	0.412089	20,468	53.00
53.01	05301	PAIN CENTER	0.141082	2,638	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182448	88,050	54.00
56.00	05600	RADIOISOTOPE	0.205264	800	56.00
57.00	05700	CT SCAN	0.029083	145,896	57.00
58.00	05800	MRI	0.054249	10,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135212	10,739	59.00
60.00	06000	LABORATORY	0.131006	977,420	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.120565	15,810	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.406619	136,878	65.00
66.00	06600	PHYSICAL THERAPY	0.176862	751,976	66.00
69.00	06900	ELECTROCARDIOLOGY	0.083054	65,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142508	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.613350	84,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194273	1,556,815	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.632707	2,415	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.517388	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	PRENATAL CLINIC	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.640820	0	90.02
90.03	09003	WOUND CLINIC	0.567810	19,590	90.03
90.04	09004	NEUROSURGERY	0.000000	0	90.04
90.05	09005	DR JATOI	0.000000	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0.000000	0	90.06
90.07	09007	DR. CHU	0.000000	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0.000000	0	90.08
90.09	09009	DR. SHANKER	0.000000	0	90.09
90.10	09010	DR MIRMIRA	0.000000	0	90.10
90.11	09011	DR TOKHI	0.000000	0	90.11
90.12	09012	CTPET	0.195741	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.158173	1	90.13
90.14	09014	SPORTS MED-REHAB	0.000000	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0.000000	0	90.15
90.16	09016	DR BRITT	0.000000	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0.000000	0	90.17
90.18	09018	DR BOCK	0.000000	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0.000000	0	90.19
90.20	09020	DR ANDERSON	0.000000	0	90.20
90.21	09021	DR HABI B	0.000000	0	90.21
90.22	09022	DR HANNEKEN	0.000000	0	90.22
90.23	09023	DR MUNESSES	0.000000	0	90.23
90.24	09024	DR KOHLI	0.000000	0	90.24
90.25	09025	DR DUNCAN	0.000000	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0.000000	0	90.26
90.27	09027	DR POWELL	0.000000	0	90.27
90.28	09028	CHEMOTHEROPY	0.000000	0	90.28
91.00	09100	EMERGENCY	0.134893	258,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.666399	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,182,980	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)		4,182,980	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T166		Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,926,711	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171061	12,284	50.00
50.01	05001	STONE CENTER	0.000000	0	50.01
50.02	05002	ENDOSCOPY	0.195195	2,376	50.02
51.00	05100	RECOVERY ROOM	0.197286	1,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.631706	1,043	52.00
53.00	05300	ANESTHESIOLOGY	0.412089	2,475	53.00
53.01	05301	PAIN CENTER	0.141082	5,370	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182448	120,764	54.00
56.00	05600	RADIOISOTOPE	0.205264	4,172	56.00
57.00	05700	CT SCAN	0.029083	123,323	57.00
58.00	05800	MRI	0.054249	69,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135212	16,098	59.00
60.00	06000	LABORATORY	0.131006	781,271	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.120565	33,555	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.406619	237,888	65.00
66.00	06600	PHYSICAL THERAPY	0.176862	6,574,070	66.00
69.00	06900	ELECTROCARDIOLOGY	0.083054	46,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142508	10,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.613350	181,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273302	525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194273	1,422,712	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.632707	4,292	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.517388	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	PRENATAL CLINIC	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	0.640820	0	90.02
90.03	09003	WOUND CLINIC	0.567810	25,703	90.03
90.04	09004	NEUROSURGERY	0.000000	0	90.04
90.05	09005	DR JATOI	0.000000	0	90.05
90.06	09006	UROLOGY PHYSICIAN	0.000000	0	90.06
90.07	09007	DR. CHU	0.000000	0	90.07
90.08	09008	SPORTS MEDICINE CLINIC	0.000000	0	90.08
90.09	09009	DR. SHANKER	0.000000	0	90.09
90.10	09010	DR MIRMIRA	0.000000	0	90.10
90.11	09011	DR TOKHI	0.000000	0	90.11
90.12	09012	CTPET	0.195741	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.158173	1	90.13
90.14	09014	SPORTS MED-REHAB	0.000000	0	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES	0.000000	0	90.15
90.16	09016	DR BRITT	0.000000	0	90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER	0.000000	0	90.17
90.18	09018	DR BOCK	0.000000	0	90.18
90.19	09019	PEDIATRIC PROF SERVICES	0.000000	0	90.19
90.20	09020	DR ANDERSON	0.000000	0	90.20
90.21	09021	DR HABI B	0.000000	0	90.21
90.22	09022	DR HANNEKEN	0.000000	0	90.22
90.23	09023	DR MUNESSES	0.000000	0	90.23
90.24	09024	DR KOHLI	0.000000	0	90.24
90.25	09025	DR DUNCAN	0.000000	0	90.25
90.26	09026	MT ZION FAMILY PRACTICE	0.000000	0	90.26
90.27	09027	DR POWELL	0.000000	0	90.27
90.28	09028	CHEMOTHEROPY	0.000000	0	90.28
91.00	09100	EMERGENCY	0.134893	11,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.666399	3,243	92.00
