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: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 9:40 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2017 Time: 9:40 am
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 ANDERSON HOSPITAL (14-0289) 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	-2,700	-15,453	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	5,561	-14		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	2,861	-15,467	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: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 6800 STATE ROUTE 162	PO Box:			1.00
2.00	City: MARYVILLE	State: IL	Zip Code: 62062-1000	County: MADISON	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	ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	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:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,426	1,258	0	41	2,554	237	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.	130	178	0	0	140		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	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.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

		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)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	200,000	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.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2017 9:39 am

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	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.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2017 9:39 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		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.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	03/30/2017	Y	03/30/2017
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)	N		N	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 9:39 am

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

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	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.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	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.	N	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	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	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.	N	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.	N	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.	N	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.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	N		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.	BKD, LLP	BKD, LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 231-5544	PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 9:39 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2017 9:39 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	106	38,796	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)		106	38,796	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	24	8,784	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)		130	47,580	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	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)		150				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2017 9:39 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,626	1,109	21,582			1.00
2.00	HMO and other (see instructions)	4,343	3,853				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	404	318				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)	8,626	1,109	21,582			7.00
8.00	INTENSIVE CARE UNIT	866	144	2,881			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		173	3,442			13.00
14.00	Total (see instructions)	9,492	1,426	27,905	0.00	911.87	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,639	130	4,322	0.00	19.21	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,847	0	6,930	0.00	13.70	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)				0.00	944.78	27.00
28.00	Observation Bed Days		0	3,662			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	237	528			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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2017 9:39 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,266	534	8,648	1.00
2.00	HMO and other (see instructions)			960	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,266	534	8,648	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	224	17	361	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2017 9:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	51,603,783	0	51,603,783	1,965,101.00	26.26	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		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,874,772	827	1,875,599	72,751.76	25.78	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		262,252	0	262,252	7,601.51	34.50	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		418,108	0	418,108	2,131.00	196.20	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		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)		10,768,285	0	10,768,285			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		405,146	0	405,146			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		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
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	461,145	0	461,145	12,556.00	36.73	26.00
27.00	Administrative & General	5.00	8,352,086	-383,943	7,968,143	305,827.00	26.05	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2017 9:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,297,923	0	2,297,923	36,970.52	62.16	28.00
29.00	Maintenance & Repairs	6.00	1,003,433	0	1,003,433	37,148.00	27.01	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	57,198	0	57,198	4,253.00	13.45	31.00
32.00	Housekeeping	9.00	1,080,668	0	1,080,668	76,208.00	14.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	887,295	-641,197	246,098	18,049.29	13.63	34.00
35.00	Dietary under contract (see instructions)		995,908	0	995,908	12,270.13	81.17	35.00
36.00	Cafeteria	11.00	0	641,197	641,197	47,026.71	13.63	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	554,053	0	554,053	12,048.00	45.99	38.00
39.00	Central Services and Supply	14.00	763,422	0	763,422	45,574.00	16.75	39.00
40.00	Pharmacy	15.00	1,510,071	-1,510,071	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,399,511	0	1,399,511	66,464.00	21.06	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/30/2017 9:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		54,897,614	0	54,897,614	2,014,341.65	27.25	1.00
2.00	Excluded area salaries (see instructions)		1,874,772	827	1,875,599	72,751.76	25.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)		53,022,842	-827	53,022,015	1,941,589.89	27.31	3.00
4.00	Subtotal other wages & related costs (see inst.)		680,360	0	680,360	9,732.51	69.91	4.00
5.00	Subtotal wage-related costs (see inst.)		10,768,285	0	10,768,285	0.00	20.31	5.00
6.00	Total (sum of lines 3 thru 5)		64,471,487	-827	64,470,660	1,951,322.40	33.04	6.00
7.00	Total overhead cost (see instructions)		19,362,713	-1,894,014	17,468,699	674,394.65	25.90	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 9:39 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,443,213	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	9,449	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,899,731	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	227,544	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	32,591	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)	51,747	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	5,806	14.00
15.00	'Workers' Compensation Insurance	649,277	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	3,712,133	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	74,039	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))	56,323	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	44,029	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,205,882	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	642,537	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	642,537	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	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	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 14-0289 | Component CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-4 | Date/Time Prepared: 5/30/2017 9:39 am

Home Health Agency I | PPS

					1.00		
0.00	County				MADISON		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,010	124	1,383	3,517	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	253.00	3.00	268.00	524.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			2.70	0.00	2.70	5.00
6.00	Direct Nursing Service			3.50	0.00	3.50	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			4.10	0.00	4.10	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.40	0.00	1.40	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			2.00	0.00	2.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.70	0.00	1.70	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	MANAGER			1.00	0.00	1.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,273	138	89	56	1,556	21.00
22.00	Skilled Nursing Visit Charges	200,976	21,804	13,904	8,848	245,532	22.00
23.00	Physical Therapy Visits	1,040	0	7	19	1,066	23.00
24.00	Physical Therapy Visit Charges	164,320	0	1,106	3,002	168,428	24.00
25.00	Occupational Therapy Visits	407	0	4	14	425	25.00
26.00	Occupational Therapy Visit Charges	64,306	0	632	2,212	67,150	26.00
27.00	Speech Pathology Visits	29	0	0	0	29	27.00
28.00	Speech Pathology Visit Charges	4,582	0	0	0	4,582	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	344	0	2	5	351	31.00
32.00	Home Health Aide Visit Charges	28,896	0	168	420	29,484	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,093	138	102	94	3,427	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	463,080	21,804	15,810	14,482	515,176	35.00
36.00	Total Number of Episodes (standard/non outlier)	226		33	6	265	36.00
37.00	Total Number of Outlier Episodes		3		1	4	37.00
38.00	Total Non-Routine Medical Supply Charges	9,381	1,580	609	657	12,227	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/30/2017 9:39 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.232514	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	8,332,999	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	15,119,088	6.00
7.00	Medicaid cost (line 1 times line 6)	3,515,400	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	3,979,428	2,874,430	6,853,858	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	925,273	668,345	1,593,618	21.00
22.00	Partial payment by patients approved for charity care	66,820	302,033	368,853	22.00
23.00	Cost of charity care (line 21 minus line 22)	858,453	366,312	1,224,765	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)	6,234,400	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	412,437	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,821,963	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,353,688	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,578,453	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,578,453	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,075,338	3,075,338	1,836,295	4,911,633	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,550,291	3,550,291	314,636	3,864,927	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	461,145	11,653,766	12,114,911	3,447	12,118,358	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,352,086	20,557,943	28,910,029	-1,077,153	27,832,876	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,003,433	695,689	1,699,122	-1	1,699,121	6.00
7.00	00700	OPERATION OF PLANT	0	2,004,056	2,004,056	7,305	2,011,361	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,198	491,916	549,114	0	549,114	8.00
9.00	00900	HOUSEKEEPING	1,080,668	260,883	1,341,551	-8,066	1,333,485	9.00
10.00	01000	DIETARY	887,295	979,076	1,866,371	-1,348,719	517,652	10.00
11.00	01100	CAFETERIA	0	0	0	1,348,719	1,348,719	11.00
13.00	01300	NURSING ADMINISTRATION	554,053	285,783	839,836	-273,834	566,002	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	763,422	600,015	1,363,437	-445,796	917,641	14.00
15.00	01500	PHARMACY	1,510,071	5,480,545	6,990,616	-1,673,185	5,317,431	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,399,511	534,110	1,933,621	-491	1,933,130	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	58,779	-15,113	43,666	-362	43,304	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,182,429	288,796	6,471,225	2,669,165	9,140,390	30.00
31.00	03100	INTENSIVE CARE UNIT	2,153,397	285,940	2,439,337	-11,192	2,428,145	31.00
41.00	04100	SUBPROVIDER - IRF	932,182	676,503	1,608,685	-1,951	1,606,734	41.00
43.00	04300	NURSERY	0	0	0	606,962	606,962	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,429,415	9,719,989	15,149,404	-7,726,955	7,422,449	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,443,762	496,847	4,940,609	-3,556,415	1,384,194	52.00
53.00	05300	ANESTHESIOLOGY	600	331,129	331,729	-73,047	258,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,196,289	1,156,772	3,353,061	87,269	3,440,330	54.00
56.00	05600	RADIOISOTOPE	165,550	351,594	517,144	-254,121	263,023	56.00
57.00	05700	CT SCAN	350,744	881,110	1,231,854	-137,182	1,094,672	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	171,244	454,958	626,202	-61,542	564,660	58.00
59.00	05900	CARDIAC CATHETERIZATION	750,960	1,576,521	2,327,481	-1,321,010	1,006,471	59.00
60.00	06000	LABORATORY	1,391,227	3,626,556	5,017,783	-44,142	4,973,641	60.00
65.00	06500	RESPIRATORY THERAPY	1,183,180	323,532	1,506,712	-100,296	1,406,416	65.00
66.00	06600	PHYSICAL THERAPY	1,467,772	267,133	1,734,905	-25,144	1,709,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	796,441	25,129	821,570	120,051	941,621	67.00
68.00	06800	SPEECH PATHOLOGY	664,201	29,110	693,311	73,061	766,372	68.00
68.01	03040	AUDIOLOGY	135,099	162,183	297,282	-140,632	156,650	68.01
69.00	06900	ELECTROCARDIOLOGY	371,839	125,009	496,848	-10,682	486,166	69.00
69.01	03160	CARDIOPULMONARY	539,935	40,409	580,344	-21,153	559,191	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	51,960	7,454	59,414	-5,951	53,463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,272,095	11,272,095	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,498,761	1,498,761	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	273,834	273,834	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	133,462	505,731	639,193	-36,686	602,507	90.00
91.00	09100	EMERGENCY	5,080,623	930,289	6,010,912	-318,559	5,692,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	883,811	75,417	959,228	-9,168	950,060	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,428,165	1,428,165	-1,428,165	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,603,783	73,920,574	125,524,357	0	125,524,357	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	51,603,783	73,920,574	125,524,357	0	125,524,357	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,079,147	3,832,486		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-224,428	3,640,499		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-71,934	12,046,424		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,146,748	16,686,128		5.00
6.00	00600	MAINTENANCE & REPAIRS	-4,418	1,694,703		6.00
7.00	00700	OPERATION OF PLANT	-18,585	1,992,776		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	549,114		8.00
9.00	00900	HOUSEKEEPING	0	1,333,485		9.00
10.00	01000	DIETARY	-101	517,551		10.00
11.00	01100	CAFETERIA	0	1,348,719		11.00
13.00	01300	NURSING ADMINISTRATION	-7,348	558,654		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	917,641		14.00
15.00	01500	PHARMACY	0	5,317,431		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-141,492	1,791,638		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	43,304		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	9,140,390		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,428,145		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,606,734		41.00
43.00	04300	NURSERY	0	606,962		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	7,422,449		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,410	1,379,784		52.00
53.00	05300	ANESTHESIOLOGY	-72,219	186,463		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-72,506	3,367,824		54.00
56.00	05600	RADIOISOTOPE	0	263,023		56.00
57.00	05700	CT SCAN	0	1,094,672		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	564,660		58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,246	997,225		59.00
60.00	06000	LABORATORY	-146,371	4,827,270		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,406,416		65.00
66.00	06600	PHYSICAL THERAPY	-55,723	1,654,038		66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,093	940,528		67.00
68.00	06800	SPEECH PATHOLOGY	-37,450	728,922		68.00
68.01	03040	AUDIOLOGY	-18,145	138,505		68.01
69.00	06900	ELECTROCARDIOLOGY	-7,380	478,786		69.00
69.01	03160	CARDIOPULMONARY	-35,013	524,178		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	53,463		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,272,095		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,498,761		73.00
74.00	07400	RENAL DIALYSIS	0	273,834		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	602,507		90.00
91.00	09100	EMERGENCY	-50	5,692,303		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	950,060		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,153,807	112,370,550		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-13,153,807	112,370,550		200.00

