This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/23/2017 3:46 pm

PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSP-CHICAGO (14-0224) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	431,330	-58,873	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	89,305	-29		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	6,487	-264		0	7.00
200.00	Total	0	527,122	-59,166	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:46 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2900 NORTH LAKE SHORE DRIVE	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60657	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE SAINT JOSEPH HOSP-CHICAGO	140224	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB UNIT	14T224	16974	5	07/01/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SKILLED CARE	145568	16974		01/28/1987	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,741	3,349	0	0	1,403	311	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	363	63	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:46 pm

		Urban/Rural St	Date of Geogra	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

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

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

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

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	8.12	29.85	0.213853	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.57	16.24	0.033908	65.00
65.01		INTERNAL MEDICINE	1400	2.88	62.28	0.044199	65.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:46 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	9.23	33.94	0.213806	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)	FAMILY MEDICINE	1350	0.97	17.01	0.053949	67.00
67.01		INTERNAL MEDICINE	1400	0.50	74.45	0.006671	67.01

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

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

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

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		V	XIX	
		1.00	2.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	5,359,949	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:46 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 200 S. WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:46 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2017 3:46 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)	Y	01/01/2016	1.00

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/19/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2016	Y	04/28/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2017 3:46 pm

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

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer	PRSENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718	PATRICK.GILLILAND@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 3:46 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.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part IX Date/Time Prepared: 5/23/2017 3:46 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/23/2017 3:46 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	224	83,209	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)		224	83,209	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	19	6,954	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)		243	90,163	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	34	12,444		0	16.00
17.00	SUBPROVIDER - IRF	41.00	10	3,660		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	26	9,516		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		313				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)		1	366			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2017 3:46 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,047	880	39,875			1.00
2.00	HMO and other (see instructions)	4,171	9,544				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	230	356				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)	14,047	880	39,875			7.00
8.00	INTENSIVE CARE UNIT	1,758	90	2,996			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		1,290	4,856			13.00
14.00	Total (see instructions)	15,805	2,260	47,727	121.28	1,586.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	433	433	8,074	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,086	70	2,139	0.00	23.47	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	5,541	0	7,463	0.00	23.52	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				121.28	1,633.49	27.00
28.00	Observation Bed Days		1,861	6,177			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2017 3:46 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,118	312	9,473	1.00
2.00	HMO and other (see instructions)			768	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	3,118	312	9,473	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	79	1,370	16.00
17.00	SUBPROVIDER - IRF	0.00	0	95	7	181	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II | Date/Time Prepared: 5/23/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	77,048,644	0	77,048,644	2,338,611.98	32.95	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,379,710	0	1,379,710	10,734.00	128.54	4.00
4.01	Physicians - Part A - Teaching		3,246,611	0	3,246,611	44,599.74	72.79	4.01
5.00	Physician and Non Physician-Part B		114,334	0	114,334	1,363.37	83.86	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	7,278,915	7,278,915	279,012.00	26.09	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,103,607	0	2,103,607	124,164.48	16.94	9.00
10.00	Excluded area salaries (see instructions)		7,948,126	50,270	7,998,396	148,161.56	53.98	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,517,188	0	3,517,188	95,772.06	36.72	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		17,024,133	0	17,024,133	322,380.00	52.81	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,674,447	0	16,674,447			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,521,242	0	2,521,242			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		176,452	0	176,452			22.00
22.01	Physician Part A - Teaching		556,376	0	556,376			22.01
23.00	Physician Part B		18,081	0	18,081			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,573,697	0	1,573,697			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	240,290	0	240,290	1,223.17	196.45	26.00
27.00	Administrative & General	5.00	7,014,743	9,000	7,023,743	234,174.00	29.99	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

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	117,827	0	117,827	6,063.77	19.43	31.00
32.00	Housekeeping	9.00	1,466,745	0	1,466,745	108,426.05	13.53	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,584,952	-764,762	820,190	62,869.54	13.05	34.00
35.00	Dietary under contract (see instructions)		860,370	0	860,370	14,560.00	59.09	35.00
36.00	Cafeteria	11.00	0	764,762	764,762	70,754.35	10.81	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,529,219	0	1,529,219	33,301.00	45.92	38.00
39.00	Central Services and Supply	14.00	111,175	0	111,175	6,553.00	16.97	39.00
40.00	Pharmacy	15.00	2,344,813	-50,270	2,294,543	58,337.84	39.33	40.00
41.00	Medical Records & Medical Records Library	16.00	167,686	0	167,686	11,739.09	14.28	41.00
42.00	Social Service	17.00	1,281,534	0	1,281,534	32,097.45	39.93	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		74,548,069	-7,278,915	67,269,154	2,028,196.87	33.17	1.00
2.00	Excluded area salaries (see instructions)		10,051,733	50,270	10,102,003	272,326.04	37.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)		64,496,336	-7,329,185	57,167,151	1,755,870.83	32.56	3.00
4.00	Subtotal other wages & related costs (see inst.)		20,541,321	0	20,541,321	418,152.06	49.12	4.00
5.00	Subtotal wage-related costs (see inst.)		16,850,899	0	16,850,899	0.00	29.48	5.00
6.00	Total (sum of lines 3 thru 5)		101,888,556	-7,329,185	94,559,371	2,174,022.89	43.50	6.00
7.00	Total overhead cost (see instructions)		16,719,354	-41,270	16,678,084	640,099.26	26.06	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 3:46 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,610,976	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)	4,602,742	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)	7,029,712	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	138,118	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	50,186	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)	230,853	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	999,043	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	5,478,813	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	219,576	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	160,275	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,520,294	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/23/2017 3:46 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	3,517,188	21,520,294	1.00
2.00	Hospital	3,494,711	16,674,447	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	246,038	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	22,477	1,053,325	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	3,546,484	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-7 | Date/Time Prepared: 5/23/2017 3:46 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	16	0	16	3.00
4.00		RUL	9	0	9	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	25	0	25	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	344	0	344	12.00
13.00		RUB	1,680	0	1,680	13.00
14.00		RUA	1,056	0	1,056	14.00
15.00		RVC	233	0	233	15.00
16.00		RVB	800	0	800	16.00
17.00		RVA	537	0	537	17.00
18.00		RHC	68	0	68	18.00
19.00		RHB	290	0	290	19.00
20.00		RHA	200	0	200	20.00
21.00		RMC	9	0	9	21.00
22.00		RMB	18	0	18	22.00
23.00		RMA	61	0	61	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	3	0	3	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	80	0	80	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	10	0	10	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	17	0	17	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	2	0	2	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	5	0	5	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	5	0	5	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	22	0	22	50.00
51.00		CB2	1	0	1	51.00
52.00		CB1	17	0	17	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	7	0	7	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-7 | Date/Time Prepared: 5/23/2017 3:46 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	9	0	9	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	9	0	9	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	7	0	7	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		5,541	0	5,541	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	1,090,734			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/23/2017 3:46 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.218075	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	18,549,789	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	110,868,086	6.00
7.00	Medicaid cost (line 1 times line 6)	24,177,558	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)	5,627,769	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,627,769	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	5,166,259	2,579,831	7,746,090	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,126,632	562,597	1,689,229	21.00
22.00	Partial payment by patients approved for charity care	13,818	580,529	594,347	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,112,814	-17,932	1,094,882	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)	691,719	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	448,400	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	243,319	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	53,062	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,147,944	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,775,713	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,231,293	5,231,293	-5,231,293	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,183,716	15,183,716	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	240,290	338,785	579,075	-8,003	571,072	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	180,176	180,176	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	7,014,743	68,994,193	76,008,936	-6,865,021	69,143,915	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	90,611	90,611	-61,666	28,945	6.00
7.00	00700	OPERATION OF PLANT	0	2,306,924	2,306,924	-90,784	2,216,140	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,827	595,088	712,915	0	712,915	8.00
9.00	00900	HOUSEKEEPING	1,466,745	1,539,903	3,006,648	-25,236	2,981,412	9.00
10.00	01000	DIETARY	1,584,952	2,895,690	4,480,642	-2,286,597	2,194,045	10.00
11.00	01100	CAFETERIA	0	0	0	2,235,633	2,235,633	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,529,219	955,054	2,484,273	-430,376	2,053,897	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,175	-623,711	-512,536	-43,978	-556,514	14.00
15.00	01500	PHARMACY	2,344,813	6,825,318	9,170,131	-5,768,221	3,401,910	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	167,686	305,769	473,455	-2,516	470,939	16.00
17.00	01700	SOCIAL SERVICE	1,281,534	260,213	1,541,747	0	1,541,747	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 APPRV	0	0	0	8,909,297	8,909,297	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,975,153	5,506,730	17,481,883	-10,098,072	7,383,811	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	63,837	11,073	74,910	66,673	141,583	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,543,860	7,336,291	22,880,151	-544,612	22,335,539	30.00
31.00	03100	INTENSIVE CARE UNIT	2,302,370	900,077	3,202,447	-167,648	3,034,799	31.00
40.00	04000	SUBPROVIDER - IPF	2,470,422	688,483	3,158,905	-18,330	3,140,575	40.00
41.00	04100	SUBPROVIDER - IRF	918,118	253,459	1,171,577	-15,635	1,155,942	41.00
43.00	04300	NURSERY	1,659,601	444,708	2,104,309	245,434	2,349,743	43.00
44.00	04400	SKILLED NURSING FACILITY	2,103,607	1,129,355	3,232,962	-334,117	2,898,845	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,260,523	17,777,559	24,038,082	-12,446,718	11,591,364	50.00
51.00	05100	RECOVERY ROOM	601,109	135,838	736,947	-19,589	717,358	51.00
53.00	05300	ANESTHESIOLOGY	144,925	690,800	835,725	-325,120	510,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,842	1,248,339	3,782,181	-183,213	3,598,968	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,376,381	1,905,213	3,281,594	-191,439	3,090,155	55.00
57.00	05700	CT SCAN	409,709	202,633	612,342	-86,297	526,045	57.00
58.00	05800	MRI	308,006	275,033	583,039	-193,739	389,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,054,562	2,510,177	3,564,739	-752,635	2,812,104	59.00
60.00	06000	LABORATORY	0	7,461,572	7,461,572	-100,056	7,361,516	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	384,688	384,688	23,592	408,280	63.00
65.00	06500	RESPIRATORY THERAPY	844,515	564,647	1,409,162	-113,664	1,295,498	65.00
66.00	06600	PHYSICAL THERAPY	2,726,209	2,914,135	5,640,344	-74,582	5,565,762	66.00
69.00	06900	ELECTROCARDIOLOGY	362,284	853,232	1,215,516	-50,382	1,165,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,338	28,820	81,158	-11,377	69,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,368,216	7,368,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,161,137	6,161,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,672,166	7,672,166	73.00
74.00	07400	RENAL DIALYSIS	0	538,669	538,669	0	538,669	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	74,331	19,263	93,594	-2,100	91,494	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	535,943	160,593	696,536	-48,879	647,657	90.00
91.00	09100	EMERGENCY	2,120,200	2,173,612	4,293,812	-645,351	3,648,461	91.00
91.01	09101	PARTIAL HOSPITALIZATION	252,066	62,452	314,518	-253	314,265	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,552,895	145,892,581	218,445,476	808,541	219,254,017	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	4,495,749	2,847,897	7,343,646	-808,541	6,535,105	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	77,048,644	148,740,478	225,789,122	0	225,789,122	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/23/2017 3:46 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	1,159,752	1,159,752		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-437,595	14,746,121		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	988,851	1,559,923		4.00
5.01	00540	NONPATIENT TELEPHONES	0	180,176		5.01
5.02	00550	DATA PROCESSING	1,684,518	1,684,518		5.02
5.03	00560	PURCHASING,RECEIVING&STORES	494,649	494,649		5.03
5.04	00570	ADMITTING	0	0		5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	291,968	291,968		5.05
5.06	00591	ADMINISTRATION & GENERAL	-11,337,500	57,806,415		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	28,945		6.00
7.00	00700	OPERATION OF PLANT	0	2,216,140		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	712,915		8.00
9.00	00900	HOUSEKEEPING	0	2,981,412		9.00
10.00	01000	DIETARY	0	2,194,045		10.00
11.00	01100	CAFETERIA	-1,191,802	1,043,831		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	2,053,897		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	809,970	253,456		14.00
15.00	01500	PHARMACY	-154,579	3,247,331		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	909,715	1,380,654		16.00
17.00	01700	SOCIAL SERVICE	0	1,541,747		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 APPRV	0	8,909,297		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-314,406	7,069,405		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	141,583		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-994,524	21,341,015		30.00
31.00	03100	INTENSIVE CARE UNIT	478,761	3,513,560		31.00
40.00	04000	SUBPROVIDER - IPF	0	3,140,575		40.00
41.00	04100	SUBPROVIDER - IRF	0	1,155,942		41.00
43.00	04300	NURSERY	-9,228	2,340,515		43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,898,845		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-816,596	10,774,768		50.00
51.00	05100	RECOVERY ROOM	0	717,358		51.00
53.00	05300	ANESTHESIOLOGY	-274,994	235,611		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,390	3,593,578		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,117,132	1,973,023		55.00
57.00	05700	CT SCAN	0	526,045		57.00
58.00	05800	MRI	0	389,300		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,812,104		59.00
60.00	06000	LABORATORY	-264,371	7,097,145		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	408,280		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,295,498		65.00
66.00	06600	PHYSICAL THERAPY	-1,887,304	3,678,458		66.00
69.00	06900	ELECTROCARDIOLOGY	-673,850	491,284		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-19,096	50,685		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,368,216		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,161,137		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,672,166		73.00
74.00	07400	RENAL DIALYSIS	0	538,669		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	-100	91,394		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-5,532	642,125		90.00
91.00	09100	EMERGENCY	-778,291	2,870,170		91.00
91.01	09101	PARTIAL HOSPITALIZATION	-17,500	296,765		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,481,606	205,772,411		118.00
		NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER	-1,954,666	4,580,439		194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-15,436,272	210,352,850		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS Wo | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING,RECEIVING&STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	ADMINISTRATION & GENERAL	00591		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	OTHER ANCILLARY SERVICE COST CENTER	03950		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	PARTIAL HOSPITALIZATION	09101		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
194.00	OTHER	07950		194.00
194.01	LAKESHORE GUEST UNIT	07951		194.01

COST CENTERS USED IN COST REPORT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS Wo Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/23/2017 3:46 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,672,166	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
	TOTALS		0	7,672,166	
	B - IMPLANTS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,161,137	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
	TOTALS		0	6,161,137	
	C - CHARGABLE SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,368,216	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
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