200.00		Total (sum of lines 50-94 and 96-98)		9,691,563	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)		9,691,563	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,163,130	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,489,390	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)		35,593	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		3,573,480	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		191.17	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)		4.38	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		3.20	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.34	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.34	12.00
13.00	Total allowable FTE count for the prior year.		0.86	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.79	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.79	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.004132	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.005382	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.004132	21.00
22.00	IME payment adjustment (see instructions)		46,592	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		8,062	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.84	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)		46,592	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		8,062	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		35.81	31.00
32.00	Sum of lines 30 and 31		43.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.00	33.00
34.00	Disproportionate share adjustment (see instructions)		1,290,783	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000317421	0.000313202	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,427,523	2,006,418	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	611,869	1,502,073	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,113,942		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)	24,139,430		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)		24,147,492	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,816,750	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).		25,019	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
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)		25,989,261	59.00
60.00	Primary payer payments		6,225	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,983,036	61.00
62.00	Deductibles billed to program beneficiaries		2,446,080	62.00
63.00	Coinurance billed to program beneficiaries		45,332	63.00
64.00	Allowable bad debts (see instructions)		280,004	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		182,003	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,673,627	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)		12,874	70.93
70.94	HRR adjustment amount (see instructions)		-134,469	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			195,626	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			23,356,406	71.00
71.01	Sequestration adjustment (see instructions)			467,128	71.01
72.00	Interim payments			22,595,905	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)			293,373	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			92,936	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,747	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,244,903	2.00
3.00	PPS payments		14,683,139	3.00
4.00	Outlier payment (see instructions)		10,842	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)		23,747	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		122,432	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)		122,432	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)		122,432	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,685	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)		23,747	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)		14,693,981	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		96,232	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,792,495	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)		11,829,001	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		11,739	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)		11,840,740	30.00
31.00	Primary payer payments		1,040	31.00
32.00	Subtotal (line 30 minus line 31)		11,839,700	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)		344,285	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		223,785	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		12,063,485	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)		12,063,485	40.00
40.01	Sequestration adjustment (see instructions)		241,270	40.01
41.00	Interim payments		11,822,292	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-77	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: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 6:41 pm
		Component CCN: 14S166	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		353	2.00
3.00	PPS payments		0	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 6:41 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,601,875		11,913,251	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	02/04/2016	5,970	02/04/2016	90,959	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)		-5,970		-90,959	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)		22,595,905		11,822,292	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		293,373		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		77	6.02	
7.00	Total Medicare program liability (see instructions)		22,889,278		11,822,215	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: 140166
Component CCN: 14S166