RECLASSIFICATIONS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 9:39 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASS INTEREST EXPENSE TO CAPTL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,188,148		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	240,017		2.00
	0		0	1,428,165		
	B - TO RECLASS EXPENSES FOR CAFETERIA					
1.00	CAFETERIA	11.00	641,197	707,522		1.00
	0		641,197	707,522		
	C - TO RECLASS SAL EXP FROM LDR					
1.00	ADULTS & PEDIATRICS	30.00	2,555,467	285,721		1.00
2.00	NURSERY	43.00	575,602	64,357		2.00
	0		3,131,069	350,078		
	D - TO RECLASS EXP FOR UTIL REV					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	488		1.00
	0		0	488		
	E - TO RECLASS ELECTRICITY EXP					
1.00	OPERATION OF PLANT	7.00	0	27,852		1.00
2.00		0.00	0	0		2.00
	0		0	27,852		
	F - TO RECLASS TELEPHONE EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,951		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	13,951		
	G - TO RECLASS RENAL DIALYSIS EXP					
1.00	RENAL DIALYSIS	74.00	0	273,834		1.00
	0		0	273,834		
	H - INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	118,112		1.00
	0		0	118,112		
	I - TO RECLASS EXEC BENEFITS TO EB					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,627		1.00
	TOTALS		0	1,627		
	J - TO RECLASS MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,272,095		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
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
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	0		0	11,272,095		
	K - TO RECLASS REAL ESTATE TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	160,458		1.00
	0		0	160,458		
	L - TO RECLASS PHYSICIAN OFFICE LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	444,196		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 9:39 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	444,196	
	M - TO RECLASS PROF RENUMERATION				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000	1.00
2.00	ANESTHESIOLOGY	53.00	0	175,000	2.00
	0		0	375,000	
	N - TO RECLASS PENSION AUDIT COSTS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,820	1.00
	0		0	1,820	
	O - TO RECLASS REHAB ADMIN EXP				
1.00	SPEECH PATHOLOGY	68.00	69,558	3,503	1.00
2.00	AUDIOLOGY	68.01	13,452	678	2.00
3.00	OCCUPATIONAL THERAPY	67.00	115,036	5,794	3.00
4.00	PHYSICAL THERAPY	66.00	185,897	9,363	4.00
	0		383,943	19,338	
	P - TO RECLASS PHARMACISTS SALARIES				
1.00	ADULTS & PEDIATRICS	30.00	7,403	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,131	0	2.00
3.00	SUBPROVIDER - IRF	41.00	827	0	3.00
4.00	NURSERY	43.00	154	0	4.00
5.00	OPERATING ROOM	50.00	555	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	352	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	225	0	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	1,498,761	0	8.00
9.00	EMERGENCY	91.00	663	0	9.00
	0		1,510,071	0	
	Q - TO RECLASS CABLE TB EXPS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,585	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	18,585	
500.00	Grand Total: Increases		5,666,280	15,213,121	500.00

RECLASSIFICATIONS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 9:39 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - TO RECLASS INTEREST EXPENSE TO CAPTL						
1.00	INTEREST EXPENSE	113.00	0	1,428,165	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	1,428,165			
	B - TO RECLASS EXPENSES FOR CAFETERIA						
1.00	DIETARY	10.00	641,197	707,522	0		1.00
	0		641,197	707,522			
	C - TO RECLASS SAL EXP FROM LDR						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	3,131,069	350,078	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,131,069	350,078			
	D - TO RECLASS EXP FOR UTIL REV						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	488	0		1.00
	0		0	488			
	E - TO RECLASS ELECTRICITY EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	964	0		1.00
2.00	CLINIC	90.00	0	26,888	0		2.00
	0		0	27,852			
	F - TO RECLASS TELEPHONE EXP						
1.00	OPERATION OF PLANT	7.00	0	2,183	0		1.00
2.00	CLINIC	90.00	0	6,918	0		2.00
3.00	EMERGENCY	91.00	0	2,210	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	2,640	0		4.00
	0		0	13,951			
	G - TO RECLASS RENAL DIALYSIS EXP						
1.00	NURSING ADMINISTRATION	13.00	0	273,834	0		1.00
	0		0	273,834			
	H - INSURANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	118,112	12		1.00
	0		0	118,112			
	I - TO RECLASS EXEC BENEFITS TO EB						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,627	0		1.00
	TOTALS		0	1,627			
	J - TO RECLASS MED SUPPLIES						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	853	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1	0		3.00
5.00	HOUSEKEEPING	9.00	0	8,066	0		5.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	445,796	0		8.00
9.00	PHARMACY	15.00	0	163,114	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		10.00
12.00	PARAMEDICAL EDUCATION PRGM	23.00	0	362	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	179,426	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	12,323	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	2,778	0		15.00
16.00	NURSERY	43.00	0	33,151	0		16.00
17.00	OPERATING ROOM	50.00	0	7,727,510	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	75,620	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	248,047	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	112,731	0		20.00
21.00	RADIOISOTOPE	56.00	0	254,121	0		21.00
22.00	CT SCAN	57.00	0	137,182	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,542	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	1,321,235	0		24.00
25.00	LABORATORY	60.00	0	44,142	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	100,296	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	3,922	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	779	0		28.00
30.00	AUDIOLOGY	68.01	0	154,762	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	10,682	0		31.00
32.00	CARDIOPULMONARY	69.01	0	21,153	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,951	0		33.00
34.00	CLINIC	90.00	0	2,659	0		34.00
35.00	EMERGENCY	91.00	0	137,360	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	6,528	0		36.00
	0		0	11,272,095			
	K - TO RECLASS REAL ESTATE TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	160,458	12		1.00
	0		0	160,458			
	L - TO RECLASS PHYSICIAN OFFICE LEASE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,062	10		1.00
2.00	PHYSICAL THERAPY	66.00	0	216,482	10		2.00
3.00	EMERGENCY	91.00	0	179,652	10		3.00