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/23/2017 3:46 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	7,368,216	
	D - NURSEY				
1.00	NURSERY	43.00	222,039	78,061	1.00
	TOTALS		222,039	78,061	
	E - CAFETERIA				
1.00	CAFETERIA	11.00	764,762	1,470,871	1.00
	TOTALS		764,762	1,470,871	
	F - PHYSICIAN DEPR CHAIRMAN				
1.00	ADULTS & PEDIATRICS	30.00	1,040,453	96,510	1.00
	TOTALS		1,040,453	96,510	
	G - TEACHING PHYSICIAN ADMIN				
1.00	ADMINISTRATION & GENERAL	5.06	9,000	835	1.00
	TOTALS		9,000	835	
	H - EQUIP DEPRECIATION				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,183,716	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	15,183,716	
	I - PHONES				
1.00	NONPATIENT TELEPHONES	5.01	0	180,176	1.00
	TOTALS		0	180,176	
	J - PHARMACY RESIDENCY COSTS				
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	50,270	16,403	1.00
	TOTALS		50,270	16,403	
	L - INTERNS AND RESIDENTS SALARY				
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	7,278,915	1,630,382	1.00
	TOTALS		7,278,915	1,630,382	
	M - BLOOD RECLASS				
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	23,592	1.00
	TOTALS		0	23,592	
500.00	Grand Total: Increases		9,365,439	39,882,065	500.00

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/23/2017 3:46 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,003	0		1.00
2.00	ADMINISTRATION & GENERAL	5.06	0	74	0		2.00
3.00	PHARMACY	15.00	0	5,651,413	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	319,211	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	45,871	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,184	0		6.00
7.00	NURSERY	43.00	0	9,622	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	282,565	0		8.00
9.00	OPERATING ROOM	50.00	0	265,044	0		9.00
10.00	RECOVERY ROOM	51.00	0	8,073	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	176,286	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,803	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,115	0		13.00
14.00	CT SCAN	57.00	0	33,952	0		14.00
15.00	MRI	58.00	0	38,735	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	58,037	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,109	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	1,679	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	1,361	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	7	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	35	0		21.00
22.00	EMERGENCY	91.00	0	72,250	0		22.00
23.00	OTHER	194.00	0	661,297	0		23.00
24.00	CENTRAL SERVICES & SUPPLY	14.00	0	734	0		24.00
25.00	LABORATORY	60.00	0	484	0		25.00
26.00	SUBPROVIDER - IPF	40.00	0	222	0		26.00
	TOTALS		0	7,672,166			
	B - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,445	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	47,291	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,487	0		3.00
4.00	NURSERY	43.00	0	444	0		4.00
5.00	OPERATING ROOM	50.00	0	5,807,394	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	284,994	0		6.00
7.00	EMERGENCY	91.00	0	808	0		7.00
8.00	OTHER	194.00	0	560	0		8.00
9.00	HOUSEKEEPING	9.00	0	168	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	162	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	102	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	996	0		12.00
13.00	CLINIC	90.00	0	9,132	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,154	0		14.00
	TOTALS		0	6,161,137			
	C - CHARGABLE SUPPLIES						
1.00	ADMINISTRATION & GENERAL	5.06	0	27,987	0		1.00
2.00	HOUSEKEEPING	9.00	0	6,143	0		2.00
3.00	DIETARY	10.00	0	250	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,903	0		4.00
5.00	PHARMACY	15.00	0	12,441	0		5.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	36,667	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	473,017	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	94,741	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	9,977	0		10.00
11.00	NURSERY	43.00	0	27,034	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	25,448	0		12.00
13.00	OPERATING ROOM	50.00	0	5,810,812	0		13.00
14.00	RECOVERY ROOM	51.00	0	8,362	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	147,494	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,743	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,594	0		17.00
18.00	CT SCAN	57.00	0	52,345	0		18.00
19.00	MRI	58.00	0	3,384	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	276,333	0		20.00
21.00	LABORATORY	60.00	0	1,583	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	83,925	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	26,296	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	10,721	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,497	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	263	0		26.00
27.00	CLINIC	90.00	0	38,904	0		27.00
28.00	EMERGENCY	91.00	0	69,811	0		28.00

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/23/2017 3:46 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	OTHER	194.00	0	22,191	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	4,350	0		30.00
	TOTALS		0	7,368,216			
	D - NURSEY						
1.00	ADULTS & PEDIATRICS	30.00	222,039	78,061	0		1.00
	TOTALS		222,039	78,061			
	E - CAFETERIA						
1.00	DIETARY	10.00	764,762	1,470,871	0		1.00
	TOTALS		764,762	1,470,871			
	F - PHYSICIAN DEPR CHAIRMAN						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,040,453	96,510	0		1.00
	TOTALS		1,040,453	96,510			
	G - TEACHING PHYSICIAN ADMIN						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	9,000	835	0		1.00
	TOTALS		9,000	835			
	H - EQUIP DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,231,293	9		1.00
2.00	ADMINISTRATION & GENERAL	5.06	0	6,666,619	0		2.00
3.00	OPERATION OF PLANT	7.00	0	90,784	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	430,376	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,896	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,516	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,148	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	541,956	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	22,549	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	4,372	0		10.00
11.00	NURSERY	43.00	0	17,566	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	25,108	0		12.00
13.00	OPERATING ROOM	50.00	0	563,468	0		13.00
14.00	RECOVERY ROOM	51.00	0	3,154	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,340	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,513	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	169,730	0		17.00
18.00	MRI	58.00	0	151,620	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	133,271	0		19.00
20.00	LABORATORY	60.00	0	74,397	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	28,630	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	46,607	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	38,300	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,873	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	1,802	0		25.00
26.00	CLINIC	90.00	0	843	0		26.00
27.00	EMERGENCY	91.00	0	502,482	0		27.00
28.00	OTHER	194.00	0	124,493	0		28.00
29.00	MAINTENANCE & REPAIRS	6.00	0	61,666	0		29.00
30.00	HOUSEKEEPING	9.00	0	18,925	0		30.00
31.00	DIETARY	10.00	0	50,714	0		31.00
32.00	PHARMACY	15.00	0	37,694	0		32.00
33.00	PARTIAL HOSPITALIZATION	91.01	0	253	0		33.00
34.00	SUBPROVIDER - IPF	40.00	0	13,758	0		34.00
	TOTALS		0	15,183,716			
	I - PHONES						
1.00	ADMINISTRATION & GENERAL	5.06	0	180,176	0		1.00
	TOTALS		0	180,176			
	J - PHARMACY RESIDENCY COSTS						
1.00	PHARMACY	15.00	50,270	16,403	0		1.00
	TOTALS		50,270	16,403			
	L - INTERNS AND RESIDENTS SALARY						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	7,278,915	1,630,382	0		1.00
	TOTALS		7,278,915	1,630,382			
	M - BLOOD RECLASS						
1.00	LABORATORY	60.00	0	23,592	0		1.00
	TOTALS		0	23,592			
500.00	Grand Total: Decreases		9,365,439	39,882,065			500.00

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2017 3:46 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,672,166	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,003	1.00
2.00		0.00	0	0	ADMINISTRATION & GENERAL	5.06	0	74	2.00
3.00		0.00	0	0	PHARMACY	15.00	0	5,651,413	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	319,211	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	45,871	5.00
6.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,184	6.00
7.00		0.00	0	0	NURSERY	43.00	0	9,622	7.00
8.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	282,565	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	265,044	9.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	8,073	10.00
11.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	176,286	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	21,803	12.00
13.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	13,115	13.00
14.00		0.00	0	0	CT SCAN	57.00	0	33,952	14.00
15.00		0.00	0	0	MRI	58.00	0	38,735	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	58,037	16.00
17.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,109	17.00
18.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,679	18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,361	19.00
20.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	7	20.00
21.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	35	21.00
22.00		0.00	0	0	EMERGENCY	91.00	0	72,250	22.00
23.00		0.00	0	0	OTHER	194.00	0	661,297	23.00
24.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	734	24.00
25.00		0.00	0	0	LABORATORY	60.00	0	484	25.00
26.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	222	26.00
	TOTALS		0	7,672,166	TOTALS		0	7,672,166	
	B - IMPLANTS								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,161,137	CENTRAL SERVICES & SUPPLY	14.00	0	2,445	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	47,291	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	4,487	3.00
4.00		0.00	0	0	NURSERY	43.00	0	444	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	5,807,394	5.00
6.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	284,994	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	808	7.00
8.00		0.00	0	0	OTHER	194.00	0	560	8.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	168	9.00
10.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	162	10.00
11.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	102	11.00
12.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	996	12.00
13.00		0.00	0	0	CLINIC	90.00	0	9,132	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,154	14.00
	TOTALS		0	6,161,137	TOTALS		0	6,161,137	
	C - CHARGABLE SUPPLIES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,368,216	ADMINISTRATION & GENERAL	5.06	0	27,987	1.00
2.00		0.00	0	0	HOUSEKEEPING	9.00	0	6,143	2.00
3.00		0.00	0	0	DIETARY	10.00	0	250	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,903	4.00
5.00		0.00	0	0	PHARMACY	15.00	0	12,441	5.00
7.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	36,667	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	473,017	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	94,741	9.00
10.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	9,977	10.00
11.00		0.00	0	0	NURSERY	43.00	0	27,034	11.00
12.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	25,448	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	5,810,812	13.00
14.00		0.00	0	0	RECOVERY ROOM	51.00	0	8,362	14.00
15.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	147,494	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	83,743	16.00
17.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	8,594	17.00

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2017 3:46 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
18.00		0.00	0	0	CT SCAN	57.00	0	52,345	18.00
19.00		0.00	0	0	MRI	58.00	0	3,384	19.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	276,333	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	1,583	21.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	83,925	22.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	26,296	23.00
24.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	10,721	24.00
25.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,497	25.00
26.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	263	26.00
27.00		0.00	0	0	CLINIC	90.00	0	38,904	27.00
28.00		0.00	0	0	EMERGENCY	91.00	0	69,811	28.00
29.00		0.00	0	0	OTHER	194.00	0	22,191	29.00
30.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	4,350	30.00
	TOTALS		0	7,368,216	TOTALS		0	7,368,216	
	D - NURSEY								
1.00	NURSERY	43.00	222,039	78,061	ADULTS & PEDIATRICS	30.00	222,039	78,061	1.00
	TOTALS		222,039	78,061	TOTALS		222,039	78,061	
	E - CAFETERIA								
1.00	CAFETERIA	11.00	764,762	1,470,871	DIETARY	10.00	764,762	1,470,871	1.00
	TOTALS		764,762	1,470,871	TOTALS		764,762	1,470,871	
	F - PHYSICIAN DEPR CHAIRMAN								
1.00	ADULTS & PEDIATRICS	30.00	1,040,453	96,510	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,040,453	96,510	1.00
	TOTALS		1,040,453	96,510	TOTALS		1,040,453	96,510	
	G - TEACHING PHYSICIAN ADMIN								
1.00	ADMINISTRATION & GENERAL	5.06	9,000	835	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	9,000	835	1.00
	TOTALS		9,000	835	TOTALS		9,000	835	
	H - EQUIP DEPRECIATION								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,183,716	CAP REL COSTS-BLDG & FIXT	1.00	0	5,231,293	1.00
2.00		0.00	0	0	ADMINISTRATION & GENERAL	5.06	0	6,666,619	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	90,784	3.00
4.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	430,376	4.00
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	37,896	5.00
6.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	2,516	6.00
7.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,148	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	541,956	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	22,549	9.00
10.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	4,372	10.00
11.00		0.00	0	0	NURSERY	43.00	0	17,566	11.00
12.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	25,108	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	563,468	13.00
14.00		0.00	0	0	RECOVERY ROOM	51.00	0	3,154	14.00
15.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,340	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	75,513	16.00
17.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	169,730	17.00
18.00		0.00	0	0	MRI	58.00	0	151,620	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	133,271	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	74,397	20.00
21.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	28,630	21.00
22.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	46,607	22.00
23.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	38,300	23.00
24.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	8,873	24.00
25.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	1,802	25.00
26.00		0.00	0	0	CLINIC	90.00	0	843	26.00
27.00		0.00	0	0	EMERGENCY	91.00	0	502,482	27.00
28.00		0.00	0	0	OTHER	194.00	0	124,493	28.00
29.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	61,666	29.00
30.00		0.00	0	0	HOUSEKEEPING	9.00	0	18,925	30.00
31.00		0.00	0	0	DIETARY	10.00	0	50,714	31.00
32.00		0.00	0	0	PHARMACY	15.00	0	37,694	32.00
33.00		0.00	0	0	PARTIAL HOSPITALIZATION	91.01	0	253	33.00
34.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	13,758	34.00
	TOTALS		0	15,183,716	TOTALS		0	15,183,716	