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 6:41 pm
PPS

Title XVIII

Subprovider -
IPF

		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		2,639,793		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)		2,639,793		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		4		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,639,797		0	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: 140166
Component CCN: 14T166

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 6:41 pm
PPS

Title XVIII

Subprovider -
IRF

		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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,769,446		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	02/04/2016	9,605		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)		-9,605		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)		3,759,841		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		4,709		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,764,550		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: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
11/29/2016 6:41 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			7,057 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			11,067 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,086 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			28,144 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			526,613,230 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			12,957,439 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)			381,076 8.00
9.00	Sequestration adjustment amount (see instructions)			7,622 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			373,454 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			402,836 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)			-29,382 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/29/2016 6:41 pm
		Component CCN: 14S166	Title XVIII	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,907,015	1.00
2.00	Net IPF PPS Outlier Payments		3,439	2.00
3.00	Net IPF PPS ECT Payments		4,591	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		12.396175	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,915,045	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,915,045	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,915,045	18.00
19.00	Deductibles		179,284	19.00
20.00	Subtotal (line 18 minus line 19)		2,735,761	20.00
21.00	Coinsurance		42,091	21.00
22.00	Subtotal (line 20 minus line 21)		2,693,670	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,693,670	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,693,670	31.00
31.01	Sequestration adjustment (see instructions)		53,873	31.01
32.00	Interim payments		2,639,793	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		4	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		3,439	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: 140166 Component CCN: 14T166	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,667,470 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0107 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			92,053 3.00
4.00	Outlier Payments			149,804 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)			11.371585 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)			3,909,327 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)			3,909,327 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,909,327 19.00
20.00	Deductibles			57,400 20.00
21.00	Subtotal (line 19 minus line 20)			3,851,927 21.00
22.00	Coinsurance			10,549 22.00
23.00	Subtotal (line 21 minus line 22)			3,841,378 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 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)			3,841,378 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)			3,841,378 32.00
32.01	Sequestration adjustment (see instructions)			76,828 32.01
33.00	Interim payments			3,759,841 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)			4,709 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			149,804 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 6:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.17	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			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)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.34	6.00
7.00	Enter the lesser of line 5 or line 6			0.34	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.	0.34	0.00	0.34	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.34	0.00	0.34	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.34	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.86	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.29	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.83	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.83	0.00		17.00
18.00	Per resident amount	81,929.41	0.00		18.00
19.00	Approved amount for resident costs	68,001	0	68,001	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)			68,001	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,846	2,531		26.00
27.00	Total Inpatient Days (see instructions)	37,034	37,034		27.00
28.00	Ratio of inpatient days to total inpatient days	0.481882	0.068343		28.00
29.00	Program direct GME amount	32,768	4,647		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		657		30.00
31.00	Net Program direct GME amount			36,758	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	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)		32,545,408	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)		6,225	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,539,183	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,269,003	42.00
43.00	Primary payer payments (see instructions)		1,040	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,267,963	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		47,807,146	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.680634	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.319366	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		36,758	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		25,019	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		11,739	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140166 Period: From 07/01/2015 To 06/30/2016 Worksheet G
 Date/Time Prepared: 11/29/2016 6:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,032,000	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	29,509,000	0	0	0	4.00
5.00	Other receivable	3,449,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,037,000	0	0	0	7.00
8.00	Prepaid expenses	1,905,000	0	0	0	8.00
9.00	Other current assets	546,000	0	0	0	9.00
10.00	Due from other funds	-610,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	39,868,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,295,000	0	0	0	12.00
13.00	Land improvements	5,809,000	0	0	0	13.00
14.00	Accumulated depreciation	-3,965,000	0	0	0	14.00
15.00	Buildings	92,476,000	0	0	0	15.00
16.00	Accumulated depreciation	-39,594,000	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	40,612,000	0	0	0	19.00
20.00	Accumulated depreciation	-26,153,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	74,438,000	0	0	0	23.00
24.00	Accumulated depreciation	-57,118,000	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)	89,800,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,462,000	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	181,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,643,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	137,311,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,016,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,065,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,215,000	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	8,478,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,774,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	30,050,000	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	33,422,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	63,472,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	89,246,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	48,065,000				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)	48,065,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	137,311,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-1

Date/Time Prepared:
11/29/2016 6:41 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		62,150,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,789,151			2.00
3.00	Total (sum of line 1 and line 2)		54,360,849		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		54,360,849		0	11.00
12.00	CHANGE IN NET ASSETS	6,295,849		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		6,295,849		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		48,065,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHANGE IN NET ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2016 6:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	25,870,493		25,870,493	1.00
2.00	SUBPROVIDER - IPF	3,583,211		3,583,211	2.00
3.00	SUBPROVIDER - IRF	5,343,137		5,343,137	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	34,796,841		34,796,841	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,726,222		3,726,222	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)	3,726,222		3,726,222	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,523,063		38,523,063	17.00
18.00	Ancillary services	180,254,222	253,880,558	434,134,780	18.00
19.00	Outpatient services	12,905,644	53,995,114	66,900,758	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICES	6,079,833	7,083,296	13,163,129	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	237,762,762	314,958,968	552,721,730	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		156,222,999		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		156,222,999		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140166

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-3

Date/Time Prepared:
11/29/2016 6:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	552,721,730	1.00
2.00	Less contractual allowances and discounts on patients' accounts	407,408,370	2.00
3.00	Net patient revenues (line 1 minus line 2)	145,313,360	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,222,999	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,909,639	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	8,197	13.00
14.00	Revenue from meals sold to employees and guests	58	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	2,576	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	140,311	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,682,803	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	1,266,502	24.00
25.00	Total other income (sum of lines 6-24)	3,100,447	25.00
26.00	Total (line 5 plus line 25)	-7,809,192	26.00
27.00	INVESTMENT INCOME NON-OP	-65,804	27.00
27.01	GAIN/LOSS DISPOSAL FIXED ASSET	21,963	27.01
27.02	BANK CHARGES	3,868	27.02
27.03	SWAP PAYMENTS	19,932	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	-20,041	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,789,151	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140166	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 6:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,644,233	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		16,972	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)		78.51	3.00
4.00	Number of interns & residents (see instructions)		0.79	4.00
5.00	Indirect medical education percentage (see instructions)		0.28	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)		4,604	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.56	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		35.81	8.00
9.00	Sum of lines 7 and 8		43.37	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.18	10.00
11.00	Disproportionate share adjustment (see instructions)		150,941	11.00
12.00	Total prospective capital payments (see instructions)		1,816,750	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