RECLASSIFICATIONS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 9:39 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	444,196			
	M - TO RECLASS PROF RENUMERATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,000	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	375,000			
	N - TO RECLASS PENSION AUDIT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,820	0		1.00
	0		0	1,820			
	O - TO RECLASS REHAB ADMIN EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	383,943	19,338	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		383,943	19,338			
	P - TO RECLASS PHARMACISTS SALARIES						
1.00	PHARMACY	15.00	1,510,071	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		1,510,071	0			
	Q - TO RECLASS CABLE TB EXPS						
1.00	CLINIC	90.00	0	221	0		1.00
2.00	OPERATION OF PLANT	7.00	0	18,364	0		2.00
	TOTALS		0	18,585			
500.00	Grand Total: Decreases		5,666,280	15,213,121			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/30/2017 9:39 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	673,013	290,441	0	290,441	0	1.00
2.00	Land Improvements	3,085,291	61,312	0	61,312	0	2.00
3.00	Buildings and Fixtures	97,661,449	7,414,704	0	7,414,704	0	3.00
4.00	Building Improvements	24,000	0	0	0	0	4.00
5.00	Fixed Equipment	4,748,645	487,408	0	487,408	0	5.00
6.00	Movable Equipment	38,835,351	3,925,011	0	3,925,011	883,759	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	145,027,749	12,178,876	0	12,178,876	883,759	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	145,027,749	12,178,876	0	12,178,876	883,759	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	963,454	0	1.00
2.00	Land Improvements	3,146,603	0	2.00
3.00	Buildings and Fixtures	105,076,153	0	3.00
4.00	Building Improvements	24,000	0	4.00
5.00	Fixed Equipment	5,236,053	0	5.00
6.00	Movable Equipment	41,876,603	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	156,322,866	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	156,322,866	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II | Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,075,338	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,489,310	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,564,648	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	3,075,338	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,981	3,550,291	2.00
3.00	Total (sum of lines 1-2)	60,981	6,625,629	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	114,446,263	0	114,446,263	0.732135	86,474	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	41,872,241	0	41,872,241	0.267865	31,638	2.00
3.00	Total (sum of lines 1-2)	156,318,504	0	156,318,504	1.000000	118,112	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	117,477	0	203,951	3,075,338	444,196	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,981	0	74,619	3,489,310	0	2.00
3.00	Total (sum of lines 1-2)	160,458	0	278,570	6,564,648	444,196	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	109,001	86,474	117,477	0	3,832,486	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,589	31,638	42,981	60,981	3,640,499	2.00
3.00	Total (sum of lines 1-2)	124,590	118,112	160,458	60,981	7,472,985	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,110,979	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-224,428	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-336	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-29,527	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-18,585	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,286,960			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	-68,336			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	B	-140,651	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE CANCER CENTER STUDIES	B	-4,404	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	OTHER MISC INCOME	B	-67,673	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	OTHER REVENUE CR CARD SHARING REV	B	-49,671	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MANAGEMENT FEES	B	-163,200	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	EDUCATION CLASSES - VARIOUS	B	-125	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	OB LACTATION REVENUE	B	-4,410	DELIVERY ROOM & LABOR ROOM	52.00	0	33.05
33.06	AH OTHER REVENUE HEALTH MGM	B	-35,013	CARDIOPULMONARY	69.01	0	33.06
33.07	OTHER REVENUE AMORT OR SECURITIES	B	31,832	CAP REL COSTS-BLDG & FIXT	1.00	11	33.07
33.08			0		0.00	0	33.08
33.09	FINANCIAL SERVICE DONATION HMAP	A	-12,168	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SALES TAX REVERSAL	A	-16	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	SISHA EMPLOYEE BENEFITS	A	-26,706	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN RECRUITMENT	A	-105,539	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	LOBBYING PORTION OF DUES	A	-44,333	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	ALCOHOL EXPENSE	A	-4,100	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	ALCOHOL EXPENSE	A	-101	DIETARY	10.00	0	33.15
33.16	ALCOHOL EXPENSE	A	-841	MEDICAL RECORDS & LIBRARY	16.00	0	33.16
33.17	PROMOTIONAL ITEMS	A	-8,358	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	PUBLICITY SALARIES	A	-73,662	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	PUBLICITY EXPENSES	A	-289,641	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PUBLICITY BENEFITS	A	-16,021	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	DONATION EXPENSE	A	-2,700	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	DONATION EXPENSE	A	-24,720	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	SISHA PT SALARIES	A	-54,067	PHYSICAL THERAPY	66.00	0	33.23
33.24	SISHA OT SALARIES	A	-230	OCCUPATIONAL THERAPY	67.00	0	33.24
33.25	SISHA ST SALARIES	A	-36,418	SPEECH PATHOLOGY	68.00	0	33.25
33.26	SISHA AUDIOLOGY SALARIES	A	-17,882	AUDIOLOGY	68.01	0	33.26
33.27	SISHA DIRECTOR SALARIES	A	-14,198	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	SISHA OVERHEAD	A	-1,656	PHYSICAL THERAPY	66.00	0	33.28
33.29	SISHA OVERHEAD	A	-1,032	SPEECH PATHOLOGY	68.00	0	33.29
33.30	SISHA OVERHEAD	A	-263	AUDIOLOGY	68.01	0	33.30
33.31	SISHA OVERHEAD	A	-817	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	PROVIDER TAX OFFSET	A	-5,835,099	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	SELF-INSURANCE ACCRUAL NOT FUNDED	A	-2,405,408	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	SISHA OVERHEAD	A	-863	OCCUPATIONAL THERAPY	67.00	0	33.34
33.35	DONATION EXPENSE	A	-1,000	NURSING ADMINISTRATION	13.00	0	33.35
33.36	ADVERTISING EXPENSE	A	-3,502	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,153,807				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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2017 9:39 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY- STAUNTON	0	18,905	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	RELATED PARTY- STAUNTON	0	38,665	2.00
3.00	6.00	MAINTENANCE & REPAIRS	RELATED PARTY- STAUNTON	0	4,418	3.00
4.00	13.00	NURSING ADMINISTRATION	RELATED PARTY- STAUNTON	0	6,348	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			0	68,336	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	C		0.00	SW IL HLTH FAC	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: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/30/2017 9:39 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-18,905	0		1.00
2.00	-38,665	0		2.00
3.00	-4,418	0		3.00
4.00	-6,348	0		4.00
5.00	-68,336			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			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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2017 9:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,990,405	1,979,405	11,000	211,500	67	1.00
2.00	53.00	ANESTHESIOLOGY	175,000	0	175,000	239,400	893	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	200,000	0	200,000	271,900	1,009	3.00
4.00	59.00	CARDIAC CATHETERIZATION	25,001	0	25,001	246,400	133	4.00
5.00	60.00	LABORATORY	150,000	142,893	7,107	260,300	29	5.00
6.00	69.00	ELECTROCARDIOLOGY	7,380	7,380	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	50	50	0	211,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,547,836	2,129,728	418,108		2,131	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,813	341	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	102,781	5,139	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	131,898	6,595	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	15,755	788	0	0	0	4.00
5.00	60.00	LABORATORY	3,629	181	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			260,876	13,044	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	6,813	4,187	1,983,592		1.00
2.00	53.00	ANESTHESIOLOGY	0	102,781	72,219	72,219		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	131,898	68,102	68,102		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	15,755	9,246	9,246		4.00
5.00	60.00	LABORATORY	0	3,629	3,478	146,371		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	7,380		6.00
7.00	0.00		0	0	0	0		7.00
8.00	91.00	EMERGENCY	0	0	0	50		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	260,876	157,232	2,286,960		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,832,486	3,832,486				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,640,499		3,640,499			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,046,424	7,183	26,116	12,079,723		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,686,128	306,109	1,436,730	1,868,478	20,297,445	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,694,703	24,815	391,716	237,922	2,349,156	6.00
7.00	00700	OPERATION OF PLANT	1,992,776	327,409	0	0	2,320,185	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	549,114	3,669	0	13,562	566,345	8.00
9.00	00900	HOUSEKEEPING	1,333,485	23,083	8,535	256,235	1,621,338	9.00
10.00	01000	DIETARY	517,551	88,099	10,011	58,352	674,013	10.00
11.00	01100	CAFETERIA	1,348,719	0	3,844	152,033	1,504,596	11.00
13.00	01300	NURSING ADMINISTRATION	558,654	23,795	0	131,370	713,819	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	917,641	92,170	62,667	181,013	1,253,491	14.00
15.00	01500	PHARMACY	5,317,431	21,078	92,225	0	5,430,734	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,791,638	75,687	18,791	331,835	2,217,951	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	43,304	0	0	13,937	57,241	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,140,390	253,385	144,061	2,073,559	11,611,395	30.00
31.00	03100	INTENSIVE CARE UNIT	2,428,145	76,433	36,943	510,856	3,052,377	31.00
41.00	04100	SUBPROVIDER - IRF	1,606,734	60,730	1,921	221,224	1,890,609	41.00
43.00	04300	NURSERY	606,962	8,760	15,252	136,516	767,490	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,422,449	265,616	566,257	1,287,489	9,541,811	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,379,784	269,431	34,791	311,333	1,995,339	52.00
53.00	05300	ANESTHESIOLOGY	186,463	0	30,824	142	217,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,367,824	55,295	91,466	520,758	4,035,343	54.00
56.00	05600	RADIOISOTOPE	263,023	8,452	5,959	39,253	316,687	56.00
57.00	05700	CT SCAN	1,094,672	95,136	71,652	83,164	1,344,624	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	564,660	23,263	17,331	40,603	645,857	58.00
59.00	05900	CARDIAC CATHETERIZATION	997,225	0	216,605	178,112	1,391,942	59.00
60.00	06000	LABORATORY	4,827,270	81,147	124,297	329,871	5,362,585	60.00
65.00	06500	RESPIRATORY THERAPY	1,406,416	54,455	62,613	280,541	1,804,025	65.00
66.00	06600	PHYSICAL THERAPY	1,654,038	249,948	14,206	379,278	2,297,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	940,528	167,240	2,801	216,064	1,326,633	67.00
68.00	06800	SPEECH PATHOLOGY	728,922	55,235	782	165,345	950,284	68.00
68.01	03040	AUDIOLOGY	138,505	3,952	3,868	30,983	177,308	68.01
69.00	06900	ELECTROCARDIOLOGY	478,786	0	27,888	88,166	594,840	69.00
69.01	03160	CARDIOPULMONARY	524,178	32,409	16,181	128,023	700,791	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	53,463	0	3,597	12,320	69,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,272,095	0	0	0	11,272,095	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,498,761	0	0	355,368	1,854,129	73.00
74.00	07400	RENAL DIALYSIS	273,834	0	0	0	273,834	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	602,507	0	14,468	31,645	648,620	90.00
91.00	09100	EMERGENCY	5,692,303	251,910	85,307	1,204,814	7,234,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	950,060	15,840	794	209,559	1,176,253	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,370,550	3,021,734	3,640,499	12,079,723	111,559,798	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,021	0	0	31,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	425,742	0	0	425,742	192.00
193.00	19300	NONPAID WORKERS	0	353,989	0	0	353,989	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,370,550	3,832,486	3,640,499	12,079,723	112,370,550	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,297,445					5.00
6.00	00600	MAINTENANCE & REPAIRS	517,869	2,867,025				6.00
7.00	00700	OPERATION OF PLANT	511,482	268,628	3,100,295			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	124,850	3,010	3,591	697,796		8.00
9.00	00900	HOUSEKEEPING	357,422	18,939	22,597	0	2,020,296	9.00
10.00	01000	DIETARY	148,585	72,282	86,244	0	3,239	10.00
11.00	01100	CAFETERIA	331,687	0	0	0	8,638	11.00
13.00	01300	NURSING ADMINISTRATION	157,361	19,523	23,294	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	276,331	75,623	90,230	14,968	15,549	14.00
15.00	01500	PHARMACY	1,197,200	17,293	20,634	0	20,948	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	488,945	62,099	74,094	0	11,230	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	12,619	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,559,741	207,894	248,050	210,007	758,016	30.00
31.00	03100	INTENSIVE CARE UNIT	672,893	62,711	74,824	37,905	296,080	31.00
41.00	04100	SUBPROVIDER - IRF	416,783	49,827	59,451	0	182,917	41.00
43.00	04300	NURSERY	169,192	7,187	8,576	0	41,464	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,103,483	217,930	260,024	159,308	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	439,870	221,059	263,758	84,916	94,590	52.00
53.00	05300	ANESTHESIOLOGY	47,932	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	889,587	45,368	54,131	20,151	51,398	54.00
56.00	05600	RADIOISOTOPE	69,813	6,934	8,274	2,540	6,479	56.00
57.00	05700	CT SCAN	296,421	78,056	93,133	27,987	71,482	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	142,379	19,087	22,774	6,903	17,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	306,852	0	0	7,547	0	59.00
60.00	06000	LABORATORY	1,182,177	66,579	79,439	0	20,300	60.00
65.00	06500	RESPIRATORY THERAPY	397,696	44,679	53,309	5,930	41,680	65.00
66.00	06600	PHYSICAL THERAPY	506,475	205,074	244,685	4,402	12,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,455	137,215	163,719	2,724	7,559	67.00
68.00	06800	SPEECH PATHOLOGY	209,489	45,319	54,072	1,647	4,535	68.00
68.01	03040	AUDIOLOGY	39,087	3,242	3,868	318	864	68.01
69.00	06900	ELECTROCARDIOLOGY	131,132	0	0	1,666	57,661	69.00
69.01	03160	CARDIOPULMONARY	154,489	26,591	31,727	0	11,014	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,295	0	0	1,284	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,484,922	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	408,741	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	60,366	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	142,988	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,594,802	206,684	246,607	107,593	263,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	259,304	12,996	15,507	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,118,715	2,201,829	2,306,612	697,796	1,999,132	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,839	25,451	30,367	0	10,366	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,854	349,308	416,779	0	10,798	192.00
193.00	19300	NONPAID WORKERS	78,037	290,437	346,537	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,297,445	2,867,025	3,100,295	697,796	2,020,296	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	984,363					10.00
11.00	01100	CAFETERIA	0	1,844,921				11.00
13.00	01300	NURSING ADMINISTRATION	0	152,417	1,066,414			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	79,873	0	1,806,065		14.00
15.00	01500	PHARMACY	0	52,236	0	1,898	6,740,943	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	95,837	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	81,443	0	8	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	785,390	466,672	343,523	23,055	33,049	30.00
31.00	03100	INTENSIVE CARE UNIT	79,585	70,818	84,973	14,025	5,048	31.00
41.00	04100	SUBPROVIDER - IRF	119,388	70,451	0	1,478	3,694	41.00
43.00	04300	NURSERY	0	16,330	36,910	1,830	688	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	66,055	237,217	74,455	2,478	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,267	110,642	18,310	1,574	52.00
53.00	05300	ANESTHESIOLOGY	0	29,573	0	4,735	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,807	0	2,801	0	54.00
56.00	05600	RADIOISOTOPE	0	4,397	0	206	0	56.00
57.00	05700	CT SCAN	0	48,363	0	5,533	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,934	0	216	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	26,200	1,376	1,008	59.00
60.00	06000	LABORATORY	0	84,845	0	177,964	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	72,388	0	8,510	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,121	0	326	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,722	0	392	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,138	0	102	0	68.00
68.01	03040	AUDIOLOGY	0	2,512	0	240	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	31,038	0	734	0	69.00
69.01	03160	CARDIOPULMONARY	0	41,664	23,102	1,068	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	33	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,446,634	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,690,446	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	190	0	90.00
91.00	09100	EMERGENCY	0	146,503	203,847	19,721	2,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	225	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	984,363	1,767,404	1,066,414	1,806,065	6,740,943	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,531	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	30,986	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	984,363	1,844,921	1,066,414	1,806,065	6,740,943	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,950,156					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	151,311			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	172,711	0	0	17,419,503	0	30.00
31.00	03100	INTENSIVE CARE UNIT	29,118	0	0	4,480,357	0	31.00
41.00	04100	SUBPROVIDER - IRF	35,643	0	0	2,830,241	0	41.00
43.00	04300	NURSERY	29,651	0	0	1,079,318	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	460,429	0	0	13,123,190	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,557	0	0	3,334,882	0	52.00
53.00	05300	ANESTHESIOLOGY	67,557	0	0	367,226	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,928	0	0	5,344,514	0	54.00
56.00	05600	RADIOISOTOPE	27,387	0	0	442,717	0	56.00
57.00	05700	CT SCAN	308,314	0	0	2,273,913	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	75,414	0	0	942,273	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,085	0	0	1,807,010	0	59.00
60.00	06000	LABORATORY	415,998	0	0	7,389,887	0	60.00
65.00	06500	RESPIRATORY THERAPY	84,780	0	0	2,512,997	0	65.00
66.00	06600	PHYSICAL THERAPY	74,349	0	0	3,379,996	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,758	0	0	2,002,177	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,423	0	0	1,295,009	0	68.00
68.01	03040	AUDIOLOGY	6,125	0	0	233,564	0	68.01
69.00	06900	ELECTROCARDIOLOGY	79,098	0	0	896,169	0	69.00
69.01	03160	CARDIOPULMONARY	10,742	0	0	1,001,188	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,676	0	0	95,668	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,448	0	0	15,287,099	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	81,362	0	0	81,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,820	0	0	9,093,136	0	73.00
74.00	07400	RENAL DIALYSIS	8,212	0	0	342,412	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	755	0	0	792,553	0	90.00
91.00	09100	EMERGENCY	326,069	0	151,311	10,504,115	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,747	0	0	1,471,032	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,950,156	0	151,311	109,823,508	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	150,575	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,327,467	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	1,069,000	0	193.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,950,156	0	151,311	112,370,550	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	17,419,503		30.00
31.00	03100	INTENSIVE CARE UNIT	4,480,357		31.00
41.00	04100	SUBPROVIDER - IRF	2,830,241		41.00
43.00	04300	NURSERY	1,079,318		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	13,123,190		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,882		52.00
53.00	05300	ANESTHESIOLOGY	367,226		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,344,514		54.00
56.00	05600	RADIOISOTOPE	442,717		56.00
57.00	05700	CT SCAN	2,273,913		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	942,273		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,807,010		59.00
60.00	06000	LABORATORY	7,389,887		60.00
65.00	06500	RESPIRATORY THERAPY	2,512,997		65.00
66.00	06600	PHYSICAL THERAPY	3,379,996		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,002,177		67.00
68.00	06800	SPEECH PATHOLOGY	1,295,009		68.00
68.01	03040	AUDIOLOGY	233,564		68.01
69.00	06900	ELECTROCARDIOLOGY	896,169		69.00
69.01	03160	CARDIOPULMONARY	1,001,188		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	95,668		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,287,099		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	81,362		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,093,136		73.00
74.00	07400	RENAL DIALYSIS	342,412		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	792,553		90.00
91.00	09100	EMERGENCY	10,504,115		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	1,471,032		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,823,508		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,575		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,327,467		192.00
193.00	19300	NONPAID WORKERS	1,069,000		193.00
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	112,370,550		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	93,331	7,183	26,116	126,630	126,630	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35	306,109	1,436,730	1,742,874	19,590	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	24,815	391,716	416,531	2,495	6.00
7.00	00700	OPERATION OF PLANT	0	327,409	0	327,409	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,669	0	3,669	142	8.00
9.00	00900	HOUSEKEEPING	0	23,083	8,535	31,618	2,687	9.00
10.00	01000	DIETARY	235	88,099	10,011	98,345	612	10.00
11.00	01100	CAFETERIA	0	0	3,844	3,844	1,594	11.00
13.00	01300	NURSING ADMINISTRATION	0	23,795	0	23,795	1,377	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66,065	92,170	62,667	220,902	1,898	14.00
15.00	01500	PHARMACY	270,229	21,078	92,225	383,532	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	75,687	18,791	94,478	3,479	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	146	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	253,385	144,061	397,446	21,720	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76,433	36,943	113,376	5,356	31.00
41.00	04100	SUBPROVIDER - IRF	0	60,730	1,921	62,651	2,319	41.00
43.00	04300	NURSERY	0	8,760	15,252	24,012	1,431	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	157,386	265,616	566,257	989,259	13,499	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	269,431	34,791	304,222	3,264	52.00
53.00	05300	ANESTHESIOLOGY	10,178	0	30,824	41,002	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	274,266	55,295	91,466	421,027	5,460	54.00
56.00	05600	RADIOISOTOPE	0	8,452	5,959	14,411	412	56.00
57.00	05700	CT SCAN	307,485	95,136	71,652	474,273	872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	264,087	23,263	17,331	304,681	426	58.00
59.00	05900	CARDIAC CATHETERIZATION	160,576	0	216,605	377,181	1,867	59.00
60.00	06000	LABORATORY	12,212	81,147	124,297	217,656	3,459	60.00
65.00	06500	RESPIRATORY THERAPY	21,419	54,455	62,613	138,487	2,941	65.00
66.00	06600	PHYSICAL THERAPY	0	249,948	14,206	264,154	3,977	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	167,240	2,801	170,041	2,265	67.00
68.00	06800	SPEECH PATHOLOGY	0	55,235	782	56,017	1,734	68.00
68.01	03040	AUDIOLOGY	0	3,952	3,868	7,820	325	68.01
69.00	06900	ELECTROCARDIOLOGY	25,920	0	27,888	53,808	924	69.00
69.01	03160	CARDIOPULMONARY	0	32,409	16,181	48,590	1,342	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,597	3,597	129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,726	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,818	0	14,468	19,286	332	90.00
91.00	09100	EMERGENCY	0	251,910	85,307	337,217	12,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	15,840	794	16,634	2,197	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,668,242	3,021,734	3,640,499	8,330,475	126,630	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,021	0	31,021	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	425,742	0	425,742	0	192.00
193.00	19300	NONPAID WORKERS	0	353,989	0	353,989	0	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,668,242	3,832,486	3,640,499	9,141,227	126,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,762,464					5.00
6.00	00600	MAINTENANCE & REPAIRS	44,968	463,994				6.00
7.00	00700	OPERATION OF PLANT	44,413	43,474	415,296			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,841	487	481	15,620		8.00
9.00	00900	HOUSEKEEPING	31,036	3,065	3,027	0	71,433	9.00
10.00	01000	DIETARY	12,902	11,698	11,553	0	115	10.00
11.00	01100	CAFETERIA	28,801	0	0	0	305	11.00
13.00	01300	NURSING ADMINISTRATION	13,664	3,160	3,120	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,994	12,239	12,087	335	550	14.00
15.00	01500	PHARMACY	103,955	2,799	2,764	0	741	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,456	10,050	9,925	0	397	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	1,096	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	222,263	33,645	33,227	4,699	26,801	30.00
31.00	03100	INTENSIVE CARE UNIT	58,429	10,149	10,023	849	10,469	31.00
41.00	04100	SUBPROVIDER - IRF	36,190	8,064	7,964	0	6,468	41.00
43.00	04300	NURSERY	14,691	1,163	1,149	0	1,466	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	182,649	35,269	34,831	3,566	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,195	35,776	35,331	1,901	3,344	52.00
53.00	05300	ANESTHESIOLOGY	4,162	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,245	7,342	7,251	451	1,817	54.00
56.00	05600	RADIOISOTOPE	6,062	1,122	1,108	57	229	56.00
57.00	05700	CT SCAN	25,739	12,632	12,476	626	2,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,363	3,089	3,051	155	626	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,645	0	0	169	0	59.00
60.00	06000	LABORATORY	102,651	10,775	10,641	0	718	60.00
65.00	06500	RESPIRATORY THERAPY	34,533	7,231	7,141	133	1,474	65.00
66.00	06600	PHYSICAL THERAPY	43,978	33,189	32,777	99	428	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,394	22,207	21,931	61	267	67.00
68.00	06800	SPEECH PATHOLOGY	18,190	7,334	7,243	37	160	68.00
68.01	03040	AUDIOLOGY	3,394	525	518	7	31	68.01
69.00	06900	ELECTROCARDIOLOGY	11,386	0	0	37	2,039	69.00
69.01	03160	CARDIOPULMONARY	13,415	4,303	4,250	0	389	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,328	0	0	29	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	215,770	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,492	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,242	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,416	0	0	0	0	90.00
91.00	09100	EMERGENCY	138,480	33,449	33,034	2,409	9,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	22,516	2,103	2,077	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,746,944	356,339	308,980	15,620	70,684	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	594	4,119	4,068	0	367	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,150	56,532	55,828	0	382	192.00
193.00	19300	NONPAID WORKERS	6,776	47,004	46,420	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,762,464	463,994	415,296	15,620	71,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	135,225					10.00
11.00	01100	CAFETERIA	0	34,544				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,854	47,970			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,496	0	273,501		14.00
15.00	01500	PHARMACY	0	978	0	287	495,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,794	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	1,525	0	1	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,891	8,737	15,452	3,491	2,427	30.00
31.00	03100	INTENSIVE CARE UNIT	10,933	1,326	3,822	2,124	371	31.00
41.00	04100	SUBPROVIDER - IRF	16,401	1,319	0	224	271	41.00
43.00	04300	NURSERY	0	306	1,660	277	51	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,237	10,671	11,275	182	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	698	4,977	2,773	116	52.00
53.00	05300	ANESTHESIOLOGY	0	554	0	717	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	652	0	424	0	54.00
56.00	05600	RADIOISOTOPE	0	82	0	31	0	56.00
57.00	05700	CT SCAN	0	906	0	838	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	223	0	33	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,179	208	74	59.00
60.00	06000	LABORATORY	0	1,589	0	26,950	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,355	0	1,289	0	65.00
66.00	06600	PHYSICAL THERAPY	0	658	0	49	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	407	0	59	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	246	0	15	0	68.00
68.01	03040	AUDIOLOGY	0	47	0	36	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	581	0	111	0	69.00
69.01	03160	CARDIOPULMONARY	0	780	1,039	162	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	219,072	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	491,347	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	29	0	90.00
91.00	09100	EMERGENCY	0	2,743	9,170	2,987	217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	34	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	135,225	33,093	47,970	273,501	495,056	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	871	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	580	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	135,225	34,544	47,970	273,501	495,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	162,579					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	2,768			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,518	0		887,317	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,605	0		228,832	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,964	0		143,835	0	41.00
43.00	04300	NURSERY	1,634	0		47,840	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,372	0		1,307,810	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,723	0		434,320	0	52.00
53.00	05300	ANESTHESIOLOGY	3,723	0		50,159	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624	0		533,293	0	54.00
56.00	05600	RADIOISOTOPE	1,509	0		25,023	0	56.00
57.00	05700	CT SCAN	16,991	0		547,880	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,156	0		328,803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,973	0		411,296	0	59.00
60.00	06000	LABORATORY	22,925	0		397,364	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,672	0		199,256	0	65.00
66.00	06600	PHYSICAL THERAPY	4,097	0		383,406	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,742	0		245,374	0	67.00
68.00	06800	SPEECH PATHOLOGY	905	0		91,881	0	68.00
68.01	03040	AUDIOLOGY	338	0		13,041	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,359	0		73,245	0	69.00
69.01	03160	CARDIOPULMONARY	592	0		74,862	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	533	0		5,621	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,599	0		439,441	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,484	0		4,484	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,705	0		538,270	0	73.00
74.00	07400	RENAL DIALYSIS	453	0		5,695	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	42	0		32,105	0	90.00
91.00	09100	EMERGENCY	17,969	0		599,630	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	372	0		45,933	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	162,579	0	0	8,096,016	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		41,040	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		547,214	0	192.00
193.00	19300	NONPAID WORKERS	0	0		454,189	0	193.00
200.00		Cross Foot Adjustments			2,768	2,768	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	162,579	0	2,768	9,141,227	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	887,317		30.00
31.00	03100	INTENSIVE CARE UNIT	228,832		31.00
41.00	04100	SUBPROVIDER - IRF	143,835		41.00
43.00	04300	NURSERY	47,840		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,307,810		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	434,320		52.00
53.00	05300	ANESTHESIOLOGY	50,159		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,293		54.00
56.00	05600	RADIOISOTOPE	25,023		56.00
57.00	05700	CT SCAN	547,880		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,803		58.00
59.00	05900	CARDIAC CATHETERIZATION	411,296		59.00
60.00	06000	LABORATORY	397,364		60.00
65.00	06500	RESPIRATORY THERAPY	199,256		65.00
66.00	06600	PHYSICAL THERAPY	383,406		66.00
67.00	06700	OCCUPATIONAL THERAPY	245,374		67.00
68.00	06800	SPEECH PATHOLOGY	91,881		68.00
68.01	03040	AUDIOLOGY	13,041		68.01
69.00	06900	ELECTROCARDIOLOGY	73,245		69.00
69.01	03160	CARDIOPULMONARY	74,862		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,621		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	439,441		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,484		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	538,270		73.00
74.00	07400	RENAL DIALYSIS	5,695		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	32,105		90.00
91.00	09100	EMERGENCY	599,630		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	45,933		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,096,016		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,040		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	547,214		192.00
193.00	19300	NONPAID WORKERS	454,189		193.00
200.00		Cross Foot Adjustments	2,768		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	9,141,227		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	447,115					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,494,093				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	838	25,066	50,946,181			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,712	1,378,954	7,880,283	-20,297,445	92,073,105	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,895	375,963	1,003,433	0	2,349,156	6.00
7.00	00700	OPERATION OF PLANT	38,197	0	0	0	2,320,185	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	0	57,198	0	566,345	8.00
9.00	00900	HOUSEKEEPING	2,693	8,192	1,080,668	0	1,621,338	9.00
10.00	01000	DIETARY	10,278	9,608	246,098	0	674,013	10.00
11.00	01100	CAFETERIA	0	3,689	641,197	0	1,504,596	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	0	554,053	0	713,819	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,753	60,147	763,422	0	1,253,491	14.00
15.00	01500	PHARMACY	2,459	88,516	0	0	5,430,734	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	18,035	1,399,511	0	2,217,951	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	58,779	0	57,241	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,561	138,267	8,745,299	0	11,611,395	30.00
31.00	03100	INTENSIVE CARE UNIT	8,917	35,457	2,154,528	0	3,052,377	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	1,844	933,009	0	1,890,609	41.00
43.00	04300	NURSERY	1,022	14,639	575,756	0	767,490	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,988	543,484	5,429,970	0	9,541,811	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,433	33,392	1,313,045	0	1,995,339	52.00
53.00	05300	ANESTHESIOLOGY	0	29,584	600	0	217,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,451	87,788	2,196,289	0	4,035,343	54.00
56.00	05600	RADIOISOTOPE	986	5,719	165,550	0	316,687	56.00
57.00	05700	CT SCAN	11,099	68,770	350,744	0	1,344,624	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,714	16,634	171,244	0	645,857	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	207,894	751,185	0	1,391,942	59.00
60.00	06000	LABORATORY	9,467	119,298	1,391,227	0	5,362,585	60.00
65.00	06500	RESPIRATORY THERAPY	6,353	60,095	1,183,180	0	1,804,025	65.00
66.00	06600	PHYSICAL THERAPY	29,160	13,635	1,599,602	0	2,297,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,511	2,688	911,247	0	1,326,633	67.00
68.00	06800	SPEECH PATHOLOGY	6,444	751	697,341	0	950,284	68.00
68.01	03040	AUDIOLOGY	461	3,712	130,669	0	177,308	68.01
69.00	06900	ELECTROCARDIOLOGY	0	26,766	371,839	0	594,840	69.00
69.01	03160	CARDIOPULMONARY	3,781	15,530	539,935	0	700,791	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,452	51,960	0	69,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,272,095	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,498,761	0	1,854,129	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	273,834	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	13,886	133,462	0	648,620	90.00
91.00	09100	EMERGENCY	29,389	81,876	5,081,286	0	7,234,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	762	883,811	0	1,176,253	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	352,529	3,494,093	50,946,181	-20,297,445	91,262,353	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,619	0	0	0	31,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,669	0	0	0	425,742	192.00
193.00	19300	NONPAID WORKERS	41,298	0	0	0	353,989	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,832,486	3,640,499	12,079,723		20,297,445	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.571589	1.041901	0.237108		0.220449	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			126,630		1,762,464	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002486		0.019142	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	407,670					6.00
7.00	00700	OPERATION OF PLANT	38,197	369,473				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	428	1,109,408			8.00
9.00	00900	HOUSEKEEPING	2,693	2,693	0	9,355		9.00
10.00	01000	DIETARY	10,278	10,278	0	15	95,387	10.00
11.00	01100	CAFETERIA	0	0	0	40	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	2,776	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,753	10,753	23,797	72	0	14.00
15.00	01500	PHARMACY	2,459	2,459	0	97	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	8,830	0	52	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,561	29,561	333,886	3,510	76,106	30.00
31.00	03100	INTENSIVE CARE UNIT	8,917	8,917	60,264	1,371	7,712	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	7,085	0	847	11,569	41.00
43.00	04300	NURSERY	1,022	1,022	0	192	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,988	30,988	253,280	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,433	31,433	135,005	438	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,451	6,451	32,038	238	0	54.00
56.00	05600	RADIOISOTOPE	986	986	4,038	30	0	56.00
57.00	05700	CT SCAN	11,099	11,099	44,495	331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,714	2,714	10,975	82	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,998	0	0	59.00
60.00	06000	LABORATORY	9,467	9,467	0	94	0	60.00
65.00	06500	RESPIRATORY THERAPY	6,353	6,353	9,428	193	0	65.00
66.00	06600	PHYSICAL THERAPY	29,160	29,160	6,999	56	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,511	19,511	4,331	35	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,444	6,444	2,619	21	0	68.00
68.01	03040	AUDIOLOGY	461	461	506	4	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	2,648	267	0	69.00
69.01	03160	CARDIOPULMONARY	3,781	3,781	0	51	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,042	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	29,389	29,389	171,059	1,221	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	1,848	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	313,084	274,887	1,109,408	9,257	95,387	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,619	3,619	0	48	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,669	49,669	0	50	0	192.00
193.00	19300	NONPAID WORKERS	41,298	41,298	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,867,025	3,100,295	697,796	2,020,296	984,363	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.032710	8.391127	0.628981	215.958952	10.319677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	463,994	415,296	15,620	71,433	135,225	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.138161	1.124023	0.014080	7.635810	1.417646	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	35,248					11.00
13.00	01300	NURSING ADMINISTRATION	2,912	12,048				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,526	0	14,072,799			14.00
15.00	01500	PHARMACY	998	0	14,789	1,558,515		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,831	0	0	0	66,464	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	1,556	0	61	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,916	3,881	179,647	7,641	3,891	30.00
31.00	03100	INTENSIVE CARE UNIT	1,353	960	109,280	1,167	656	31.00
41.00	04100	SUBPROVIDER - IRF	1,346	0	11,519	854	803	41.00
43.00	04300	NURSERY	312	417	14,262	159	668	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,262	2,680	580,151	573	10,373	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	712	1,250	142,668	364	1,522	52.00
53.00	05300	ANESTHESIOLOGY	565	0	36,893	0	1,522	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	665	0	21,826	0	4,752	54.00
56.00	05600	RADIOISOTOPE	84	0	1,609	0	617	56.00
57.00	05700	CT SCAN	924	0	43,116	0	6,946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	228	0	1,686	0	1,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	296	10,725	233	1,624	59.00
60.00	06000	LABORATORY	1,621	0	1,386,693	0	9,372	60.00
65.00	06500	RESPIRATORY THERAPY	1,383	0	66,312	0	1,910	65.00
66.00	06600	PHYSICAL THERAPY	671	0	2,537	0	1,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	415	0	3,058	0	1,121	67.00
68.00	06800	SPEECH PATHOLOGY	251	0	791	0	370	68.00
68.01	03040	AUDIOLOGY	48	0	1,869	0	138	68.01
69.00	06900	ELECTROCARDIOLOGY	593	0	5,723	0	1,782	69.00
69.01	03160	CARDIOPULMONARY	796	261	8,321	0	242	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	260	0	218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,272,095	0	1,880	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	1,833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,546,840	3,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	185	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,484	0	17	90.00
91.00	09100	EMERGENCY	2,799	2,303	153,669	684	7,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	1,755	0	152	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,767	12,048	14,072,799	1,558,515	66,464	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	889	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	592	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,844,921	1,066,414	1,806,065	6,740,943	2,950,156	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	52.341154	88.513778	0.128337	4.325235	44.387277	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,544	47,970	273,501	495,056	162,579	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.980027	3.981574	0.019435	0.317646	2.446121	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 9:39 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
			17.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	0			17.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	151,311		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,513.110000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,768		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	27.680000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 9:39 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,419,503		17,419,503	0	17,419,503	30.00
31.00	03100	INTENSIVE CARE UNIT	4,480,357		4,480,357	0	4,480,357	31.00
41.00	04100	SUBPROVIDER - IRF	2,830,241		2,830,241	0	2,830,241	41.00
43.00	04300	NURSERY	1,079,318		1,079,318	0	1,079,318	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,123,190		13,123,190	0	13,123,190	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,882		3,334,882	0	3,334,882	52.00
53.00	05300	ANESTHESIOLOGY	367,226		367,226	72,219	439,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,344,514		5,344,514	68,102	5,412,616	54.00
56.00	05600	RADIOISOTOPE	442,717		442,717	0	442,717	56.00
57.00	05700	CT SCAN	2,273,913		2,273,913	0	2,273,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	942,273		942,273	0	942,273	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,807,010		1,807,010	9,246	1,816,256	59.00
60.00	06000	LABORATORY	7,389,887		7,389,887	3,478	7,393,365	60.00
65.00	06500	RESPIRATORY THERAPY	2,512,997	0	2,512,997	0	2,512,997	65.00
66.00	06600	PHYSICAL THERAPY	3,379,996	0	3,379,996	0	3,379,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,002,177	0	2,002,177	0	2,002,177	67.00
68.00	06800	SPEECH PATHOLOGY	1,295,009	0	1,295,009	0	1,295,009	68.00
68.01	03040	AUDIOLOGY	233,564	0	233,564	0	233,564	68.01
69.00	06900	ELECTROCARDIOLOGY	896,169		896,169	0	896,169	69.00
69.01	03160	CARDIOPULMONARY	1,001,188		1,001,188	0	1,001,188	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	95,668		95,668	0	95,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,287,099		15,287,099	0	15,287,099	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	81,362		81,362	0	81,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,093,136		9,093,136	0	9,093,136	73.00
74.00	07400	RENAL DIALYSIS	342,412		342,412	0	342,412	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	792,553		792,553	0	792,553	90.00
91.00	09100	EMERGENCY	10,504,115		10,504,115	0	10,504,115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,526,963		2,526,963		2,526,963	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,471,032		1,471,032		1,471,032	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	112,350,471	0	112,350,471	153,045	112,503,516	200.00
201.00		Less Observation Beds	2,526,963		2,526,963		2,526,963	201.00
202.00		Total (see instructions)	109,823,508	0	109,823,508	153,045	109,976,553	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 9:39 am