RECLASSIFICATIONS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2017 3:46 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	I - PHONES								
1.00	NONPATIENT TELEPHONES	5.01	0	180,176	ADMINISTRATION & GENERAL	5.06	0	180,176	1.00
	TOTALS		0	180,176	TOTALS		0	180,176	
	J - PHARMACY RESIDENCY COSTS								
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	50,270	16,403	PHARMACY	15.00	50,270	16,403	1.00
	TOTALS		50,270	16,403	TOTALS		50,270	16,403	
	L - INTERNS AND RESIDENTS SALARY								
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	7,278,915	1,630,382	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	7,278,915	1,630,382	1.00
	TOTALS		7,278,915	1,630,382	TOTALS		7,278,915	1,630,382	
	M - BLOOD RECLASS								
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	23,592	LABORATORY	60.00	0	23,592	1.00
	TOTALS		0	23,592	TOTALS		0	23,592	
500.00	Grand Total: Increases		9,365,439	39,882,065	Grand Total: Decreases		9,365,439	39,882,065	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/23/2017 3:46 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,327,666	0	0	0	0	1.00
2.00	Land Improvements	2,447,033	0	0	0	0	2.00
3.00	Buildings and Fixtures	70,172,539	11,959,501	0	11,959,501	1,429,324	3.00
4.00	Building Improvements	22,911,685	0	0	0	368,185	4.00
5.00	Fixed Equipment	25,798,908	5,429,218	0	5,429,218	0	5.00
6.00	Movable Equipment	71,287,187	8,176,847	0	8,176,847	7,085,189	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	199,945,018	25,565,566	0	25,565,566	8,882,698	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	199,945,018	25,565,566	0	25,565,566	8,882,698	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	7,327,666	0	1.00
2.00	Land Improvements	2,447,033	0	2.00
3.00	Buildings and Fixtures	80,702,716	0	3.00
4.00	Building Improvements	22,543,500	0	4.00
5.00	Fixed Equipment	31,228,126	0	5.00
6.00	Movable Equipment	72,378,845	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	216,627,886	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	216,627,886	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,231,293	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,231,293	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	5,231,293		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	5,231,293		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/23/2017 3:46 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	128,657,831	0	128,657,831	0.643466	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,287,187	0	71,287,187	0.356534	0	2.00
3.00	Total (sum of lines 1-2)	199,945,018	0	199,945,018	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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,746,121	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,746,121	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	1,159,752	0	0	0	1,159,752	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,746,121	2.00
3.00	Total (sum of lines 1-2)	1,159,752	0	0	0	15,905,873	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-8,488,490			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-3,483			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,191,802	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,181	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	MISC INCOME	B	-1,548	NURSERY	43.00	0	33.00
34.00	MISC REVENUE	B	-5,390	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
38.00	MISC INCOME	A	-5,532	CLINIC	90.00	0	38.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
39.00	MOONLIGHTERS	A	-314,406	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	39.00
40.00			0		0.00	0	40.00
42.00	PHYS FEES	A	-1,954,666	OTHER	194.00	0	42.00
43.02	MISC INCOME	B	-795	ADULTS & PEDIATRICS	30.00	0	43.02
43.03	MISC INCOME	B	-2,636,079	ADMINISTRATION & GENERAL	5.06	0	43.03
43.04	MISC INCOME	B	-414	RADIOLOGY-THERAPEUTIC	55.00	0	43.04
43.05	MISC INCOME	B	-154,579	PHARMACY	15.00	0	43.05
43.10	MISC INCOME	B	-30	ELECTROCARDIOLOGY	69.00	0	43.10
44.00			0		0.00	0	44.00
45.00	MISC INCOME	B	-19,096	ELECTROENCEPHALOGRAPHY	70.00	0	45.00
46.00	MISC INCOME	B	-261,436	LABORATORY	60.00	0	46.00
47.00	MISC INCOME	B	-100	CARDIAC REHABILITATION	76.97	0	47.00
48.00	BENEFITS ON PART B DOCS	A	-397,245	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,436,272				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2017 3:46 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	EMPLOYEE BENEFITS	1,386,096	0	1.00
2.00	5.05	CASHIERING/ACCTS RECEIVABLE	PATIENT ACCOUNTS	291,968	0	2.00
3.00	5.02	DATA PROCESSING	IT	1,684,518	0	3.00
3.01	5.03	PURCHASING,RECEIVING&STORES	PURCHASING	494,649	0	3.01
3.02	5.06	ADMINISTRATION & GENERAL	A & G	16,711,763	23,545,359	3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	809,970	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	EICU	478,761	0	3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	CRC	-437,595	0	3.05
3.06	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	1,159,752	0	3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	910,896	0	3.07
4.00	60.00	LABORATORY	ALVERNO LAB	7,332,817	7,281,719	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,823,595	30,827,078	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,386,096	0		1.00
2.00	291,968	0		2.00
3.00	1,684,518	0		3.00
3.01	494,649	0		3.01
3.02	-6,833,596	0		3.02
3.03	809,970	0		3.03
3.04	478,761	0		3.04
3.05	-437,595	9		3.05
3.06	1,159,752	11		3.06
3.07	910,896	0		3.07
4.00	51,098	0		4.00
5.00	-3,483			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	SOLE CORPORATE MEMBER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2017 3:46 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	30.00	ADULTS & PEDIATRICS	1,758,438	691,985	1,066,453	179,000	8,886	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	43.00	NURSERY	7,680	7,680	0	0	0	3.00
4.00	50.00	OPERATING ROOM	816,596	816,596	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	274,994	274,994	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	1,116,718	1,116,718	0	0	0	6.00
7.00	60.00	LABORATORY	54,033	54,033	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	1,887,304	1,887,304	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	673,820	673,820	0	0	0	9.00
10.00	91.00	EMERGENCY	778,291	778,291	0	0	0	10.00
11.00	91.01	PARTIAL HOSPITALIZATION	17,500	17,500	0	0	0	11.00
12.00	5.06	ADMINISTRATION & GENERAL	2,026,860	1,713,603	313,257	179,000	1,848	12.00
200.00			9,412,234	8,032,524	1,379,710		10,734	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	30.00	ADULTS & PEDIATRICS	764,709	38,235	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	91.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	11.00
12.00	5.06	ADMINISTRATION & GENERAL	159,035	7,952	0	0	0	12.00
200.00			923,744	46,187	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	30.00	ADULTS & PEDIATRICS	0	764,709	301,744	993,729		1.00
2.00	0.00		0	0	0	0		2.00
3.00	43.00	NURSERY	0	0	0	7,680		3.00
4.00	50.00	OPERATING ROOM	0	0	0	816,596		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	274,994		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,116,718		6.00
7.00	60.00	LABORATORY	0	0	0	54,033		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	1,887,304		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	673,820		9.00
10.00	91.00	EMERGENCY	0	0	0	778,291		10.00
11.00	91.01	PARTIAL HOSPITALIZATION	0	0	0	17,500		11.00
12.00	5.06	ADMINISTRATION & GENERAL	0	159,035	154,222	1,867,825		12.00
200.00			0	923,744	455,966	8,488,490		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,159,752	1,159,752				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,746,121		14,746,121			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,559,923	0	0	1,559,923		4.00
5.01	00540	NONPATIENT TELEPHONES	180,176	0	0	0	180,176	5.01
5.02	00550	DATA PROCESSING	1,684,518	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	494,649	0	0	0	2,914	5.03
5.04	00570	ADMITTING	0	0	0	0	5,180	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	291,968	280	3,563	0	8,094	5.05
5.06	00591	ADMINISTRATION & GENERAL	57,806,415	393,790	5,007,014	142,645	22,016	5.06
6.00	00600	MAINTENANCE & REPAIRS	28,945	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,216,140	41,496	527,622	0	7,447	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	712,915	2,545	32,355	2,393	648	8.00
9.00	00900	HOUSEKEEPING	2,981,412	44,945	571,465	29,788	971	9.00
10.00	01000	DIETARY	2,194,045	42,873	545,125	16,657	1,295	10.00
11.00	01100	CAFETERIA	1,043,831	0	0	15,532	1,943	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,053,897	4,412	56,100	31,057	7,770	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253,456	0	0	2,258	809	14.00
15.00	01500	PHARMACY	3,247,331	8,138	103,478	46,600	3,238	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,380,654	17,122	217,702	3,406	6,152	16.00
17.00	01700	SOCIAL SERVICE	1,541,747	0	0	26,027	2,428	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 APPRV	8,909,297	0	0	147,827	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,069,405	6,795	86,402	74,063	8,580	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	141,583	150	1,910	2,317	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,341,015	228,752	2,908,551	332,323	27,521	30.00
31.00	03100	INTENSIVE CARE UNIT	3,513,560	32,051	407,526	46,759	6,313	31.00
40.00	04000	SUBPROVIDER - IPF	3,140,575	32,753	416,448	50,172	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,155,942	13,631	173,318	18,646	3,723	41.00
43.00	04300	NURSERY	2,340,515	7,921	100,713	38,214	1,295	43.00
44.00	04400	SKILLED NURSING FACILITY	2,898,845	34,022	432,583	42,722	1,943	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,774,768	89,167	1,133,751	127,145	13,274	50.00
51.00	05100	RECOVERY ROOM	717,358	4,639	58,979	12,208	0	51.00
53.00	05300	ANESTHESIOLOGY	235,611	1,968	25,029	2,943	324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,593,578	47,269	601,026	51,460	13,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,973,023	13,037	165,764	27,953	0	55.00
57.00	05700	CT SCAN	526,045	3,482	44,270	8,321	0	57.00
58.00	05800	MRI	389,300	1,917	24,373	6,255	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,812,104	22,070	280,616	21,417	0	59.00
60.00	06000	LABORATORY	7,097,145	24,462	311,032	0	9,389	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408,280	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,295,498	7,206	91,619	17,151	2,266	65.00
66.00	06600	PHYSICAL THERAPY	3,678,458	14,694	186,830	55,367	4,533	66.00
69.00	06900	ELECTROCARDIOLOGY	491,284	0	0	7,358	2,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,685	85	1,083	1,063	2,104	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,368,216	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,161,137	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,672,166	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	538,669	0	0	0	971	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	91,394	0	0	1,510	486	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	642,125	1,220	15,507	10,884	6,799	90.00
91.00	09100	EMERGENCY	2,870,170	0	0	43,059	4,047	91.00
91.01	09101	PARTIAL HOSPITALIZATION	296,765	0	0	5,119	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	205,772,411	1,142,892	14,531,754	1,468,619	180,176	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	4,580,439	16,860	214,367	91,304	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	210,352,850	1,159,752	14,746,121	1,559,923	180,176	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	DATA PROCESSING	PURCHASING,RECEIVING&STORES	ADMITTING	CASHIERING/ACCTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,684,518					5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	497,563				5.03
5.04	00570	ADMITTING	0	0	5,180			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	303,905		5.05
5.06	00591	ADMINISTRATION & GENERAL	1,684,518	6,438	0	0	65,062,836	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	125	0	0	29,070	6.00
7.00	00700	OPERATION OF PLANT	0	2	0	0	2,792,707	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27	0	0	750,883	8.00
9.00	00900	HOUSEKEEPING	0	764	0	0	3,629,345	9.00
10.00	01000	DIETARY	0	1,177	0	0	2,801,172	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,061,306	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	700	0	0	2,153,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,798	0	0	259,321	14.00
15.00	01500	PHARMACY	0	7,210	0	0	3,415,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	300	0	0	1,625,336	16.00
17.00	01700	SOCIAL SERVICE	0	46	0	0	1,570,248	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 APPRV	0	0	0	0	9,057,124	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	16,296	0	0	7,261,541	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	145,960	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	22,886	1,252	45,836	24,908,136	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,805	166	5,584	4,014,764	31.00
40.00	04000	SUBPROVIDER - IPF	0	613	181	6,091	3,646,833	40.00
41.00	04100	SUBPROVIDER - IRF	0	613	49	1,657	1,367,579	41.00
43.00	04300	NURSERY	0	893	146	4,926	2,494,623	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,297	12	405	3,412,829	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	27,770	363	40,516	12,206,754	50.00
51.00	05100	RECOVERY ROOM	0	127	62	4,817	798,190	51.00
53.00	05300	ANESTHESIOLOGY	0	444	96	9,749	276,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,345	160	17,928	4,326,879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,905	5	4,603	2,187,290	55.00
57.00	05700	CT SCAN	0	1,217	110	10,654	594,099	57.00
58.00	05800	MRI	0	153	57	7,642	429,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	586	103	7,268	3,144,164	59.00
60.00	06000	LABORATORY	0	286	497	29,248	7,472,059	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3	37	1,523	409,843	63.00
65.00	06500	RESPIRATORY THERAPY	0	727	98	3,614	1,418,179	65.00
66.00	06600	PHYSICAL THERAPY	0	1,105	86	5,312	3,946,385	66.00
69.00	06900	ELECTROCARDIOLOGY	0	395	124	9,366	511,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49	5	621	55,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	386,212	271	15,922	7,770,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	157	9,358	6,170,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	968	43,887	7,717,021	73.00
74.00	07400	RENAL DIALYSIS	0	0	19	674	540,333	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2	0	175	93,567	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	31	3	1,348	677,917	90.00
91.00	09100	EMERGENCY	0	4,254	153	14,851	2,936,534	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	7	0	330	302,221	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,684,518	494,608	5,180	303,905	205,446,925	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	2,955	0	0	4,905,925	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,684,518	497,563	5,180	303,905	210,352,850	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	ADMINISTRATION & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL	65,062,836					5.06
6.00	00600	MAINTENANCE & REPAIRS	13,018	42,088				6.00
7.00	00700	OPERATION OF PLANT	1,250,613	2,281	4,045,601			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	336,256	140	14,215	1,101,494		8.00
9.00	00900	HOUSEKEEPING	1,625,272	2,471	251,079	3,274	5,511,441	9.00
10.00	01000	DIETARY	1,254,404	2,357	239,507	0	349,185	10.00
11.00	01100	CAFETERIA	475,268	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	964,563	243	24,648	0	35,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116,128	0	0	0	0	14.00
15.00	01500	PHARMACY	1,529,730	447	45,464	0	66,284	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	727,848	941	95,650	0	139,451	16.00
17.00	01700	SOCIAL SERVICE	703,179	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 APPRV	4,055,907	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,251,820	374	37,962	0	55,346	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	65,363	8	839	0	1,223	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,154,144	12,574	1,277,904	356,420	1,863,101	30.00
31.00	03100	INTENSIVE CARE UNIT	1,797,868	1,762	179,051	13,291	261,044	31.00
40.00	04000	SUBPROVIDER - IPF	1,633,103	1,800	182,971	63,422	266,760	40.00
41.00	04100	SUBPROVIDER - IRF	612,421	749	76,149	29,226	111,021	41.00
43.00	04300	NURSERY	1,117,127	435	44,249	79,074	64,512	43.00
44.00	04400	SKILLED NURSING FACILITY	1,528,313	1,870	190,060	70,407	277,095	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,466,355	4,901	498,126	195,265	726,235	50.00
51.00	05100	RECOVERY ROOM	357,441	255	25,913	16,522	37,780	51.00
53.00	05300	ANESTHESIOLOGY	123,670	108	10,997	0	16,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,937,637	2,598	264,067	110,553	384,993	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	979,499	717	72,830	28,173	106,182	55.00
57.00	05700	CT SCAN	266,046	191	19,451	801	28,358	57.00
58.00	05800	MRI	192,424	105	10,708	0	15,612	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,408,001	1,213	123,292	27,051	179,751	59.00
60.00	06000	LABORATORY	3,346,093	1,345	136,655	30	199,234	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	183,533	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	635,080	396	40,254	0	58,688	65.00
66.00	06600	PHYSICAL THERAPY	1,767,246	808	82,086	3,321	119,676	66.00
69.00	06900	ELECTROCARDIOLOGY	228,885	0	0	10,097	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,941	5	476	441	694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,479,793	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,763,304	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,455,790	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	241,969	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	41,901	0	0	347	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	303,581	67	6,813	12,267	9,933	90.00
91.00	09100	EMERGENCY	1,315,021	0	0	78,781	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	135,339	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,865,894	41,161	3,951,416	1,098,763	5,374,126	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	2,196,942	927	94,185	2,731	137,315	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	65,062,836	42,088	4,045,601	1,101,494	5,511,441	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:46 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	4,646,625					10.00
11.00	01100	CAFETERIA	0	1,536,574				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	27,193	0	3,206,519		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,350	0	0	380,799	14.00
15.00	01500	PHARMACY	0	47,644	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,580	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,208	0	878	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 APPRV	0	227,960	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	64,391	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	2,463	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,137,787	384,342	0	1,614,511	0	30.00
31.00	03100	INTENSIVE CARE UNIT	117,878	48,187	0	288,043	0	31.00
40.00	04000	SUBPROVIDER - IPF	635,345	62,387	0	190,669	0	40.00
41.00	04100	SUBPROVIDER - IRF	168,334	22,251	0	88,088	0	41.00
43.00	04300	NURSERY	0	42,005	0	191,590	0	43.00
44.00	04400	SKILLED NURSING FACILITY	587,281	23,049	0	80,429	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	151,713	0	280,715	0	50.00
51.00	05100	RECOVERY ROOM	0	10,701	0	63,024	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,147	0	26	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,862	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,920	0	20,500	0	55.00
57.00	05700	CT SCAN	0	8,629	0	0	0	57.00
58.00	05800	MRI	0	6,420	0	6	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,518	0	76,866	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	21,520	0	268	0	65.00
66.00	06600	PHYSICAL THERAPY	0	51,873	0	698	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,733	0	1,203	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,614	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	207,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	173,396	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,987	0	6,359	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	12,365	0	9,791	0	90.00
91.00	09100	EMERGENCY	0	48,986	0	208,815	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	6,607	0	319	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,646,625	1,439,605	0	3,122,798	380,799	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	96,969	0	83,721	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,646,625	1,536,574	0	3,206,519	380,799	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:46 pm

		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	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	5,105,564					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,598,806				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,300,513			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 APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	394,465	1,402,580	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,696	105,383	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	52,026	283,998	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14,157	75,238	0	0	41.00
43.00	04300	NURSERY	0	42,075	170,807	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,457	262,507	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	346,076	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	41,142	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	83,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	153,136	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,321	0	0	0	55.00
57.00	05700	CT SCAN	0	91,000	0	0	0	57.00
58.00	05800	MRI	0	65,278	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,085	0	0	0	59.00
60.00	06000	LABORATORY	0	249,827	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,010	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	30,870	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,371	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	79,998	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,304	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,999	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	79,930	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,105,564	374,874	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,758	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,497	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,513	0	0	0	90.00
91.00	09100	EMERGENCY	0	126,854	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,816	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,105,564	2,598,806	2,300,513	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,105,564	2,598,806	2,300,513	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	INTERNS & RESIDENTS					
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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 APPRV	13,340,991					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		10,671,434				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			215,856			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,045,397	8,035,295	0	64,586,656	-18,080,692	30.00
31.00	03100	INTENSIVE CARE UNIT	861,570	689,168	0	8,425,705	-1,550,738	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,019,314	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,565,213	0	41.00
43.00	04300	NURSERY	0	0	0	4,246,497	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	6,437,297	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,432,224	1,145,634	0	22,453,998	-2,577,858	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,350,968	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	515,415	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,844	214,248	0	7,716,817	-482,092	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,468,432	0	55.00
57.00	05700	CT SCAN	0	0	0	1,008,575	0	57.00
58.00	05800	MRI	0	0	0	720,250	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,042,941	0	59.00
60.00	06000	LABORATORY	5,407	4,325	0	11,414,975	-9,732	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	606,386	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,205,255	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,017,464	0	66.00
69.00	06900	ELECTROCARDIOLOGY	105,984	84,776	0	1,031,793	-190,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	89,170	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,593,816	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,187,282	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	215,856	16,869,105	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	788,060	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	145,658	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,373	7,497	0	1,061,117	-16,870	90.00
91.00	09100	EMERGENCY	613,192	490,491	0	5,818,674	-1,103,683	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	447,302	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,340,991	10,671,434	215,856	202,834,135	-24,012,425	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	7,518,715	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	13,340,991	10,671,434	215,856	210,352,850	-24,012,425	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:46 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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING,RECEIVING&STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE			5.05
5.06	00591	ADMINISTRATION & GENERAL			5.06
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 APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	46,505,964		30.00
31.00	03100	INTENSIVE CARE UNIT	6,874,967		31.00
40.00	04000	SUBPROVIDER - IPF	7,019,314		40.00
41.00	04100	SUBPROVIDER - IRF	2,565,213		41.00
43.00	04300	NURSERY	4,246,497		43.00
44.00	04400	SKILLED NURSING FACILITY	6,437,297		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	19,876,140		50.00
51.00	05100	RECOVERY ROOM	1,350,968		51.00
53.00	05300	ANESTHESIOLOGY	515,415		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,234,725		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,468,432		55.00
57.00	05700	CT SCAN	1,008,575		57.00
58.00	05800	MRI	720,250		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,042,941		59.00
60.00	06000	LABORATORY	11,405,243		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	606,386		63.00
65.00	06500	RESPIRATORY THERAPY	2,205,255		65.00
66.00	06600	PHYSICAL THERAPY	6,017,464		66.00
69.00	06900	ELECTROCARDIOLOGY	841,033		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	89,170		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,593,816		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,187,282		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,869,105		73.00
74.00	07400	RENAL DIALYSIS	788,060		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		76.00
76.97	07697	CARDIAC REHABILITATION	145,658		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1,044,247		90.00
91.00	09100	EMERGENCY	4,714,991		91.00
91.01	09101	PARTIAL HOSPITALIZATION	447,302		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	178,821,710		118.00
		NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER	7,518,715		194.00
194.01	07951	LAKESHORE GUEST UNIT	0		194.01
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	186,340,425		202.00

COST ALLOCATION STATISTICS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS Wo | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	3	NUMBER OF PHONES	5.01
5.02	DATA PROCESSING	4	TIME SPENT	5.02
5.03	PURCHASING,RECEIVING&STORES	5	SUPPLY EXP ENSE	5.03
5.04	ADMITTING	6	INPATIENT REVENUE	5.04
5.05	CASHIERING/ACCTS RECEIVABLE	C	GROSS REVE NUE	5.05
5.06	ADMINISTRATION & GENERAL	-1	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	LAUNDRY PO UNDS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERV ED)	10.00
11.00	CAFETERIA	9	MEALS SERV ED)	11.00
12.00	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	11	DIRECT NRS G HRS)	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	SUPPLY EXP ENSE	14.00
15.00	PHARMACY	13	COSTED REQ UIS)	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVE NUE	16.00
17.00	SOCIAL SERVICE	14	PATIENT DA YS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	16	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	17	ASSIGNED T IME)	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	17	ASSIGNED T IME)	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	18	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	280	3,563	3,843	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	8,655,158	393,790	5,007,014	14,055,962	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	70	0	0	70	0	6.00
7.00	00700	OPERATION OF PLANT	344	41,496	527,622	569,462	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	408	2,545	32,355	35,308	0	8.00
9.00	00900	HOUSEKEEPING	2,191	44,945	571,465	618,601	0	9.00
10.00	01000	DIETARY	9,679	42,873	545,125	597,677	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,325	4,412	56,100	65,837	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,237	0	0	1,237	0	14.00
15.00	01500	PHARMACY	40,422	8,138	103,478	152,038	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,865	17,122	217,702	245,689	0	16.00
17.00	01700	SOCIAL SERVICE	706	0	0	706	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,053	6,795	86,402	109,250	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	150	1,910	2,060	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,048	228,752	2,908,551	3,171,351	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,047	32,051	407,526	464,624	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	32,753	416,448	449,201	0	40.00
41.00	04100	SUBPROVIDER - IRF	897	13,631	173,318	187,846	0	41.00
43.00	04300	NURSERY	825	7,921	100,713	109,459	0	43.00
44.00	04400	SKILLED NURSING FACILITY	18,646	34,022	432,583	485,251	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,835	89,167	1,133,751	1,306,753	0	50.00
51.00	05100	RECOVERY ROOM	403	4,639	58,979	64,021	0	51.00
53.00	05300	ANESTHESIOLOGY	4,377	1,968	25,029	31,374	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,308	47,269	601,026	654,603	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,971	13,037	165,764	190,772	0	55.00
57.00	05700	CT SCAN	245	3,482	44,270	47,997	0	57.00
58.00	05800	MRI	0	1,917	24,373	26,290	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,859	22,070	280,616	310,545	0	59.00
60.00	06000	LABORATORY	13,316	24,462	311,032	348,810	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,677	7,206	91,619	102,502	0	65.00
66.00	06600	PHYSICAL THERAPY	390,723	14,694	186,830	592,247	0	66.00
69.00	06900	ELECTROCARDIOLOGY	9,040	0	0	9,040	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,733	85	1,083	2,901	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45	0	0	45	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,510	1,220	15,507	23,237	0	90.00
91.00	09100	EMERGENCY	7,537	0	0	7,537	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	455	0	0	455	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,369,955	1,142,892	14,531,754	25,044,601	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	553,359	16,860	214,367	784,586	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118-201)	9,923,314	1,159,752	14,746,121	25,829,187	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING,RECEIVING&STORES	ADMITTING	CASHIERING/ACCTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		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
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	0	0	3,843	5.05
5.06	00591	ADMINISTRATION & GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	367	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	75	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	82	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	22	41.00
43.00	04300	NURSERY	0	0	0	0	66	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	5	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	546	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	65	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	242	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	62	55.00
57.00	05700	CT SCAN	0	0	0	0	144	57.00
58.00	05800	MRI	0	0	0	0	103	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	98	59.00
60.00	06000	LABORATORY	0	0	0	0	394	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	21	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	49	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	72	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	591	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	9	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	18	90.00
91.00	09100	EMERGENCY	0	0	0	0	200	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	4	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	3,843	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	3,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	ADMINISTRATION & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL	14,055,962					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,812	2,882				6.00
7.00	00700	OPERATION OF PLANT	270,178	156	839,796			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72,643	10	2,951	110,912		8.00
9.00	00900	HOUSEKEEPING	351,117	169	52,120	330	1,022,337	9.00
10.00	01000	DIETARY	270,997	161	49,717	0	64,772	10.00
11.00	01100	CAFETERIA	102,675	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	208,380	17	5,117	0	6,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,088	0	0	0	0	14.00
15.00	01500	PHARMACY	330,477	31	9,438	0	12,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,242	64	19,855	0	25,867	16.00
17.00	01700	SOCIAL SERVICE	151,912	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 APPRV	876,222	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	702,511	26	7,880	0	10,266	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	14,121	1	174	0	227	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,409,737	862	265,270	35,888	345,592	30.00
31.00	03100	INTENSIVE CARE UNIT	388,404	121	37,168	1,338	48,422	31.00
40.00	04000	SUBPROVIDER - IPF	352,809	123	37,982	6,386	49,482	40.00
41.00	04100	SUBPROVIDER - IRF	132,305	51	15,807	2,943	20,594	41.00
43.00	04300	NURSERY	241,340	30	9,185	7,962	11,967	43.00
44.00	04400	SKILLED NURSING FACILITY	330,171	128	39,453	7,089	51,399	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,180,930	336	103,402	19,662	134,712	50.00
51.00	05100	RECOVERY ROOM	77,220	17	5,379	1,664	7,008	51.00
53.00	05300	ANESTHESIOLOGY	26,717	7	2,283	0	2,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	418,600	178	54,816	11,132	71,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	211,607	49	15,118	2,837	19,696	55.00
57.00	05700	CT SCAN	57,476	13	4,038	81	5,260	57.00
58.00	05800	MRI	41,571	7	2,223	0	2,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	304,179	83	25,593	2,724	33,343	59.00
60.00	06000	LABORATORY	722,877	92	28,367	3	36,957	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,650	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	137,200	27	8,356	0	10,886	65.00
66.00	06600	PHYSICAL THERAPY	381,789	55	17,040	334	22,199	66.00
69.00	06900	ELECTROCARDIOLOGY	49,448	0	0	1,017	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,388	0	99	44	129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	751,761	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	596,974	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	746,575	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	52,274	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,052	0	0	35	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	65,584	5	1,414	1,235	1,843	90.00
91.00	09100	EMERGENCY	284,092	0	0	7,933	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,238	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,581,343	2,819	820,245	110,637	996,866	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	474,619	63	19,551	275	25,471	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,055,962	2,882	839,796	110,912	1,022,337	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:46 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	983,324					10.00
11.00	01100	CAFETERIA	0	102,675				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,817	0	287,834		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	358	0	0	26,683	14.00
15.00	01500	PHARMACY	0	3,184	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	640	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,751	0	79	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 APPRV	0	15,232	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,303	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	165	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	664,023	25,679	0	144,926	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,945	3,220	0	25,856	0	31.00
40.00	04000	SUBPROVIDER - IPF	134,452	4,169	0	17,116	0	40.00
41.00	04100	SUBPROVIDER - IRF	35,623	1,487	0	7,907	0	41.00
43.00	04300	NURSERY	0	2,807	0	17,198	0	43.00
44.00	04400	SKILLED NURSING FACILITY	124,281	1,540	0	7,220	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,138	0	25,199	0	50.00
51.00	05100	RECOVERY ROOM	0	715	0	5,657	0	51.00
53.00	05300	ANESTHESIOLOGY	0	344	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,666	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,267	0	1,840	0	55.00
57.00	05700	CT SCAN	0	577	0	0	0	57.00
58.00	05800	MRI	0	429	0	1	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,371	0	6,900	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,438	0	24	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,466	0	63	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	650	0	108	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	108	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	133	0	571	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	826	0	879	0	90.00
91.00	09100	EMERGENCY	0	3,273	0	18,744	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	442	0	29	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	983,324	96,195	0	280,319	26,683	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	6,480	0	7,515	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	983,324	102,675	0	287,834	26,683	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:46 pm

		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	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	507,463					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	449,357				16.00
17.00	01700	SOCIAL SERVICE	0	0	154,448			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 APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	68,170	94,164			30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,248	7,075			31.00
40.00	04000	SUBPROVIDER - IPF	0	8,997	19,067			40.00
41.00	04100	SUBPROVIDER - IRF	0	2,448	5,051			41.00
43.00	04300	NURSERY	0	7,276	11,467			43.00
44.00	04400	SKILLED NURSING FACILITY	0	598	17,624			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	59,845	0			50.00
51.00	05100	RECOVERY ROOM	0	7,114	0			51.00
53.00	05300	ANESTHESIOLOGY	0	14,400	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,481	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,800	0			55.00
57.00	05700	CT SCAN	0	15,736	0			57.00
58.00	05800	MRI	0	11,288	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,736	0			59.00
60.00	06000	LABORATORY	0	43,201	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,250	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	5,338	0			65.00
66.00	06600	PHYSICAL THERAPY	0	7,846	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	13,834	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	917	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,518	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,822	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	507,463	64,825	0			73.00
74.00	07400	RENAL DIALYSIS	0	996	0			74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	259	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,991	0			90.00
91.00	09100	EMERGENCY	0	21,936	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	487	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	507,463	449,357	154,448	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0			194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0			194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	507,463	449,357	154,448	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	INTERNS & RESIDENTS					
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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 APPRV	891,454					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		834,236				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			16,748			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				7,226,029	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,009,496	0	31.00
40.00	04000	SUBPROVIDER - IPF				1,079,866	0	40.00
41.00	04100	SUBPROVIDER - IRF				412,084	0	41.00
43.00	04300	NURSERY				418,757	0	43.00
44.00	04400	SKILLED NURSING FACILITY				1,064,759	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				2,841,523	0	50.00
51.00	05100	RECOVERY ROOM				168,860	0	51.00
53.00	05300	ANESTHESIOLOGY				78,232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,241,132	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				451,048	0	55.00
57.00	05700	CT SCAN				131,322	0	57.00
58.00	05800	MRI				84,808	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				695,572	0	59.00
60.00	06000	LABORATORY				1,180,701	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				41,921	0	63.00
65.00	06500	RESPIRATORY THERAPY				265,820	0	65.00
66.00	06600	PHYSICAL THERAPY				1,025,111	0	66.00
69.00	06900	ELECTROCARDIOLOGY				74,223	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				9,594	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				790,027	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				623,072	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,319,454	0	73.00
74.00	07400	RENAL DIALYSIS				53,279	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER				0	0	76.00
76.97	07697	CARDIAC REHABILITATION				10,097	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						
90.00	09000	CLINIC				97,032	0	90.00
91.00	09100	EMERGENCY				343,715	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION				30,655	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	22,768,189	0	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER				1,318,560	0	194.00
194.01	07951	LAKESHORE GUEST UNIT				0	0	194.01
200.00		Cross Foot Adjustments	891,454	834,236	16,748	1,742,438	0	200.00