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		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	21,060,886		21,060,886			30.00
31.00	03100	INTENSIVE CARE UNIT	4,660,830		4,660,830			31.00
41.00	04100	SUBPROVIDER - IRF	5,706,720		5,706,720			41.00
43.00	04300	NURSERY	4,743,828		4,743,828			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,368,170	54,350,174	73,718,344	0.178018	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,493,311	325,245	10,818,556	0.308256	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,810,898	8,002,949	10,813,847	0.033959	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,290,846	28,480,687	33,771,533	0.158255	0.000000	54.00
56.00	05600	RADIOISOTOPE	706,147	3,679,202	4,385,349	0.100954	0.000000	56.00
57.00	05700	CT SCAN	4,342,153	45,020,732	49,362,885	0.046065	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,018,196	10,052,589	12,070,785	0.078062	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,105,506	4,437,696	11,543,202	0.156543	0.000000	59.00
60.00	06000	LABORATORY	24,971,380	41,631,552	66,602,932	0.110954	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,366,609	5,207,437	13,574,046	0.185132	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,789,042	6,117,033	11,906,075	0.283888	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,533,306	3,433,208	7,966,514	0.251324	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	692,089	1,939,225	2,631,314	0.492153	0.000000	68.00
68.01	03040	AUDIOLOGY	0	981,303	981,303	0.238014	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	4,384,967	8,277,580	12,662,547	0.070773	0.000000	69.00
69.01	03160	CARDIOPULMONARY	607	1,716,501	1,717,108	0.583066	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70,470	1,477,959	1,548,429	0.061784	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,795,356	6,562,076	13,357,432	1.144464	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	6,901,481	6,123,273	13,024,754	0.006247	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,980,673	8,405,173	22,385,846	0.406200	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,244,836	71,693	1,316,529	0.260087	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	496	120,483	120,979	6.551162	0.000000	90.00
91.00	09100	EMERGENCY	9,314,605	42,888,500	52,203,105	0.201216	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,529,257	5,065,035	6,594,292	0.383205	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,080,679	1,080,679			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	176,882,665	295,447,984	472,330,649			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	176,882,665	295,447,984	472,330,649			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 9:39 am

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		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
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.178018	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308256	52.00
53.00	05300	ANESTHESIOLOGY	0.040637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160272	54.00
56.00	05600	RADIOISOTOPE	0.100954	56.00
57.00	05700	CT SCAN	0.046065	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078062	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.157344	59.00
60.00	06000	LABORATORY	0.111007	60.00
65.00	06500	RESPIRATORY THERAPY	0.185132	65.00
66.00	06600	PHYSICAL THERAPY	0.283888	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251324	67.00
68.00	06800	SPEECH PATHOLOGY	0.492153	68.00
68.01	03040	AUDIOLOGY	0.238014	68.01
69.00	06900	ELECTROCARDIOLOGY	0.070773	69.00
69.01	03160	CARDIOPULMONARY	0.583066	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.144464	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.006247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.406200	73.00
74.00	07400	RENAL DIALYSIS	0.260087	74.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	6.551162	90.00
91.00	09100	EMERGENCY	0.201216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383205	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	887,317	0	887,317	25,244	35.15	30.00
31.00	INTENSIVE CARE UNIT	228,832		228,832	2,881	79.43	31.00
41.00	SUBPROVIDER - IRF	143,835	0	143,835	4,322	33.28	41.00
43.00	NURSERY	47,840		47,840	3,442	13.90	43.00
200.00	Total (lines 30-199)	1,307,824		1,307,824	35,889		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	8,626	303,204	30.00
31.00	INTENSIVE CARE UNIT	866	68,786	31.00
41.00	SUBPROVIDER - IRF	2,639	87,826	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	12,131	459,816	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/30/2017 9:39 am