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	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	891,454	834,236	16,748	25,829,187	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:46 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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING,RECEIVING&STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE			5.05
5.06	00591	ADMINISTRATION & GENERAL			5.06
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 APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	7,226,029		30.00
31.00	03100	INTENSIVE CARE UNIT	1,009,496		31.00
40.00	04000	SUBPROVIDER - IPF	1,079,866		40.00
41.00	04100	SUBPROVIDER - IRF	412,084		41.00
43.00	04300	NURSERY	418,757		43.00
44.00	04400	SKILLED NURSING FACILITY	1,064,759		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	2,841,523		50.00
51.00	05100	RECOVERY ROOM	168,860		51.00
53.00	05300	ANESTHESIOLOGY	78,232		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,241,132		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	451,048		55.00
57.00	05700	CT SCAN	131,322		57.00
58.00	05800	MRI	84,808		58.00
59.00	05900	CARDIAC CATHETERIZATION	695,572		59.00
60.00	06000	LABORATORY	1,180,701		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,921		63.00
65.00	06500	RESPIRATORY THERAPY	265,820		65.00
66.00	06600	PHYSICAL THERAPY	1,025,111		66.00
69.00	06900	ELECTROCARDIOLOGY	74,223		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,594		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790,027		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,072		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,454		73.00
74.00	07400	RENAL DIALYSIS	53,279		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		76.00
76.97	07697	CARDIAC REHABILITATION	10,097		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	97,032		90.00
91.00	09100	EMERGENCY	343,715		91.00
91.01	09101	PARTIAL HOSPITALIZATION	30,655		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,768,189		118.00
		NONREIMBURSABLE COST CENTERS			
194.00	07950	OTHER	1,318,560		194.00
194.01	07951	LAKESHORE GUEST UNIT	0		194.01
200.00		Cross Foot Adjustments	1,742,438		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	25,829,187		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	517,294					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		517,294				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	76,808,354			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,113		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	100	5.02
5.03	00560	PURCHASING,RECEIVING&STORES	0	0	0	18	0	5.03
5.04	00570	ADMITTING	0	0	0	32	0	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	125	125	0	50	0	5.05
5.06	00591	ADMINISTRATION & GENERAL	175,646	175,646	7,023,743	136	100	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	18,509	18,509	0	46	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,135	1,135	117,827	4	0	8.00
9.00	00900	HOUSEKEEPING	20,047	20,047	1,466,745	6	0	9.00
10.00	01000	DIETARY	19,123	19,123	820,190	8	0	10.00
11.00	01100	CAFETERIA	0	0	764,762	12	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,968	1,968	1,529,219	48	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	111,175	5	0	14.00
15.00	01500	PHARMACY	3,630	3,630	2,294,543	20	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,637	7,637	167,686	38	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,281,534	15	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 APPRV	0	0	7,278,915	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,031	3,031	3,646,785	53	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	67	67	114,107	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,032	102,032	16,362,274	170	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,296	14,296	2,302,370	39	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,609	14,609	2,470,422	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,080	6,080	918,118	23	0	41.00
43.00	04300	NURSERY	3,533	3,533	1,881,640	8	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,175	15,175	2,103,607	12	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,772	39,772	6,260,523	82	0	50.00
51.00	05100	RECOVERY ROOM	2,069	2,069	601,109	0	0	51.00
53.00	05300	ANESTHESIOLOGY	878	878	144,925	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,084	21,084	2,533,842	81	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,815	5,815	1,376,381	0	0	55.00
57.00	05700	CT SCAN	1,553	1,553	409,709	0	0	57.00
58.00	05800	MRI	855	855	308,006	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,844	9,844	1,054,562	0	0	59.00
60.00	06000	LABORATORY	10,911	10,911	0	58	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,214	3,214	844,515	14	0	65.00
66.00	06600	PHYSICAL THERAPY	6,554	6,554	2,726,209	28	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	362,284	16	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38	38	52,338	13	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	74,331	3	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	544	544	535,943	42	0	90.00
91.00	09100	EMERGENCY	0	0	2,120,200	25	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	252,066	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	509,774	509,774	72,312,605	1,113	100	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	7,520	7,520	4,495,749	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
		1.00	2.00	4.00	5.01	5.02	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,159,752	14,746,121	1,559,923	180,176	1,684,518	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.241959	28.506267	0.020309	161.883199	16,845.180000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	PURCHASING,RECEIVING&STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES	9,489,399					5.03
5.04	00570	ADMITTING	0	466,370,049				5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE	0	0	819,999,216			5.05
5.06	00591	ADMINISTRATION & GENERAL	122,781	0	0	-65,062,836	145,290,014	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,385	0	0	0	29,070	6.00
7.00	00700	OPERATION OF PLANT	43	0	0	0	2,792,707	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	521	0	0	0	750,883	8.00
9.00	00900	HOUSEKEEPING	14,562	0	0	0	3,629,345	9.00
10.00	01000	DIETARY	22,438	0	0	0	2,801,172	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,061,306	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,358	0	0	0	2,153,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,357	0	0	0	259,321	14.00
15.00	01500	PHARMACY	137,512	0	0	0	3,415,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,714	0	0	0	1,625,336	16.00
17.00	01700	SOCIAL SERVICE	871	0	0	0	1,570,248	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 APPRV	0	0	0	0	9,057,124	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	310,787	0	0	0	7,261,541	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	145,960	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	436,472	109,256,114	124,403,861	0	24,908,136	30.00
31.00	03100	INTENSIVE CARE UNIT	53,493	15,050,781	15,050,781	0	4,014,764	31.00
40.00	04000	SUBPROVIDER - IPF	11,689	16,417,064	16,417,064	0	3,646,833	40.00
41.00	04100	SUBPROVIDER - IRF	11,699	4,467,444	4,467,444	0	1,367,579	41.00
43.00	04300	NURSERY	17,031	13,276,959	13,276,959	0	2,494,623	43.00
44.00	04400	SKILLED NURSING FACILITY	43,807	1,090,734	1,090,734	0	3,412,829	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	529,623	33,014,834	109,206,678	0	12,206,754	50.00
51.00	05100	RECOVERY ROOM	2,423	5,653,490	12,982,536	0	798,190	51.00
53.00	05300	ANESTHESIOLOGY	8,475	8,765,437	26,276,699	0	276,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,727	14,560,254	48,323,261	0	4,326,879	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55,409	452,438	12,408,005	0	2,187,290	55.00
57.00	05700	CT SCAN	23,204	9,967,663	28,715,810	0	594,099	57.00
58.00	05800	MRI	2,920	5,175,388	20,598,869	0	429,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,167	9,362,002	19,591,437	0	3,144,164	59.00
60.00	06000	LABORATORY	5,463	45,212,620	78,834,646	0	7,472,059	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55	3,388,475	4,105,415	0	409,843	63.00
65.00	06500	RESPIRATORY THERAPY	13,872	8,884,294	9,741,281	0	1,418,179	65.00
66.00	06600	PHYSICAL THERAPY	21,081	7,804,328	14,317,045	0	3,946,385	66.00
69.00	06900	ELECTROCARDIOLOGY	7,539	11,313,289	25,243,942	0	511,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	927	452,794	1,673,755	0	55,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,365,736	24,596,221	42,915,515	0	7,770,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,315,661	25,222,594	0	6,170,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,018,078	118,294,189	0	7,717,021	73.00
74.00	07400	RENAL DIALYSIS	0	1,684,077	1,817,102	0	540,333	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	44	12,720	472,336	0	93,567	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	590	276,545	3,632,998	0	677,917	90.00
91.00	09100	EMERGENCY	81,124	13,896,775	40,029,563	0	2,936,534	91.00
91.01	09101	PARTIAL HOSPITALIZATION	135	3,570	888,697	0	302,221	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,433,034	466,370,049	819,999,216	-65,062,836	140,384,089	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	56,365	0	0	0	4,905,925	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	497,563	5,180	303,905		65,062,836	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	PURCHASING,RECEIVING&STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.052434	0.000011	0.000371		0.447814	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	3,843		14,055,962	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000005		0.096744	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	341,523					6.00
7.00	00700	OPERATION OF PLANT	18,509	323,014				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,135	1,135	1,100,693			8.00
9.00	00900	HOUSEKEEPING	20,047	20,047	3,272	301,832		9.00
10.00	01000	DIETARY	19,123	19,123	0	19,123	147,624	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,968	1,968	0	1,968	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,630	3,630	0	3,630	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,637	7,637	0	7,637	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,031	3,031	0	3,031	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	67	67	0	67	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,032	102,032	356,159	102,032	99,688	30.00
31.00	03100	INTENSIVE CARE UNIT	14,296	14,296	13,281	14,296	3,745	31.00
40.00	04000	SUBPROVIDER - IPF	14,609	14,609	63,376	14,609	20,185	40.00
41.00	04100	SUBPROVIDER - IRF	6,080	6,080	29,205	6,080	5,348	41.00
43.00	04300	NURSERY	3,533	3,533	79,016	3,533	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,175	15,175	70,356	15,175	18,658	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,772	39,772	195,123	39,772	0	50.00
51.00	05100	RECOVERY ROOM	2,069	2,069	16,510	2,069	0	51.00
53.00	05300	ANESTHESIOLOGY	878	878	0	878	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,084	21,084	110,473	21,084	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,815	5,815	28,153	5,815	0	55.00
57.00	05700	CT SCAN	1,553	1,553	800	1,553	0	57.00
58.00	05800	MRI	855	855	0	855	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,844	9,844	27,031	9,844	0	59.00
60.00	06000	LABORATORY	10,911	10,911	30	10,911	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,214	3,214	0	3,214	0	65.00
66.00	06600	PHYSICAL THERAPY	6,554	6,554	3,319	6,554	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,090	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38	38	441	38	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	347	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	544	544	12,258	544	0	90.00
91.00	09100	EMERGENCY	0	0	78,724	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	334,003	315,494	1,097,964	294,312	147,624	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	7,520	7,520	2,729	7,520	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	42,088	4,045,601	1,101,494	5,511,441	4,646,625	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.123236	12.524538	1.000728	18.259962	31.476081	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,882	839,796	110,912	1,022,337	983,324	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008439	2.599875	0.100766	3.387106	6.661004	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS GHRS))	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	90,465					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,601	0	1,124,951			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	315	0	0	13,523,911		14.00
15.00	01500	PHARMACY	2,805	0	0	0	7,667,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	564	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,543	0	308	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 APPRV	13,421	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,791	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	145	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,628	0	566,423	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,837	0	101,055	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,673	0	66,893	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,310	0	30,904	0	0	41.00
43.00	04300	NURSERY	2,473	0	67,216	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,357	0	28,217	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,932	0	98,484	0	0	50.00
51.00	05100	RECOVERY ROOM	630	0	22,111	0	0	51.00
53.00	05300	ANESTHESIOLOGY	303	0	9	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,230	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,997	0	7,192	0	0	55.00
57.00	05700	CT SCAN	508	0	0	0	0	57.00
58.00	05800	MRI	378	0	2	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,208	0	26,967	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,267	0	94	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,054	0	245	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	573	0	422	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,365,736	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,158,175	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,667,570	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	117	0	2,231	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	728	0	3,435	0	0	90.00
91.00	09100	EMERGENCY	2,884	0	73,259	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	389	0	112	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,756	0	1,095,579	13,523,911	7,667,570	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	5,709	0	29,372	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (SUPPLY EXPENSE)	PHARMACY (COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,536,574	0	3,206,519	380,799	5,105,564	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.985287	0.000000	2.850363	0.028157	0.665865	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	102,675	0	287,834	26,683	507,463	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.134969	0.000000	0.255864	0.001973	0.066183	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING,RECEIVING&STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE						5.05
5.06	00591	ADMINISTRATION & GENERAL						5.06
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	819,999,216					16.00
17.00	01700	SOCIAL SERVICE	0	65,403				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 APPRV	0	0			37,008	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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	124,403,861	39,875	0	0	27,866	30.00
31.00	03100	INTENSIVE CARE UNIT	15,050,781	2,996	0	0	2,390	31.00
40.00	04000	SUBPROVIDER - IPF	16,417,064	8,074	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,467,444	2,139	0	0	0	41.00
43.00	04300	NURSERY	13,276,959	4,856	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,090,734	7,463	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,206,678	0	0	0	3,973	50.00
51.00	05100	RECOVERY ROOM	12,982,536	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	26,276,699	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,323,261	0	0	0	743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,408,005	0	0	0	0	55.00
57.00	05700	CT SCAN	28,715,810	0	0	0	0	57.00
58.00	05800	MRI	20,598,869	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,591,437	0	0	0	0	59.00
60.00	06000	LABORATORY	78,834,646	0	0	0	15	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,105,415	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,741,281	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,317,045	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	25,243,942	0	0	0	294	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,673,755	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,915,515	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,222,594	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,294,189	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,817,102	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	472,336	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,632,998	0	0	0	26	90.00
91.00	09100	EMERGENCY	40,029,563	0	0	0	1,701	91.00
91.01	09101	PARTIAL HOSPITALIZATION	888,697	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	819,999,216	65,403	0	0	37,008	118.00
		NONREIMBURSABLE COST CENTERS						
194.00	07950	OTHER	0	0	0	0	0	194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,598,806	2,300,513	0	0	13,340,991	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003169	35.174426	0.000000	0.000000	360.489381	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	449,357	154,448	0	0	891,454	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000548	2.361482	0.000000	0.000000	24.088143	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))	PARAMED ED PRGM (ASSIGNED TIME)		
			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
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING,RECEIVING&STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE				5.05
5.06	00591	ADMINISTRATION & GENERAL				5.06
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 APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,008			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	27,866	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,390	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,973	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	743	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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	15	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	294	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	26	0		90.00
91.00	09100	EMERGENCY	1,701	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,008	100		118.00
		NONREIMBURSABLE COST CENTERS				
194.00	07950	OTHER	0	0		194.00
194.01	07951	LAKESHORE GUEST UNIT	0	0		194.01
200.00		Cross Foot Adjustments				200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))	PARAMED ED PRGM (ASSIGNED TIME)					
		22.00	23.00					
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,671,434	215,856					202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	288.354788	2,158.560000					203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	834,236	16,748					204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22.542045	167.480000					205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 pm

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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	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,505,964		46,505,964	301,744	46,807,708	30.00
31.00	03100	INTENSIVE CARE UNIT	6,874,967		6,874,967	0	6,874,967	31.00
40.00	04000	SUBPROVIDER - IPF	7,019,314		7,019,314	0	7,019,314	40.00
41.00	04100	SUBPROVIDER - IRF	2,565,213		2,565,213	0	2,565,213	41.00
43.00	04300	NURSERY	4,246,497		4,246,497	0	4,246,497	43.00
44.00	04400	SKILLED NURSING FACILITY	6,437,297		6,437,297	0	6,437,297	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,876,140		19,876,140	0	19,876,140	50.00
51.00	05100	RECOVERY ROOM	1,350,968		1,350,968	0	1,350,968	51.00
53.00	05300	ANESTHESIOLOGY	515,415		515,415	0	515,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,234,725		7,234,725	0	7,234,725	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,468,432		3,468,432	0	3,468,432	55.00
57.00	05700	CT SCAN	1,008,575		1,008,575	0	1,008,575	57.00
58.00	05800	MRI	720,250		720,250	0	720,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,042,941		5,042,941	0	5,042,941	59.00
60.00	06000	LABORATORY	11,405,243		11,405,243	0	11,405,243	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	606,386		606,386	0	606,386	63.00
65.00	06500	RESPIRATORY THERAPY	2,205,255	0	2,205,255	0	2,205,255	65.00
66.00	06600	PHYSICAL THERAPY	6,017,464	0	6,017,464	0	6,017,464	66.00
69.00	06900	ELECTROCARDIOLOGY	841,033		841,033	0	841,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	89,170		89,170	0	89,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,593,816		11,593,816	0	11,593,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,187,282		9,187,282	0	9,187,282	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,869,105		16,869,105	0	16,869,105	73.00
74.00	07400	RENAL DIALYSIS	788,060		788,060	0	788,060	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	145,658		145,658	0	145,658	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,044,247		1,044,247	0	1,044,247	90.00
91.00	09100	EMERGENCY	4,714,991		4,714,991	0	4,714,991	91.00
91.01	09101	PARTIAL HOSPITALIZATION	447,302		447,302	0	447,302	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,278,365		6,278,365		6,278,365	92.00
200.00		Subtotal (see instructions)	185,100,075	0	185,100,075	301,744	185,401,819	200.00
201.00		Less Observation Beds	6,278,365		6,278,365		6,278,365	201.00
202.00		Total (see instructions)	178,821,710	0	178,821,710	301,744	179,123,454	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,256,114		109,256,114			30.00
31.00	03100	INTENSIVE CARE UNIT	15,050,781		15,050,781			31.00
40.00	04000	SUBPROVIDER - IPF	16,417,064		16,417,064			40.00
41.00	04100	SUBPROVIDER - IRF	4,467,444		4,467,444			41.00
43.00	04300	NURSERY	13,276,959		13,276,959			43.00
44.00	04400	SKILLED NURSING FACILITY	1,090,734		1,090,734			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,014,834	76,191,844	109,206,678	0.182005	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,653,490	7,329,046	12,982,536	0.104060	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,765,437	17,511,262	26,276,699	0.019615	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,560,254	33,763,007	48,323,261	0.149715	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	452,438	11,955,567	12,408,005	0.279532	0.000000	55.00
57.00	05700	CT SCAN	9,967,663	18,748,147	28,715,810	0.035123	0.000000	57.00
58.00	05800	MRI	5,175,388	15,423,481	20,598,869	0.034966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,362,002	10,229,435	19,591,437	0.257405	0.000000	59.00
60.00	06000	LABORATORY	45,212,620	33,622,026	78,834,646	0.144673	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,388,475	716,940	4,105,415	0.147704	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	8,884,294	856,987	9,741,281	0.226382	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,804,328	6,512,717	14,317,045	0.420301	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	11,313,289	13,930,653	25,243,942	0.033316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	452,794	1,220,961	1,673,755	0.053275	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,596,221	18,319,294	42,915,515	0.270154	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,315,661	10,906,933	25,222,594	0.364248	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,018,078	30,276,111	118,294,189	0.142603	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,684,077	133,025	1,817,102	0.433691	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	12,720	459,616	472,336	0.308378	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	276,545	3,356,453	3,632,998	0.287434	0.000000	90.00
91.00	09100	EMERGENCY	13,896,775	26,132,788	40,029,563	0.117788	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	3,570	885,127	888,697	0.503323	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,244,619	12,903,128	15,147,747	0.414475	0.000000	92.00
200.00		Subtotal (see instructions)	468,614,668	351,384,548	819,999,216			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	468,614,668	351,384,548	819,999,216			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
40.00	04000	SUBPROVIDER - IPF	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
44.00	04400	SKILLED NURSING FACILITY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.182005
51.00	05100	RECOVERY ROOM	0.104060
53.00	05300	ANESTHESIOLOGY	0.019615
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532
57.00	05700	CT SCAN	0.035123
58.00	05800	MRI	0.034966
59.00	05900	CARDIAC CATHETERIZATION	0.257405
60.00	06000	LABORATORY	0.144673
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704
65.00	06500	RESPIRATORY THERAPY	0.226382
66.00	06600	PHYSICAL THERAPY	0.420301
69.00	06900	ELECTROCARDIOLOGY	0.033316
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603
74.00	07400	RENAL DIALYSIS	0.433691
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000
76.97	07697	CARDIAC REHABILITATION	0.308378
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000
76.99	07699	LITHOTRIPSY	0.000000
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	0.287434
91.00	09100	EMERGENCY	0.117788
91.01	09101	PARTIAL HOSPITALIZATION	0.503323
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 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	46,505,964		46,505,964	301,744	46,807,708	30.00
31.00	03100	INTENSIVE CARE UNIT	6,874,967		6,874,967	0	6,874,967	31.00
40.00	04000	SUBPROVIDER - IPF	7,019,314		7,019,314	0	7,019,314	40.00
41.00	04100	SUBPROVIDER - IRF	2,565,213		2,565,213	0	2,565,213	41.00
43.00	04300	NURSERY	4,246,497		4,246,497	0	4,246,497	43.00
44.00	04400	SKILLED NURSING FACILITY	6,437,297		6,437,297	0	6,437,297	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,876,140		19,876,140	0	19,876,140	50.00
51.00	05100	RECOVERY ROOM	1,350,968		1,350,968	0	1,350,968	51.00
53.00	05300	ANESTHESIOLOGY	515,415		515,415	0	515,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,234,725		7,234,725	0	7,234,725	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,468,432		3,468,432	0	3,468,432	55.00
57.00	05700	CT SCAN	1,008,575		1,008,575	0	1,008,575	57.00
58.00	05800	MRI	720,250		720,250	0	720,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,042,941		5,042,941	0	5,042,941	59.00
60.00	06000	LABORATORY	11,405,243		11,405,243	0	11,405,243	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	606,386		606,386	0	606,386	63.00
65.00	06500	RESPIRATORY THERAPY	2,205,255	0	2,205,255	0	2,205,255	65.00
66.00	06600	PHYSICAL THERAPY	6,017,464	0	6,017,464	0	6,017,464	66.00
69.00	06900	ELECTROCARDIOLOGY	841,033		841,033	0	841,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	89,170		89,170	0	89,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,593,816		11,593,816	0	11,593,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,187,282		9,187,282	0	9,187,282	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,869,105		16,869,105	0	16,869,105	73.00
74.00	07400	RENAL DIALYSIS	788,060		788,060	0	788,060	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	145,658		145,658	0	145,658	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,044,247		1,044,247	0	1,044,247	90.00
91.00	09100	EMERGENCY	4,714,991		4,714,991	0	4,714,991	91.00
91.01	09101	PARTIAL HOSPITALIZATION	447,302		447,302	0	447,302	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,278,365		6,278,365		6,278,365	92.00
200.00		Subtotal (see instructions)	185,100,075	0	185,100,075	301,744	185,401,819	200.00
201.00		Less Observation Beds	6,278,365		6,278,365		6,278,365	201.00
202.00		Total (see instructions)	178,821,710	0	178,821,710	301,744	179,123,454	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,256,114		109,256,114			30.00
31.00	03100	INTENSIVE CARE UNIT	15,050,781		15,050,781			31.00
40.00	04000	SUBPROVIDER - IPF	16,417,064		16,417,064			40.00
41.00	04100	SUBPROVIDER - IRF	4,467,444		4,467,444			41.00
43.00	04300	NURSERY	13,276,959		13,276,959			43.00
44.00	04400	SKILLED NURSING FACILITY	1,090,734		1,090,734			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,014,834	76,191,844	109,206,678	0.182005	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,653,490	7,329,046	12,982,536	0.104060	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	8,765,437	17,511,262	26,276,699	0.019615	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,560,254	33,763,007	48,323,261	0.149715	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	452,438	11,955,567	12,408,005	0.279532	0.000000	55.00
57.00	05700	CT SCAN	9,967,663	18,748,147	28,715,810	0.035123	0.000000	57.00
58.00	05800	MRI	5,175,388	15,423,481	20,598,869	0.034966	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,362,002	10,229,435	19,591,437	0.257405	0.000000	59.00
60.00	06000	LABORATORY	45,212,620	33,622,026	78,834,646	0.144673	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,388,475	716,940	4,105,415	0.147704	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	8,884,294	856,987	9,741,281	0.226382	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,804,328	6,512,717	14,317,045	0.420301	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	11,313,289	13,930,653	25,243,942	0.033316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	452,794	1,220,961	1,673,755	0.053275	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,596,221	18,319,294	42,915,515	0.270154	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,315,661	10,906,933	25,222,594	0.364248	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,018,078	30,276,111	118,294,189	0.142603	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,684,077	133,025	1,817,102	0.433691	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	12,720	459,616	472,336	0.308378	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	276,545	3,356,453	3,632,998	0.287434	0.000000	90.00
91.00	09100	EMERGENCY	13,896,775	26,132,788	40,029,563	0.117788	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	3,570	885,127	888,697	0.503323	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,244,619	12,903,128	15,147,747	0.414475	0.000000	92.00
200.00		Subtotal (see instructions)	468,614,668	351,384,548	819,999,216			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	468,614,668	351,384,548	819,999,216			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,226,029	0	7,226,029	46,052	156.91	30.00
31.00	INTENSIVE CARE UNIT	1,009,496		1,009,496	2,996	336.95	31.00
40.00	SUBPROVIDER - IPF	1,079,866	0	1,079,866	8,074	133.75	40.00
41.00	SUBPROVIDER - IRF	412,084	0	412,084	2,139	192.65	41.00
43.00	NURSERY	418,757		418,757	4,856	86.23	43.00
44.00	SKILLED NURSING FACILITY	1,064,759		1,064,759	7,463	142.67	44.00
200.00	Total (lines 30-199)	11,210,991		11,210,991	71,580		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	14,047	2,204,115	30.00
31.00	INTENSIVE CARE UNIT	1,758	592,358	31.00
40.00	SUBPROVIDER - IPF	433	57,914	40.00
41.00	SUBPROVIDER - IRF	1,086	209,218	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	5,541	790,534	44.00
200.00	Total (lines 30-199)	22,865	3,854,139	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,841,523	109,206,678	0.026020	11,169,059	290,619	50.00
51.00	05100	RECOVERY ROOM	168,860	12,982,536	0.013007	1,862,262	24,222	51.00
53.00	05300	ANESTHESIOLOGY	78,232	26,276,699	0.002977	2,608,014	7,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,241,132	48,323,261	0.025684	5,398,760	138,662	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	451,048	12,408,005	0.036351	278,713	10,131	55.00
57.00	05700	CT SCAN	131,322	28,715,810	0.004573	4,367,876	19,974	57.00
58.00	05800	MRI	84,808	20,598,869	0.004117	1,609,349	6,626	58.00
59.00	05900	CARDIAC CATHETERIZATION	695,572	19,591,437	0.035504	4,633,995	164,525	59.00
60.00	06000	LABORATORY	1,180,701	78,834,646	0.014977	18,293,646	273,984	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,921	4,105,415	0.010211	1,051,475	10,737	63.00
65.00	06500	RESPIRATORY THERAPY	265,820	9,741,281	0.027288	3,898,810	106,391	65.00
66.00	06600	PHYSICAL THERAPY	1,025,111	14,317,045	0.071601	2,084,344	149,241	66.00
69.00	06900	ELECTROCARDIOLOGY	74,223	25,243,942	0.002940	4,992,877	14,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,594	1,673,755	0.005732	181,076	1,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790,027	42,915,515	0.018409	9,393,492	172,925	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,072	25,222,594	0.024703	6,081,242	150,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,454	118,294,189	0.011154	27,511,283	306,861	73.00
74.00	07400	RENAL DIALYSIS	53,279	1,817,102	0.029321	901,589	26,435	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,097	472,336	0.021377	4,240	91	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	97,032	3,632,998	0.026709	104,842	2,800	90.00
91.00	09100	EMERGENCY	343,715	40,029,563	0.008587	6,125,297	52,598	91.00
91.01	09101	PARTIAL HOSPITALIZATION	30,655	888,697	0.034494	3,060	106	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	969,235	15,147,747	0.063985	1,208,874	77,350	92.00
200.00		Total (lines 50-199)	12,526,433	660,440,120		113,764,175	2,007,984	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,052	0.00	14,047	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,996	0.00	1,758	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	8,074	0.00	433	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,139	0.00	1,086	0	0	41.00
43.00	04300	NURSERY	4,856	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,463	0.00	5,541	0	0	44.00
200.00		Total (lines 30-199)	71,580		22,865	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	215,856	0	215,856	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	215,856	0	215,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	109,206,678	0.000000	0.000000	11,169,059	50.00
51.00	05100	RECOVERY ROOM	0	12,982,536	0.000000	0.000000	1,862,262	51.00
53.00	05300	ANESTHESIOLOGY	0	26,276,699	0.000000	0.000000	2,608,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,323,261	0.000000	0.000000	5,398,760	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,408,005	0.000000	0.000000	278,713	55.00
57.00	05700	CT SCAN	0	28,715,810	0.000000	0.000000	4,367,876	57.00
58.00	05800	MRI	0	20,598,869	0.000000	0.000000	1,609,349	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,591,437	0.000000	0.000000	4,633,995	59.00
60.00	06000	LABORATORY	0	78,834,646	0.000000	0.000000	18,293,646	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,105,415	0.000000	0.000000	1,051,475	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,741,281	0.000000	0.000000	3,898,810	65.00
66.00	06600	PHYSICAL THERAPY	0	14,317,045	0.000000	0.000000	2,084,344	66.00
69.00	06900	ELECTROCARDIOLOGY	0	25,243,942	0.000000	0.000000	4,992,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,673,755	0.000000	0.000000	181,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,915,515	0.000000	0.000000	9,393,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,222,594	0.000000	0.000000	6,081,242	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,856	118,294,189	0.001825	0.001825	27,511,283	73.00
74.00	07400	RENAL DIALYSIS	0	1,817,102	0.000000	0.000000	901,589	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	472,336	0.000000	0.000000	4,240	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,632,998	0.000000	0.000000	104,842	90.00
91.00	09100	EMERGENCY	0	40,029,563	0.000000	0.000000	6,125,297	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	888,697	0.000000	0.000000	3,060	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,147,747	0.000000	0.000000	1,208,874	92.00
200.00		Total (lines 50-199)	215,856	660,440,120			113,764,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,594,854	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,117,000	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	3,253,848	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,213,568	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,426,290	0	0	0	55.00
57.00	05700	CT SCAN	0	5,483,906	0	0	0	57.00
58.00	05800	MRI	0	3,662,593	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,257,200	0	0	0	59.00