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,307,810	73,718,344	0.017741	6,410,714	113,732	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	434,320	10,818,556	0.040146	10,343	415	52.00
53.00	05300	ANESTHESIOLOGY	50,159	10,813,847	0.004638	960,471	4,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,293	33,771,533	0.015791	4,995,244	78,880	54.00
56.00	05600	RADIOISOTOPE	25,023	4,385,349	0.005706	391,527	2,234	56.00
57.00	05700	CT SCAN	547,880	49,362,885	0.011099	4,260,908	47,292	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,803	12,070,785	0.027240	846,636	23,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	411,296	11,543,202	0.035631	2,227,993	79,386	59.00
60.00	06000	LABORATORY	397,364	66,602,932	0.005966	10,696,437	63,815	60.00
65.00	06500	RESPIRATORY THERAPY	199,256	13,574,046	0.014679	4,287,986	62,943	65.00
66.00	06600	PHYSICAL THERAPY	383,406	11,906,075	0.032203	1,639,098	52,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,374	7,966,514	0.030801	811,786	25,004	67.00
68.00	06800	SPEECH PATHOLOGY	91,881	2,631,314	0.034918	211,935	7,400	68.00
68.01	03040	AUDIOLOGY	13,041	981,303	0.013289	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	73,245	12,662,547	0.005784	683,760	3,955	69.00
69.01	03160	CARDIOPULMONARY	74,862	1,717,108	0.043598	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,621	1,548,429	0.003630	28,179	102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	439,441	13,357,432	0.032899	2,863,116	94,194	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,484	13,024,754	0.000344	3,095,836	1,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	538,270	22,385,846	0.024045	6,202,922	149,149	73.00
74.00	07400	RENAL DIALYSIS	5,695	1,316,529	0.004326	748,647	3,239	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,105	120,979	0.265377	0	0	90.00
91.00	09100	EMERGENCY	599,630	52,203,105	0.011486	3,850,164	44,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	128,718	6,594,292	0.019520	592,190	11,560	92.00
200.00		Total (lines 50-199)	6,870,977	435,077,706		55,815,892	868,889	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/30/2017 9:39 am

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		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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,244	0.00	8,626	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,881	0.00	866	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,322	0.00	2,639	0		41.00
43.00	04300	NURSERY	3,442	0.00	0	0		43.00
200.00		Total (lines 30-199)	35,889		12,131	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	151,311	0	151,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	151,311	0	151,311	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	73,718,344	0.000000	0.000000	6,410,714	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,818,556	0.000000	0.000000	10,343	52.00
53.00	05300	ANESTHESIOLOGY	0	10,813,847	0.000000	0.000000	960,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,771,533	0.000000	0.000000	4,995,244	54.00
56.00	05600	RADIOISOTOPE	0	4,385,349	0.000000	0.000000	391,527	56.00
57.00	05700	CT SCAN	0	49,362,885	0.000000	0.000000	4,260,908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,070,785	0.000000	0.000000	846,636	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,543,202	0.000000	0.000000	2,227,993	59.00
60.00	06000	LABORATORY	0	66,602,932	0.000000	0.000000	10,696,437	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,574,046	0.000000	0.000000	4,287,986	65.00
66.00	06600	PHYSICAL THERAPY	0	11,906,075	0.000000	0.000000	1,639,098	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,966,514	0.000000	0.000000	811,786	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,631,314	0.000000	0.000000	211,935	68.00
68.01	03040	AUDIOLOGY	0	981,303	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	12,662,547	0.000000	0.000000	683,760	69.00
69.01	03160	CARDIOPULMONARY	0	1,717,108	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,548,429	0.000000	0.000000	28,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,357,432	0.000000	0.000000	2,863,116	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	13,024,754	0.000000	0.000000	3,095,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,385,846	0.000000	0.000000	6,202,922	73.00
74.00	07400	RENAL DIALYSIS	0	1,316,529	0.000000	0.000000	748,647	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	120,979	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	151,311	52,203,105	0.002899	0.002899	3,850,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,594,292	0.000000	0.000000	592,190	92.00
200.00		Total (lines 50-199)	151,311	435,077,706			55,815,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,762,885	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,708,594	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,381,992	0		54.00
56.00	05600	RADIOISOTOPE	0	1,338,366	0		56.00
57.00	05700	CT SCAN	0	9,262,916	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,411,442	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,310,244	0		59.00
60.00	06000	LABORATORY	0	6,105,850	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	594,313	0		65.00
66.00	06600	PHYSICAL THERAPY	0	66,323	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	39,374	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	5,242	0		68.00
68.01	03040	AUDIOLOGY	0	100,980	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	925,101	0		69.00
69.01	03160	CARDIOPULMONARY	0	643,531	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,542,748	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,840,902	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,290,750	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,049,328	0		73.00
74.00	07400	RENAL DIALYSIS	0	34,286	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	11,162	5,782,951	16,765		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	857,196	0		92.00
200.00		Total (lines 50-199)	11,162	57,055,314	16,765		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.178018	11,762,885	0	0	2,094,005	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308256	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033959	1,708,594	0	0	58,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158255	6,381,992	0	0	1,009,982	54.00
56.00	05600	RADIOISOTOPE	0.100954	1,338,366	0	0	135,113	56.00
57.00	05700	CT SCAN	0.046065	9,262,916	0	0	426,696	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078062	2,411,442	0	0	188,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.156543	1,310,244	0	0	205,110	59.00
60.00	06000	LABORATORY	0.110954	6,105,850	0	0	677,468	60.00
65.00	06500	RESPIRATORY THERAPY	0.185132	594,313	0	0	110,026	65.00
66.00	06600	PHYSICAL THERAPY	0.283888	66,323	0	0	18,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251324	39,374	0	0	9,896	67.00
68.00	06800	SPEECH PATHOLOGY	0.492153	5,242	0	0	2,580	68.00
68.01	03040	AUDIOLOGY	0.238014	100,980	0	0	24,035	68.01
69.00	06900	ELECTROCARDIOLOGY	0.070773	925,101	0	0	65,472	69.00
69.01	03160	CARDIOPULMONARY	0.583066	643,531	0	0	375,221	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061784	1,542,748	0	0	95,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.144464	1,840,902	0	0	2,106,846	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.006247	2,290,750	0	0	14,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.406200	2,049,328	0	14,253	832,437	73.00
74.00	07400	RENAL DIALYSIS	0.260087	34,286	0	0	8,917	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6.551162	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.201216	5,782,951	0	0	1,163,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383205	857,196	0	0	328,482	92.00
200.00		Subtotal (see instructions)		57,055,314	0	14,253	9,950,627	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		57,055,314	0	14,253	9,950,627	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,790		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	5,790		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	5,790		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,307,810	73,718,344	0.017741	29,291	520	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	434,320	10,818,556	0.040146	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,159	10,813,847	0.004638	5,058	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,293	33,771,533	0.015791	143,559	2,267	54.00
56.00	05600	RADIOISOTOPE	25,023	4,385,349	0.005706	11,226	64	56.00
57.00	05700	CT SCAN	547,880	49,362,885	0.011099	81,245	902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,803	12,070,785	0.027240	15,318	417	58.00
59.00	05900	CARDIAC CATHETERIZATION	411,296	11,543,202	0.035631	0	0	59.00
60.00	06000	LABORATORY	397,364	66,602,932	0.005966	484,433	2,890	60.00
65.00	06500	RESPIRATORY THERAPY	199,256	13,574,046	0.014679	240,196	3,526	65.00
66.00	06600	PHYSICAL THERAPY	383,406	11,906,075	0.032203	1,812,894	58,381	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,374	7,966,514	0.030801	1,984,202	61,115	67.00
68.00	06800	SPEECH PATHOLOGY	91,881	2,631,314	0.034918	172,277	6,016	68.00
68.01	03040	AUDIOLOGY	13,041	981,303	0.013289	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	73,245	12,662,547	0.005784	8,651	50	69.00
69.01	03160	CARDIOPULMONARY	74,862	1,717,108	0.043598	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,621	1,548,429	0.003630	1,317	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	439,441	13,357,432	0.032899	110,116	3,623	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,484	13,024,754	0.000344	2,494	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	538,270	22,385,846	0.024045	516,975	12,431	73.00
74.00	07400	RENAL DIALYSIS	5,695	1,316,529	0.004326	61,862	268	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,105	120,979	0.265377	0	0	90.00
91.00	09100	EMERGENCY	599,630	52,203,105	0.011486	14,428	166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,594,292	0.000000	33,363	0	92.00
200.00		Total (lines 50-199)	6,742,259	435,077,706		5,728,905	152,665	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	151,311	0	151,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	151,311	0	151,311	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	73,718,344	0.000000	0.000000	29,291	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,818,556	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,813,847	0.000000	0.000000	5,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,771,533	0.000000	0.000000	143,559	54.00
56.00	05600	RADIOISOTOPE	0	4,385,349	0.000000	0.000000	11,226	56.00
57.00	05700	CT SCAN	0	49,362,885	0.000000	0.000000	81,245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,070,785	0.000000	0.000000	15,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,543,202	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	66,602,932	0.000000	0.000000	484,433	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,574,046	0.000000	0.000000	240,196	65.00
66.00	06600	PHYSICAL THERAPY	0	11,906,075	0.000000	0.000000	1,812,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,966,514	0.000000	0.000000	1,984,202	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,631,314	0.000000	0.000000	172,277	68.00
68.01	03040	AUDIOLOGY	0	981,303	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	12,662,547	0.000000	0.000000	8,651	69.00
69.01	03160	CARDIOPULMONARY	0	1,717,108	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,548,429	0.000000	0.000000	1,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,357,432	0.000000	0.000000	110,116	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	13,024,754	0.000000	0.000000	2,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,385,846	0.000000	0.000000	516,975	73.00
74.00	07400	RENAL DIALYSIS	0	1,316,529	0.000000	0.000000	61,862	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	120,979	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	151,311	52,203,105	0.002899	0.002899	14,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,594,292	0.000000	0.000000	33,363	92.00
200.00		Total (lines 50-199)	151,311	435,077,706			5,728,905	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	141	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	42	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00		Total (lines 50-199)	42	141	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 9:39 am