60.00	06000	LABORATORY	0	7,674,179	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	186,121	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	204,583	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	205,050	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,401,093	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	304,581	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,495,094	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,806,559	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,208	5,713,289	10,427	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	84,391	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	221,116	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	590,565	0	0	0	90.00
91.00	09100	EMERGENCY	0	5,680,189	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	200,341	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,683,176	0	0	0	92.00
200.00		Total (lines 50-199)	50,208	79,459,586	10,427	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.182005	13,594,854	0	1,328	2,474,331	50.00
51.00	05100	RECOVERY ROOM	0.104060	1,117,000	0	0	116,235	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	3,253,848	0	0	63,824	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	8,213,568	0	214	1,229,694	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	4,426,290	751	159	1,237,290	55.00
57.00	05700	CT SCAN	0.035123	5,483,906	0	3,333	192,611	57.00
58.00	05800	MRI	0.034966	3,662,593	0	961	128,066	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	4,257,200	0	754	1,095,825	59.00
60.00	06000	LABORATORY	0.144673	7,674,179	3,045	0	1,110,246	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	186,121	391	0	27,491	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	204,583	0	0	46,314	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	205,050	0	0	86,183	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	4,401,093	0	28	146,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	304,581	0	0	16,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	3,495,094	0	0	944,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	2,806,559	19,663	0	1,022,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	5,713,289	0	55,995	814,732	73.00
74.00	07400	RENAL DIALYSIS	0.433691	84,391	0	0	36,600	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	221,116	0	0	68,187	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						
90.00	09000	CLINIC	0.287434	590,565	0	160	169,748	90.00
91.00	09100	EMERGENCY	0.117788	5,680,189	18	2	669,058	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	200,341	0	0	100,836	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	3,683,176	3	6	1,526,584	92.00
200.00		Subtotal (see instructions)		79,459,586	23,871	62,940	13,323,207	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		79,459,586	23,871	62,940	13,323,207	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	242		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	210	44		55.00
57.00	05700	CT SCAN	0	117		57.00
58.00	05800	MRI	0	34		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	194		59.00
60.00	06000	LABORATORY	441	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	1		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,162	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,985		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	46		90.00
91.00	09100	EMERGENCY	2	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1	2		92.00
200.00		Subtotal (see instructions)	7,874	8,697		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	7,874	8,697		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,841,523	109,206,678	0.026020	5,445	142	50.00
51.00	05100	RECOVERY ROOM	168,860	12,982,536	0.013007	1,865	24	51.00
53.00	05300	ANESTHESIOLOGY	78,232	26,276,699	0.002977	1,661	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,241,132	48,323,261	0.025684	30,629	787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	451,048	12,408,005	0.036351	55,462	2,016	55.00
57.00	05700	CT SCAN	131,322	28,715,810	0.004573	42,668	195	57.00
58.00	05800	MRI	84,808	20,598,869	0.004117	4,639	19	58.00
59.00	05900	CARDIAC CATHETERIZATION	695,572	19,591,437	0.035504	15,187	539	59.00
60.00	06000	LABORATORY	1,180,701	78,834,646	0.014977	385,607	5,775	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,921	4,105,415	0.010211	11,000	112	63.00
65.00	06500	RESPIRATORY THERAPY	265,820	9,741,281	0.027288	64,012	1,747	65.00
66.00	06600	PHYSICAL THERAPY	1,025,111	14,317,045	0.071601	1,511,833	108,249	66.00
69.00	06900	ELECTROCARDIOLOGY	74,223	25,243,942	0.002940	20,008	59	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,594	1,673,755	0.005732	2,300	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790,027	42,915,515	0.018409	64,756	1,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,072	25,222,594	0.024703	47,307	1,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,454	118,294,189	0.011154	891,237	9,941	73.00
74.00	07400	RENAL DIALYSIS	53,279	1,817,102	0.029321	115,275	3,380	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,097	472,336	0.021377	424	9	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	97,032	3,632,998	0.026709	34	1	90.00
91.00	09100	EMERGENCY	343,715	40,029,563	0.008587	709	6	91.00
91.01	09101	PARTIAL HOSPITALIZATION	30,655	888,697	0.034494	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,147,747	0.000000	0	0	92.00
200.00		Total (lines 50-199)	11,557,198	660,440,120		3,272,058	135,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	215,856	0	215,856	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	215,856	0	215,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	109,206,678	0.000000	0.000000	5,445	50.00
51.00	05100	RECOVERY ROOM	0	12,982,536	0.000000	0.000000	1,865	51.00
53.00	05300	ANESTHESIOLOGY	0	26,276,699	0.000000	0.000000	1,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,323,261	0.000000	0.000000	30,629	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,408,005	0.000000	0.000000	55,462	55.00
57.00	05700	CT SCAN	0	28,715,810	0.000000	0.000000	42,668	57.00
58.00	05800	MRI	0	20,598,869	0.000000	0.000000	4,639	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,591,437	0.000000	0.000000	15,187	59.00
60.00	06000	LABORATORY	0	78,834,646	0.000000	0.000000	385,607	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,105,415	0.000000	0.000000	11,000	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,741,281	0.000000	0.000000	64,012	65.00
66.00	06600	PHYSICAL THERAPY	0	14,317,045	0.000000	0.000000	1,511,833	66.00
69.00	06900	ELECTROCARDIOLOGY	0	25,243,942	0.000000	0.000000	20,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,673,755	0.000000	0.000000	2,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,915,515	0.000000	0.000000	64,756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,222,594	0.000000	0.000000	47,307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,856	118,294,189	0.001825	0.001825	891,237	73.00
74.00	07400	RENAL DIALYSIS	0	1,817,102	0.000000	0.000000	115,275	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	472,336	0.000000	0.000000	424	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,632,998	0.000000	0.000000	34	90.00
91.00	09100	EMERGENCY	0	40,029,563	0.000000	0.000000	709	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	888,697	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,147,747	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	215,856	660,440,120			3,272,058	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/23/2017 3:46 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	215	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	900	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55	0	0	0	55.00
57.00	05700	CT SCAN	0	642	0	0	0	57.00
58.00	05800	MRI	0	222	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	135	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,627	4,293	8	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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						
90.00	09000	CLINIC	0	28	0	0	0	90.00
91.00	09100	EMERGENCY	0	93	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17	0	0	0	92.00
200.00		Total (lines 50-199)	1,627	6,608	8	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.182005	215	0	2	39	50.00
51.00	05100	RECOVERY ROOM	0.104060	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	900	0	0	135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	55	0	0	15	55.00
57.00	05700	CT SCAN	0.035123	642	0	4	23	57.00
58.00	05800	MRI	0.034966	222	0	1	8	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	135	0	1	35	59.00
60.00	06000	LABORATORY	0.144673	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	8	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	4,293	0	126	612	73.00
74.00	07400	RENAL DIALYSIS	0.433691	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	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						
90.00	09000	CLINIC	0.287434	28	0	0	8	90.00
91.00	09100	EMERGENCY	0.117788	93	0	0	11	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	17	0	0	7	92.00
200.00		Subtotal (see instructions)		6,608	0	134	893	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		6,608	0	134	893	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	18		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	18		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	215,856	0	215,856	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	215,856	0	215,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	109,206,678	0.000000	0.000000	4,427	50.00
51.00	05100	RECOVERY ROOM	0	12,982,536	0.000000	0.000000	13	51.00
53.00	05300	ANESTHESIOLOGY	0	26,276,699	0.000000	0.000000	949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,323,261	0.000000	0.000000	26,238	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,408,005	0.000000	0.000000	246	55.00
57.00	05700	CT SCAN	0	28,715,810	0.000000	0.000000	236	57.00
58.00	05800	MRI	0	20,598,869	0.000000	0.000000	39	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,591,437	0.000000	0.000000	643	59.00
60.00	06000	LABORATORY	0	78,834,646	0.000000	0.000000	257,386	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,105,415	0.000000	0.000000	29,001	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,741,281	0.000000	0.000000	774,723	65.00
66.00	06600	PHYSICAL THERAPY	0	14,317,045	0.000000	0.000000	1,534,984	66.00
69.00	06900	ELECTROCARDIOLOGY	0	25,243,942	0.000000	0.000000	8,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,673,755	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,915,515	0.000000	0.000000	783,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,222,594	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,856	118,294,189	0.001825	0.001825	3,627,343	73.00
74.00	07400	RENAL DIALYSIS	0	1,817,102	0.000000	0.000000	20	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	472,336	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,632,998	0.000000	0.000000	40	90.00
91.00	09100	EMERGENCY	0	40,029,563	0.000000	0.000000	3,729	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	888,697	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,147,747	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	215,856	660,440,120			7,051,466	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,620	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	6,620	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.182005	0	0	34	0	50.00
51.00	05100	RECOVERY ROOM	0.104060	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	0	0	5	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	0	0	0	0	55.00
57.00	05700	CT SCAN	0.035123	0	0	70	0	57.00
58.00	05800	MRI	0.034966	0	0	15	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	0	0	18	0	59.00
60.00	06000	LABORATORY	0.144673	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	0	0	2,103	0	73.00
74.00	07400	RENAL DIALYSIS	0.433691	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	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						
90.00	09000	CLINIC	0.287434	0	0	4	0	90.00
91.00	09100	EMERGENCY	0.117788	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	2,249	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	2,249	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	6		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	2		57.00
58.00	05800	MRI	0	1		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	300		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST 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	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	1		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	316		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	316		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 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)	46,052	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,052	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)	39,875	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)	14,047	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)	46,807,708	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)	46,807,708	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)	46,807,708	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,016.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,277,511	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)	14,277,511	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,874,967	2,996	2,294.72	1,758	4,034,118	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)	19,625,504	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	37,937,133	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,796,473	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,058,192	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,854,665	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	33,082,468	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)	6,177	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,016.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,278,365	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,226,029	46,807,708	0.154377	6,278,365	969,235	90.00
91.00	Nursing School cost	0	46,807,708	0.000000	6,278,365	0	91.00
92.00	Allied health cost	0	46,807,708	0.000000	6,278,365	0	92.00
93.00	All other Medical Education	0	46,807,708	0.000000	6,278,365	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0224 Component CCN: 14-T224	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 3:46 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)		2,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,139	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.	do	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,139	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,086	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)		2,565,213	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)	5	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)	x	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)		2,565,213	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 minus line 36)	27	2,565,213	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,199.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,302,396	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,302,396	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-T224 | Date/Time Prepared: 5/23/2017 3:46 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)	947,032	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,249,428	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)	209,218	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	137,007	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	346,225	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,903,203	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-T224 | Date/Time Prepared: 5/23/2017 3:46 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	412,084	2,565,213	0.160643	0	0	90.00
91.00	Nursing School cost	0	2,565,213	0.000000	0	0	91.00
92.00	Allied health cost	0	2,565,213	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,565,213	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0224 Component CCN: 14-5568	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		1.00	
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,463	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.	do	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,463	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)		5,541	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)		6,437,297	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)	5	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)	x	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)		6,437,297	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 minus line 36)	27	6,437,297	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-5568 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	6,437,297	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	862.56	71.00
72.00	Program routine service cost (line 9 x line 71)	4,779,445	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	4,779,445	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	4,779,445	83.00
84.00	Program inpatient ancillary services (see instructions)	1,596,619	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)	6,376,064	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-5568 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