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	0.178018	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308256	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033959	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158255	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.100954	0	0	0	0	56.00
57.00	05700	CT SCAN	0.046065	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078062	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.156543	0	0	0	0	59.00
60.00	06000	LABORATORY	0.110954	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.185132	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.283888	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251324	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.492153	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.238014	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.070773	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0.583066	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061784	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.144464	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.006247	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.406200	141	0	0	57	73.00
74.00	07400	RENAL DIALYSIS	0.260087	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6.551162	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.201216	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383205	0	0	0	0	92.00
200.00		Subtotal (see instructions)		141	0	0	57	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		141	0	0	57	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/30/2017 9:39 am

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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	25,244	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,244	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)	21,582	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,626	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)	17,419,503	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)	17,419,503	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)	17,419,503	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)	690.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,952,371	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,952,371	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,480,357	2,881	1,555.14	866	1,346,751	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)	12,453,553	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	19,752,675	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)	371,990	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	880,051	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,252,041	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	18,500,634	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)	3,662	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	690.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,526,963	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	887,317	17,419,503	0.050938	2,526,963	128,718	90.00
91.00	Nursing School cost	0	17,419,503	0.000000	2,526,963	0	91.00
92.00	Allied health cost	0	17,419,503	0.000000	2,526,963	0	92.00
93.00	All other Medical Education	0	17,419,503	0.000000	2,526,963	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0289 Component CCN: 14-T289	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,322	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,322	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)	2,639	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)	2,830,241	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,830,241	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,830,241	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)	654.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,728,149	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)	1,728,149	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,599,373	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,327,522	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)	87,826	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	152,707	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	240,533	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,086,989	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: 14-0289 Component CCN: 14-T289	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	143,835	2,830,241	0.050821	0	0	90.00
91.00	Nursing School cost	0	2,830,241	0.000000	0	0	91.00
92.00	Allied health cost	0	2,830,241	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,830,241	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		8,507,642		30.00
31.00	03100	INTENSIVE CARE UNIT		1,813,293		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.178018	6,410,714	1,141,222	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308256	10,343	3,188	52.00
53.00	05300	ANESTHESIOLOGY	0.040637	960,471	39,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160272	4,995,244	800,598	54.00
56.00	05600	RADIOISOTOPE	0.100954	391,527	39,526	56.00
57.00	05700	CT SCAN	0.046065	4,260,908	196,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078062	846,636	66,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.157344	2,227,993	350,561	59.00
60.00	06000	LABORATORY	0.111007	10,696,437	1,187,379	60.00
65.00	06500	RESPIRATORY THERAPY	0.185132	4,287,986	793,843	65.00
66.00	06600	PHYSICAL THERAPY	0.283888	1,639,098	465,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251324	811,786	204,021	67.00
68.00	06800	SPEECH PATHOLOGY	0.492153	211,935	104,304	68.00
68.01	03040	AUDIOLOGY	0.238014	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.070773	683,760	48,392	69.00
69.01	03160	CARDIOPULMONARY	0.583066	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061784	28,179	1,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.144464	2,863,116	3,276,733	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.006247	3,095,836	19,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.406200	6,202,922	2,519,627	73.00
74.00	07400	RENAL DIALYSIS	0.260087	748,647	194,713	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	6.551162	0	0	90.00
91.00	09100	EMERGENCY	0.201216	3,850,164	774,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383205	592,190	226,930	92.00
200.00		Total (sum of lines 50-94 and 96-98)		55,815,892	12,453,553	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)		55,815,892		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		3,692,887		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.178018	29,291	5,214	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.308256	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040637	5,058	206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160272	143,559	23,008	54.00
56.00	05600	RADIOISOTOPE	0.100954	11,226	1,133	56.00
57.00	05700	CT SCAN	0.046065	81,245	3,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078062	15,318	1,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.157344	0	0	59.00
60.00	06000	LABORATORY	0.111007	484,433	53,775	60.00
65.00	06500	RESPIRATORY THERAPY	0.185132	240,196	44,468	65.00
66.00	06600	PHYSICAL THERAPY	0.283888	1,812,894	514,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.251324	1,984,202	498,678	67.00
68.00	06800	SPEECH PATHOLOGY	0.492153	172,277	84,787	68.00
68.01	03040	AUDIOLOGY	0.238014	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.070773	8,651	612	69.00
69.01	03160	CARDIOPULMONARY	0.583066	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.061784	1,317	81	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.144464	110,116	126,024	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.006247	2,494	16	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.406200	516,975	209,995	73.00
74.00	07400	RENAL DIALYSIS	0.260087	61,862	16,090	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	6.551162	0	0	90.00
91.00	09100	EMERGENCY	0.201216	14,428	2,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.383205	33,363	12,785	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,728,905	1,599,373	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)		5,728,905		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	12,393,624	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,131,208	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)	147,263	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	7,330,391	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	119.99	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.40	31.00
32.00	Sum of lines 30 and 31	21.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)	7.32	33.00
34.00	Disproportionate share adjustment (see instructions)	302,404	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000144277	0.000145535	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	924,256	869,930	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	691,929	219,270	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	911,199		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	17,885,698		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)	17,885,698	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,383,611	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	4,032	53.00
54.00	Special add-on payments for new technologies	0	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)	11,162	58.00
59.00	Total (sum of amounts on lines 49 through 58)	19,284,503	59.00
60.00	Primary payer payments	36,279	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	19,248,224	61.00
62.00	Deductibles billed to program beneficiaries	2,161,824	62.00
63.00	Coinsurance billed to program beneficiaries	39,928	63.00
64.00	Allowable bad debts (see instructions)	365,388	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	237,502	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	307,606	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	17,283,974	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)	-75,796	70.93
70.94	HRR adjustment amount (see instructions)	-29,420	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,178,758	71.00
71.01	Sequestration adjustment (see instructions)		343,575	71.01
72.00	Interim payments		16,837,883	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)		-2,700	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	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 REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	5,790	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	9,933,862	2.00
3.00	PPS payments	9,720,673	3.00
4.00	Outlier payment (see instructions)	2,482	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	16,765	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	5,790	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	14,253	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)	14,253	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)	14,253	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	8,463	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)	5,790	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)	9,739,920	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	1,907,299	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)	7,838,411	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)	7,838,411	30.00
31.00	Primary payer payments	2,283	31.00
32.00	Subtotal (line 30 minus line 31)	7,836,128	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)	263,038	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	170,975	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	206,017	36.00
37.00	Subtotal (see instructions)	8,007,103	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-192	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)	8,007,295	40.00
40.01	Sequestration adjustment (see instructions)	160,146	40.01
41.00	Interim payments	7,862,602	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-15,453	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289 Component CCN: 14-T289	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	57	2.00
3.00	PPS payments	29	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	29	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	29	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)	29	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	29	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)	29	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)	29	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
41.00	Interim payments	42	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-14	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,823,326		7,862,602	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	08/16/2016	14,557		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)		14,557		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)		16,837,883		7,862,602	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2,700		15,453	6.02
7.00	Total Medicare program liability (see instructions)		16,835,183		7,847,149	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: 14-0289 | Component CCN: 14-T289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2017 9:39 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,791,595		42	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	08/16/2016	36,719		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)		36,719		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,828,314		42	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		5,561		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		14	6.02
7.00	Total Medicare program liability (see instructions)		3,833,875		28	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: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	8,648	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	9,492	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	4,343	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	24,463	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	472,330,649	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6,853,858	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289 Component CCN: 14-T289	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,814,179	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0067	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	128,919	3.00
4.00	Outlier Payments	15,165	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	11.808743	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	3,958,263	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)	3,958,263	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,958,263	19.00
20.00	Deductibles	46,284	20.00
21.00	Subtotal (line 19 minus line 20)	3,911,979	21.00
22.00	Coinsurance	3,864	22.00
23.00	Subtotal (line 21 minus line 22)	3,908,115	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,092	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	3,960	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,720	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,912,075	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)	42	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	3,912,117	32.00
32.01	Sequestration adjustment (see instructions)	78,242	32.01
33.00	Interim payments	3,828,314	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)	5,561	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	15,165	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/30/2017 9:39 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	2,844,685	0	0	0	1.00
2.00	Temporary investments	513,613	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	20,290,964	0	0	0	4.00
5.00	Other receivable	6,873,724	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,323,454	0	0	0	7.00
8.00	Prepaid expenses	1,201,737	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	180,375	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,228,552	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	963,454	0	0	0	12.00
13.00	Land improvements	3,146,603	0	0	0	13.00
14.00	Accumulated depreciation	-2,354,047	0	0	0	14.00
15.00	Buildings	105,076,153	0	0	0	15.00
16.00	Accumulated depreciation	-41,434,523	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	5,236,053	0	0	0	19.00
20.00	Accumulated depreciation	-3,615,097	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	40,921,077	0	0	0	23.00
24.00	Accumulated depreciation	-30,868,747	0	0	0	24.00
25.00	Minor equipment depreciable	83,185	0	0	0	25.00
26.00	Accumulated depreciation	-83,185	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	867,979	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	77,938,905	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	68,441,646	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	27,354,667	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	95,796,313	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	207,963,770	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,059,221	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,956,884	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,574,498	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	5,214,319	0	0	0	43.00
44.00	Other current liabilities	5,305,825	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,110,747	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	32,916,910	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	15,607,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	48,523,910	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	73,634,657	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	134,329,113				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)	134,329,113	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	207,963,770	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/30/2017 9:39 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		103,827,660		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		12,806,036				2.00
3.00	Total (sum of line 1 and line 2)		116,633,696		0		3.00
4.00	CONTRIBUTIONS RECEIVED	23,155,783		0		0	4.00
5.00	ROUNDING	1		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		23,155,784		0		10.00
11.00	Subtotal (line 3 plus line 10)		139,789,480		0		11.00
12.00	TRANSFERS TO AFFILIATES	5,460,367		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)		5,460,367		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		134,329,113		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	CONTRIBUTIONS RECEIVED		0		4.00
5.00	ROUNDING		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	TRANSFERS TO AFFILIATES		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: 14-0289 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2017 9:39 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	25,804,714		25,804,714	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,706,720		5,706,720	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,511,434		31,511,434	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	4,660,830		4,660,830	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,660,830		4,660,830	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,172,264		36,172,264	17.00
18.00	Ancillary services	129,866,044	246,293,288	376,159,332	18.00
19.00	Outpatient services	10,844,357	48,074,018	58,918,375	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		1,080,679	1,080,679	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	176,882,665	295,447,985	472,330,650	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		125,524,357		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		125,524,357		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/30/2017 9:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	472,330,650	1.00
2.00	Less contractual allowances and discounts on patients' accounts	340,537,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,793,064	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	125,524,357	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,268,707	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,265,827	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	336	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	140,651	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	4,404	21.00
22.00	Rental of hospital space	1,173,317	22.00
23.00	Governmental appropriations	0	23.00
24.00	MANAGEMENT FEES	163,200	24.00
24.01	SISHA INCOME	249,144	24.01
24.02	MEDICAID EMR REVENUE	0	24.02
24.03	MISC INCOME	562,742	24.03
25.00	Total other income (sum of lines 6-24)	7,559,621	25.00
26.00	Total (line 5 plus line 25)	13,828,328	26.00
27.00	LOSS ON DISPOSAL OF INCOME	92,201	27.00
27.01	RETIREMENT OF DEBT	930,091	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,022,292	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,806,036	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0289 HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H Date/Time Prepared: 5/30/2017 9:39 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	185,053	0	0	0	11,933	196,986	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	437,400	0	18,013	0	0	455,413	6.00
7.00	Physical Therapy	141,203	0	13,202	14,738	0	169,143	7.00
8.00	Occupational Therapy	57,786	0	5,383	0	0	63,169	8.00
9.00	Speech Pathology	5,564	0	520	0	0	6,084	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	56,805	0	3,346	0	0	60,151	11.00
12.00	Supplies (see instructions)	0	0	0	0	8,283	8,283	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	883,811	0	40,464	14,738	20,216	959,229	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-2,640	194,346	0	194,346			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	455,413	0	455,413			6.00
7.00	Physical Therapy	0	169,143	0	169,143			7.00
8.00	Occupational Therapy	0	63,169	0	63,169			8.00
9.00	Speech Pathology	0	6,084	0	6,084			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	0	60,151	0	60,151			11.00
12.00	Supplies (see instructions)	-6,529	1,754	0	1,754			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-9,169	950,060	0	950,060			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-1 Part I | Date/Time Prepared: 5/30/2017 9:39 am

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	194,346	0	0	0	0	194,346	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	455,413	0	0	0	0	455,413	6.00
7.00	Physical Therapy	169,143	0	0	0	0	169,143	7.00
8.00	Occupational Therapy	63,169	0	0	0	0	63,169	8.00
9.00	Speech Pathology	6,084	0	0	0	0	6,084	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	60,151	0	0	0	0	60,151	11.00
12.00	Supplies (see instructions)	1,754	0	0	0	0	1,754	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	950,060	0	0	0	0	950,060	24.00

		Administrative & General	Total (cols. 4A + 5)		
		5.00	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures				1.00
2.00	Capital Related - Movable Equipment				2.00
3.00	Plant Operation & Maintenance				3.00
4.00	Transportation				4.00
5.00	Administrative and General	194,346			5.00
	HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	117,118	572,531		6.00
7.00	Physical Therapy	43,498	212,641		7.00
8.00	Occupational Therapy	16,245	79,414		8.00
9.00	Speech Pathology	1,565	7,649		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Home Health Aide	15,469	75,620		11.00
12.00	Supplies (see instructions)	451	2,205		12.00
13.00	Drugs	0	0		13.00
14.00	DME	0	0		14.00
	HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0		15.00
16.00	Respiratory Therapy	0	0		16.00
17.00	Private Duty Nursing	0	0		17.00
18.00	Clinic	0	0		18.00
19.00	Health Promotion Activities	0	0		19.00
20.00	Day Care Program	0	0		20.00
21.00	Home Delivered Meals Program	0	0		21.00
22.00	Homemaker Service	0	0		22.00
23.00	All Others (specify)	0	0		23.00
23.50	Telemedicine	0	0		23.50
24.00	Total (sum of lines 1-23)		950,060		24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-1 Part II Date/Time Prepared: 5/30/2017 9:39 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-194,346	755,714	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	455,413	6.00
7.00	Physical Therapy	0	0	0	0	0	169,143	7.00
8.00	Occupational Therapy	0	0	0	0	0	63,169	8.00
9.00	Speech Pathology	0	0	0	0	0	6,084	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	60,151	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	1,754	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-194,346	755,714	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		194,346	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.257169	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	15,840	794	43,878	60,512	13,340	1.00
2.00	Skilled Nursing Care	572,531	0	0	103,711	676,242	149,077	2.00
3.00	Physical Therapy	212,641	0	0	33,480	246,121	54,257	3.00
4.00	Occupational Therapy	79,414	0	0	13,702	93,116	20,527	4.00
5.00	Speech Pathology	7,649	0	0	1,319	8,968	1,977	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	75,620	0	0	13,469	89,089	19,640	7.00
8.00	Supplies (see instructions)	2,205	0	0	0	2,205	486	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	950,060	15,840	794	209,559	1,176,253	259,304	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	12,996	15,507	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	12,996	15,507	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0289 HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-2 Part I Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PRGM	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	225	0	6,747	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	225	0	6,747	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	109,327	0	109,327				1.00
2.00	Skilled Nursing Care	825,319	0	825,319	66,262	891,581		2.00
3.00	Physical Therapy	300,378	0	300,378	24,116	324,494		3.00
4.00	Occupational Therapy	113,643	0	113,643	9,124	122,767		4.00
5.00	Speech Pathology	10,945	0	10,945	879	11,824		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	108,729	0	108,729	8,730	117,459		7.00
8.00	Supplies (see instructions)	2,691	0	2,691	216	2,907		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	1,471,032	0	1,471,032	109,327	1,471,032		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.080287			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0289 HHA CCN: 14-7420

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

Worksheet H-2 Part II Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	1,848	762	185,053	0	60,512	1,848	1.00
2.00	Skilled Nursing Care	0	0	437,400	0	676,242	0	2.00
3.00	Physical Therapy	0	0	141,203	0	246,121	0	3.00
4.00	Occupational Therapy	0	0	57,786	0	93,116	0	4.00
5.00	Speech Pathology	0	0	5,564	0	8,968	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	56,805	0	89,089	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	2,205	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,848	762	883,811		1,176,253	1,848	20.00
21.00	Total cost to be allocated	15,840	794	209,559		259,304	12,996	21.00
22.00	Unit cost multiplier	8.571429	1.041995	0.237108		0.220449	7.032468	22.00

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	1,848	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	15,507	0	0	0	0	0	21.00
22.00	Unit cost multiplier	8.391234	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-2 Part II | Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	23.00		
1.00	Administrative and General	1,755	0	152	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	1,755	0	152	0	0		20.00
21.00	Total cost to be allocated	225	0	6,747	0	0		21.00
22.00	Unit cost multiplier	0.128205	0.000000	44.388158	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part I | Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	891,581		891,581	3,085	289.01	1.00
2.00	Physical Therapy	3.00	324,494	0	324,494	2,261	143.52	2.00
3.00	Occupational Therapy	4.00	122,767	0	122,767	922	133.15	3.00
4.00	Speech Pathology	5.00	11,824	0	11,824	89	132.85	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	117,459		117,459	573	204.99	6.00
7.00	Total (sum of lines 1-6)		1,468,125	0	1,468,125	6,930		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	1,556			8.00
9.00	Physical Therapy		41180	0	1,066			9.00
10.00	Occupational Therapy		41180	0	425			10.00
11.00	Speech Pathology		41180	0	29			11.00
12.00	Medical Social Services		41180	0	0			12.00
13.00	Home Health Aide		41180	0	351			13.00
14.00	Total (sum of lines 8-13)			0	3,427			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	2,907	13,993	16,900	12,227	1.382187	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,556		0	449,700		1.00
2.00	Physical Therapy	0	1,066		0	152,992		2.00
3.00	Occupational Therapy	0	425		0	56,589		3.00
4.00	Speech Pathology	0	29		0	3,853		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	351		0	71,951		6.00
7.00	Total (sum of lines 1-6)	0	3,427		0	735,085		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 14-0289 HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	12,227	0	0	16,900	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	449,700	1.00
2.00	Physical Therapy	152,992	2.00
3.00	Occupational Therapy	56,589	3.00
4.00	Speech Pathology	3,853	4.00
5.00	Medical Social Services	0	5.00
6.00	Home Health Aide	71,951	6.00
7.00	Total (sum of lines 1-6)	735,085	7.00

	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
9.00	Physical Therapy		9.00
10.00	Occupational Therapy		10.00
11.00	Speech Pathology		11.00
12.00	Medical Social Services		12.00
13.00	Home Health Aide		13.00
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part II | Date/Time Prepared: 5/30/2017 9:39 am

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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.283888	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.251324	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.492153	0	0	col. 2, line 4.00		3.00
3.01	Speech Pathology 1	68.01	0.238014	0	0	col. 2, line 4.01		3.01
4.00	Cost of Medical Supplies	71.00	1.144464	12,227	13,993	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.406200	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0289 HHA CCN: 14-7420	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	610,416	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	6,250	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	15,365	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	5,859	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	5,958	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	1,269	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	645,117	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	645,117	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	645,117	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	645,117	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	645,117	31.00
31.01	Sequestration adjustment (see instructions)	0	12,902	31.01
32.00	Interim payments (see instructions)	0	632,215	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0289 | HHA CCN: 14-7420 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-5 | Date/Time Prepared: 5/30/2017 9:39 am

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		632,215	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			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			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. H-4, Part II, column as appropriate, line 32)		0		632,215	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		632,215	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0289	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 9:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,318,689	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	5,054	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)	68.28	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	19.40	8.00
9.00	Sum of lines 7 and 8	21.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.54	10.00
11.00	Disproportionate share adjustment (see instructions)	59,868	11.00
12.00	Total prospective capital payments (see instructions)	1,383,611	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