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

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	46,052	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,052	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)	39,875	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)	880	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)	4,856	15.00
16.00	Nursery days (title V or XIX only)	1,290	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)	46,505,964	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)	46,505,964	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)	46,505,964	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,009.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	888,677	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)	888,677	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

	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)	4,246,497	4,856	874.48	1,290	1,128,079	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,874,967	2,996	2,294.72	90	206,525	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,223,281	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,177	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,009.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,237,905	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,226,029	46,505,964	0.155379	6,237,905	969,239	90.00
91.00	Nursing School cost	0	46,505,964	0.000000	6,237,905	0	91.00
92.00	Allied health cost	0	46,505,964	0.000000	6,237,905	0	92.00
93.00	All other Medical Education	0	46,505,964	0.000000	6,237,905	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description		1.00	
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,139	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.	do	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,139	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)		70	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)		4,856	15.00
16.00	Nursery days (title V or XIX only)		1,290	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)		2,565,213	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)	5	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)	x	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)		2,565,213	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 minus line 36)	27	2,565,213	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,199.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		83,948	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)		83,948	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Subprovider - IRF | Cost

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	83,948	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	412,084	2,565,213	0.160643	0	0	90.00
91.00	Nursing School cost	0	2,565,213	0.000000	0	0	91.00
92.00	Allied health cost	0	2,565,213	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,565,213	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		36,489,557		30.00
31.00	03100	INTENSIVE CARE UNIT		7,106,945		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		1,620		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.182005	11,169,059	2,032,825	50.00
51.00	05100	RECOVERY ROOM	0.104060	1,862,262	193,787	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	2,608,014	51,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	5,398,760	808,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	278,713	77,909	55.00
57.00	05700	CT SCAN	0.035123	4,367,876	153,413	57.00
58.00	05800	MRI	0.034966	1,609,349	56,272	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	4,633,995	1,192,813	59.00
60.00	06000	LABORATORY	0.144673	18,293,646	2,646,597	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	1,051,475	155,307	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	3,898,810	882,620	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	2,084,344	876,052	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	4,992,877	166,343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	181,076	9,647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	9,393,492	2,537,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	6,081,242	2,215,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	27,511,283	3,923,191	73.00
74.00	07400	RENAL DIALYSIS	0.433691	901,589	391,011	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	4,240	1,308	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.287434	104,842	30,135	90.00
91.00	09100	EMERGENCY	0.117788	6,125,297	721,486	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	3,060	1,540	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	1,208,874	501,048	92.00
200.00		Total (sum of lines 50-94 and 96-98)		113,764,175	19,625,504	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)		113,764,175		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/23/2017 3:46 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		3,486		30.00
31.00	03100	INTENSIVE CARE UNIT		1,401		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,267,077		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.182005	5,445	991	50.00
51.00	05100	RECOVERY ROOM	0.104060	1,865	194	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	1,661	33	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	30,629	4,586	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	55,462	15,503	55.00
57.00	05700	CT SCAN	0.035123	42,668	1,499	57.00
58.00	05800	MRI	0.034966	4,639	162	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	15,187	3,909	59.00
60.00	06000	LABORATORY	0.144673	385,607	55,787	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	11,000	1,625	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	64,012	14,491	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	1,511,833	635,425	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	20,008	667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	2,300	123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	64,756	17,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	47,307	17,231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	891,237	127,093	73.00
74.00	07400	RENAL DIALYSIS	0.433691	115,275	49,994	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	424	131	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.287434	34	10	90.00
91.00	09100	EMERGENCY	0.117788	709	84	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,272,058	947,032	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)		3,272,058		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,200		30.00
31.00	03100	INTENSIVE CARE UNIT		968		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		7		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.182005	4,427	806	50.00
51.00	05100	RECOVERY ROOM	0.104060	13	1	51.00
53.00	05300	ANESTHESIOLOGY	0.019615	949	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149715	26,238	3,928	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.279532	246	69	55.00
57.00	05700	CT SCAN	0.035123	236	8	57.00
58.00	05800	MRI	0.034966	39	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.257405	643	166	59.00
60.00	06000	LABORATORY	0.144673	257,386	37,237	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147704	29,001	4,284	63.00
65.00	06500	RESPIRATORY THERAPY	0.226382	774,723	175,383	65.00
66.00	06600	PHYSICAL THERAPY	0.420301	1,534,984	645,155	66.00
69.00	06900	ELECTROCARDIOLOGY	0.033316	8,358	278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053275	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270154	783,091	211,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.364248	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142603	3,627,343	517,270	73.00
74.00	07400	RENAL DIALYSIS	0.433691	20	9	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308378	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.287434	40	11	90.00
91.00	09100	EMERGENCY	0.117788	3,729	439	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.503323	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.414475	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,051,466	1,596,619	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)		7,051,466		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 3:46 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)	19,095,029	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	6,100,278	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)	411,217	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	6,523,663	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	230.47	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)	139.15	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)	22.76	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.	0.64	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).	-13.00	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)	7.00	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)	109.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	110.15	10.00
11.00	FTE count for residents in dental and podiatric programs.	11.13	11.00
12.00	Current year allowable FTE (see instructions)	120.88	12.00
13.00	Total allowable FTE count for the prior year.	123.53	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.	120.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.	121.66	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	121.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.527878	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.453787	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.453787	21.00
22.00	IME payment adjustment (see instructions)	5,565,442	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,441,025	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)	0.40	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)	5,565,442	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,441,025	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.95	30.00
31.00	Percentage of Medicaid patient days (see instructions)	24.73	31.00
32.00	Sum of lines 30 and 31	33.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)	14.05	33.00
34.00	Disproportionate share adjustment (see instructions)	884,985	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 3:46 pm
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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,201,275	1,780,995	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,647,949	448,909	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,096,858		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	34,153,809		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)	35,594,834	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,879,188	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).	4,777,447	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	1,036	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	50,208	58.00
59.00	Total (sum of amounts on lines 49 through 58)	43,302,713	59.00
60.00	Primary payer payments	36,779	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	43,265,934	61.00
62.00	Deductibles billed to program beneficiaries	2,657,704	62.00
63.00	Coinsurance billed to program beneficiaries	149,723	63.00
64.00	Allowable bad debts (see instructions)	404,100	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	262,665	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	360,089	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	40,721,172	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)	66,180	70.93
70.94	HRR adjustment amount (see instructions)	-306,602	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Date/Time Prepared: 5/23/2017 3:46 pm

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,480,750	71.00
71.01	Sequestration adjustment (see instructions)		809,615	71.01
72.00	Interim payments		39,239,805	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)		431,330	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		152,445	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/23/2017 3:46 pm

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.95	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	24.73	0.00			24.73	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	33.68	0.00			24.73	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	230.47	0.00			230.47	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	14.05	0.00			9.62	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.95	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.66	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	6,741	0			6,741	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,349	0			3,349	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,403	0			1,403	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	311	0			311	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,804	0			11,804	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	47,727	0			47,727	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	47,727	0			47,727	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	24.73	0.00			24.73	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/23/2017 3:46 pm

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	17.00		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		17.00		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		17.00		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/23/2017 3:46 pm
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.62		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	9.62		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.62		31.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2017 3:46 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,095,029	0	19,095,029		19,095,029	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,100,278	0		6,100,278	6,100,278	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	411,217	0	241,849	169,368	411,217	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,523,663	0	0	6,523,663	6,523,663	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.453787	0.453787	0.453787	0.453787		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,565,442	0	4,217,939	1,347,503	5,565,442	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,441,025	0	1,441,025	0	1,441,025	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,565,442	0	4,217,939	1,347,503	5,565,442	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,441,025	0	1,441,025	0	1,441,025	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1405	0.1405	0.1405	0.1405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	884,985	0	670,713	214,272	884,985	11.00
11.01	Uncompensated care payments	36.00	2,096,858	0	2,560,008	0	2,560,008	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,153,809	0	26,322,388	7,831,421	34,153,809	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,594,834	0	27,763,413	7,831,421	35,594,834	15.00
16.00	Payment for inpatient program capital	50.00	2,879,188	0	2,178,948	700,240	2,879,188	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	29,943,397	8,531,661	38,475,058	19.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2017 3:46 pm

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		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,025,400	0	1,531,646	493,754	2,025,400	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,944	0	17,490	3,454	20,944	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3406	0.3406	0.3406	0.3406		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	689,851	0	521,678	168,173	689,851	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0706	0.0706	0.0706	0.0706		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	142,993	0	108,134	34,859	142,993	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,879,188	0	2,178,948	700,240	2,879,188	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 3:46 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,095,029	19,095,029		19,095,029	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,100,278		6,100,278	6,100,278	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	411,217	241,849	169,368	411,217	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,523,663	0	6,523,663	6,523,663	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.453787	0.453787	0.453787		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,565,442	4,217,939	1,347,503	5,565,442	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,441,025	0	1,441,025	1,441,025	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,565,442	4,217,939	1,347,503	5,565,442	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,441,025	0	1,441,025	1,441,025	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1405	0.1405	0.1405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	884,985	670,713	214,272	884,985	11.00
11.01	Uncompensated care payments	36.00	2,096,858	1,647,949	448,909	2,096,858	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,153,809	25,873,479	8,280,330	34,153,809	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,594,834	25,873,479	9,721,355	35,594,834	15.00
16.00	Payment for inpatient program capital	50.00	2,879,188	2,178,948	700,240	2,879,188	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			28,053,463	10,421,595	38,475,058	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,025,400	1,531,646	493,754	2,025,400	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	20,944	17,490	3,454	20,944	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3406	0.3406	0.3406		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	689,851	521,678	168,173	689,851	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0706	0.0706	0.0706		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	142,993	108,134	34,859	142,993	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,879,188	2,178,948	700,240	2,879,188	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	66,180	34,855	31,325	66,180	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-306,602	-213,878	-92,724	-306,602	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	16,571	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	13,312,780	2.00
3.00	PPS payments	10,739,690	3.00
4.00	Outlier payment (see instructions)	50,937	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	10,427	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	16,571	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	86,811	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)	86,811	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	86,811	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	70,240	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)	16,571	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)	10,801,054	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	3,933	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,156,834	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	8,656,858	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,332,101	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)	9,988,959	30.00
31.00	Primary payer payments	1,117	31.00
32.00	Subtotal (line 30 minus line 31)	9,987,842	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)	282,596	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	183,687	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	258,333	36.00
37.00	Subtotal (see instructions)	10,171,529	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)	10,171,529	40.00
40.01	Sequestration adjustment (see instructions)	203,431	40.01
41.00	Interim payments	10,026,971	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-58,873	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

		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224 Component CCN: 14-T224	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	18	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	885	2.00
3.00	PPS payments	250	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	8	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	18	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	134	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)	134	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	134	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	116	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)	18	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)	258	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)	37	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)	239	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)	239	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	239	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)	239	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)	239	40.00
40.01	Sequestration adjustment (see instructions)	5	40.01
41.00	Interim payments	263	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-29	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
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224 Component CCN: 14-5568	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	316	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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)	316	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,249	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	2,249	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,249	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,933	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)	316	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)		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)	316	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)	316	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	316	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)	316	37.00
38.00	MSP-LCC reconciliation amount from PS&R		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)	316	40.00
40.01	Sequestration adjustment (see instructions)	6	40.01
41.00	Interim payments	574	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-264	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I Date/Time Prepared: 5/23/2017 3:46 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		34,069,464		8,474,380	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		5,554,561		1,532,815	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/22/2016	97,197	12/22/2016	19,776	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/02/2016	481,417		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)		-384,220		19,776	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)		39,239,805		10,026,971	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		431,330		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		58,873	6.02
7.00	Total Medicare program liability (see instructions)		39,671,135		9,968,098	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0224 | Component CCN: 14-T224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,965,545		263	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/02/2016	19,329		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)		-19,329		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)		1,946,216		263	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		89,305		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		29	6.02
7.00	Total Medicare program liability (see instructions)		2,035,521		234	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0224 | Component CCN: 14-5568 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2017 3:46 pm

Title XVIII | Skilled Nursing Facility | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,593,048		574	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,593,048		574	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		6,487		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		264	6.02
7.00	Total Medicare program liability (see instructions)		2,599,535		310	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 3:46 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	9,473	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	15,805	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,171	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	42,871	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	819,999,216	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,746,090	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)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224 Component CCN: 14-T224	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,756,311	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0466	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	126,981	3.00
4.00	Outlier Payments	204,263	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)	5.844262	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)	2,087,555	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,087,555	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,087,555	19.00
20.00	Deductibles	9,016	20.00
21.00	Subtotal (line 19 minus line 20)	2,078,539	21.00
22.00	Coinsurance	5,152	22.00
23.00	Subtotal (line 21 minus line 22)	2,073,387	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,150	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,048	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)	2,075,435	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)	1,627	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)	2,077,062	32.00
32.01	Sequestration adjustment (see instructions)	41,541	32.01
33.00	Interim payments	1,946,216	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)	89,305	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	4,770	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	204,263	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224 Component CCN: 14-5568	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	2,906,304	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	6,620	3.00
4.00	Subtotal (sum of lines 1 through 3)	2,912,924	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	260,337	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	2,652,587	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	2,652,587	15.00
15.01	Sequestration adjustment (see instructions)	53,052	15.01
16.00	Interim payments	2,593,048	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	6,487	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-3 Part VII | Date/Time Prepared: 5/23/2017 3:46 pm

Title XIX | Hospital | Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	2,223,281		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,223,281	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,223,281	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	2,223,281	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	2,223,281	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0224 Component CCN: 14-T224	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	83,948		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	83,948	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	83,948	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	83,948	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	83,948	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

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

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-4 | Date/Time Prepared: 5/23/2017 3:46 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.			142.44	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			23.61	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)			1.79	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))			-17.00	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)			7.00	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			107.04	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			110.21	6.00
7.00	Enter the lesser of line 5 or line 6			107.04	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.	94.25	14.57	108.82	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.	91.54	14.15	105.69	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		11.13		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	91.54	25.28		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	92.55	27.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	93.33	25.62		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	92.47	26.04		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	92.47	26.04		17.00
18.00	Per resident amount	130,716.33	125,996.79		18.00
19.00	Approved amount for resident costs	12,087,339	3,280,956	15,368,295	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)			3.17	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)			15,368,295	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	17,324	4,401		26.00
27.00	Total Inpatient Days (see instructions)	53,084	53,084		27.00
28.00	Ratio of inpatient days to total inpatient days	0.326351	0.082906		28.00
29.00	Program direct GME amount	5,015,458	1,274,124		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		180,034		30.00
31.00	Net Program direct GME amount			6,109,548	31.00

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

Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-4 | Date/Time Prepared: 5/23/2017 3:46 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)	1,817,102	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)	47,878,930	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)	36,779	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	47,842,151	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	13,341,005	42.00
43.00	Primary payer payments (see instructions)	1,117	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	13,339,888	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	61,182,039	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.781964	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.218036	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	6,109,548	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	4,777,447	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,332,101	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/23/2017 3:46 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	-715,519	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	95,624,530	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-66,530,049	0	0	0	6.00
7.00	Inventory	5,090,984	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,377,400	0	0	0	9.00
10.00	Due from other funds	-42,724,023	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-6,876,677	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	7,327,666	0	0	0	12.00
13.00	Land improvements	2,447,033	0	0	0	13.00
14.00	Accumulated depreciation	-485,031	0	0	0	14.00
15.00	Buildings	81,649,859	0	0	0	15.00
16.00	Accumulated depreciation	-37,937,962	0	0	0	16.00
17.00	Leasehold improvements	22,543,500	0	0	0	17.00
18.00	Accumulated depreciation	-1,315,038	0	0	0	18.00
19.00	Fixed equipment	31,228,126	0	0	0	19.00
20.00	Accumulated depreciation	-17,716,669	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	72,378,845	0	0	0	23.00
24.00	Accumulated depreciation	-32,351,715	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)	127,768,614	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,193,548	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,193,548	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	122,085,485	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,824,836	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	20,693,869	0	0	0	43.00
44.00	Other current liabilities	48,581,329	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,100,034	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	18,817,791	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,817,791	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	90,917,825	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	31,167,660				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)	31,167,660	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	122,085,485	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/23/2017 3:46 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		41,355,954		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		23,978,870				2.00
3.00	Total (sum of line 1 and line 2)		65,334,824		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	TRANSFER FROM AFFILIATE	0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		65,334,824		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		65,334,824		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	TRANSFER FROM AFFILIATE		0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2017 3:46 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	138,950,137		138,950,137	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,467,444		4,467,444	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	1,090,734		1,090,734	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)	144,508,315		144,508,315	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	15,050,781		15,050,781	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)	15,050,781		15,050,781	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	159,559,096		159,559,096	17.00
18.00	Ancillary services	309,055,571	308,107,053	617,162,624	18.00
19.00	Outpatient services	0	43,277,495	43,277,495	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER MISC REVENUES	224,495	29,493,089	29,717,584	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	468,839,162	380,877,637	849,716,799	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		225,789,122		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		225,789,122		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0224 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/23/2017 3:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	849,716,799	1.00
2.00	Less contractual allowances and discounts on patients' accounts	642,416,402	2.00
3.00	Net patient revenues (line 1 minus line 2)	207,300,397	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	225,789,122	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,488,725	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	38,959	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	0	13.00
14.00	Revenue from meals sold to employees and guests	1,191,802	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	1,181	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SOURCES	40,946,345	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	289,308	24.01
25.00	Total other income (sum of lines 6-24)	42,467,595	25.00
26.00	Total (line 5 plus line 25)	23,978,870	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,978,870	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0224	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 3:46 pm
	Title XVIII	Hospital	PPS

			1.00
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,025,400	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	20,944	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)	117.13	3.00
4.00	Number of interns & residents (see instructions)	121.66	4.00
5.00	Indirect medical education percentage (see instructions)	34.06	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)	689,851	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.95	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	24.73	8.00
9.00	Sum of lines 7 and 8	33.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.06	10.00
11.00	Disproportionate share adjustment (see instructions)	142,993	11.00
12.00	Total prospective capital payments (see instructions)	2,879,188	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

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 14-0224

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

Worksheet AIR Not a CMS Worksheet Date/Time Prepared: 5/23/2017 3:46 pm

		1.00	
1.00	Total general inpatient routine service cost.	46,807,708	1.00
2.00	Total inpatient days.	47,727	2.00
3.00	Cost per day.	980.74	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	0	4.00
5.00	Reduced cost per day.	0.00	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00