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: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 11:07 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/24/2017 Time: 11:07 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 MEMORIAL HOSPITAL EAST (14-0307) for the cost reporting period beginning 05/16/2016 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)

HOSPITAL ADMINISTRATOR
Title

05/24/2017
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	2,493,880	9,581	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	2,493,880	9,581	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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1404 CROSS STREET	PO Box:			1.00
2.00	City: SHILOH	State: IL	Zip Code: 62269	County: ST. CLAIR	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	MEMORIAL HOSPITAL EAST	140307	41180	1	05/16/2016	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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)	05/16/2016	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)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	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.	0	1,682	3	0	415	123	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.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 am

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

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	Y	Y	Y	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.				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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 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)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		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.					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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	937,500	0	0	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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 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	269026	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: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 0531	141.00
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	143.00

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

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

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 11:05 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)			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)		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/24/2017 11:05 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.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	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)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 11:05 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		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CINDY	BREMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0616	CINDY.BREMER@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 11:05 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.	REIMBURSEMENT MANAGER		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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2017 11:05 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	88	32,208	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)		88	32,208	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2,196	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)		94	34,404	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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)		94				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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/24/2017 11:05 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)	2,875	211	8,342			1.00
2.00	HMO and other (see instructions)	1,020	1,717				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,875	211	8,342			7.00
8.00	INTENSIVE CARE UNIT	257	14	542			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		158	1,783			13.00
14.00	Total (see instructions)	3,132	383	10,667	0.00	410.60	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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	410.60	27.00
28.00	Observation Bed Days		0	1,210			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	123	320			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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2017 11:05 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	782	696	2,829	1.00
2.00	HMO and other (see instructions)			239	185		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	782	696	2,829	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 11:05 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	22,407,539	0	22,407,539	863,711.00	25.94	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		83,317	0	83,317	537.00	155.15	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)		67,737	0	67,737	4,993.00	13.57	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	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)		5,828,186	0	5,828,186			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,127	0	4,127			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	220,361	0	220,361	6,458.00	34.12	26.00
27.00	Administrative & General	5.00	3,215,303	0	3,215,303	145,484.00	22.10	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 11:05 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.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	139,919	0	139,919	7,214.00	19.40	30.00
31.00	Laundry & Linen Service	8.00	0	19,163	19,163	3,550.00	5.40	31.00
32.00	Housekeeping	9.00	569,707	-19,163	550,544	48,612.00	11.33	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	474,286	0	474,286	31,838.00	14.90	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	33,204	0	33,204	3,069.00	10.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,231,216	-62,764	1,168,452	31,236.00	37.41	38.00
39.00	Central Services and Supply	14.00	92,245	0	92,245	5,735.00	16.08	39.00
40.00	Pharmacy	15.00	1,278,838	0	1,278,838	30,828.00	41.48	40.00
41.00	Medical Records & Medical Records Library	16.00	308,807	0	308,807	13,731.00	22.49	41.00
42.00	Social Service	17.00	168,035	0	168,035	6,424.00	26.16	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/24/2017 11:05 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)		22,407,539	0	22,407,539	863,711.00	25.94	1.00
2.00	Excluded area salaries (see instructions)		67,737	0	67,737	4,993.00	13.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)		22,339,802	0	22,339,802	858,718.00	26.02	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)		5,828,186	0	5,828,186	0.00	26.09	5.00
6.00	Total (sum of lines 3 thru 5)		28,167,988	0	28,167,988	858,718.00	32.80	6.00
7.00	Total overhead cost (see instructions)		7,731,921	-62,764	7,669,157	334,179.00	22.95	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 11:05 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	486,603	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	118,682	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)	3,552,131	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	17,677	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)	34,603	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	138,540	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	1,479,950	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,828,186	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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-3 Part V | Date/Time Prepared: 5/24/2017 11:05 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/24/2017 11:05 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)	0.400336	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	1,941,153	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	21,287,275	6.00
7.00	Medicaid cost (line 1 times line 6)	8,522,063	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	6,580,910	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	6,580,910	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)	742,632	187,368	930,000	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	297,302	75,010	372,312	21.00
22.00	Partial payment by patients approved for charity care	820	8,187	9,007	22.00
23.00	Cost of charity care (line 21 minus line 22)	296,482	66,823	363,305	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?		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)	1,415,643	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	22,255	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	1,393,388	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	557,823	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	921,128	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,502,038	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/24/2017 11:05 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		0	0	11,322,367	11,322,367	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,528,665	3,528,665	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	220,361	6,440,792	6,661,153	0	6,661,153	4.00
5.01	01160	COMMUNICATIONS	33,382	256,985	290,367	0	290,367	5.01
5.02	00550	DATA PROCESSING	327,251	2,106,935	2,434,186	-1,483,406	950,780	5.02
5.03	00560	MATERIAL MANAGEMENT	249,257	36,701	285,958	-44	285,914	5.03
5.04	00570	ADMITTING	909,138	388,445	1,297,583	-374,354	923,229	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	374,354	374,354	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,696,275	12,825,529	14,521,804	-5,038,591	9,483,213	5.06
7.00	00700	OPERATION OF PLANT	139,919	1,940,695	2,080,614	-5,220	2,075,394	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	19,163	19,163	8.00
9.00	00900	HOUSEKEEPING	569,707	453,269	1,022,976	-19,163	1,003,813	9.00
10.00	01000	DIETARY	474,286	396,845	871,131	-106,969	764,162	10.00
11.00	01100	CAFETERIA	33,204	33,477	66,681	-2,264	64,417	11.00
13.00	01300	NURSING ADMINISTRATION	1,231,216	147,486	1,378,702	-77,133	1,301,569	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,245	152,824	245,069	-105,157	139,912	14.00
15.00	01500	PHARMACY	1,278,838	1,567,657	2,846,495	-1,492,979	1,353,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	308,807	32,700	341,507	0	341,507	16.00
17.00	01700	SOCIAL SERVICE	168,035	5,717	173,752	0	173,752	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,207,552	595,058	3,802,610	1,701,482	5,504,092	30.00
31.00	03100	INTENSIVE CARE UNIT	807,060	183,110	990,170	-156,387	833,783	31.00
43.00	04300	NURSERY	0	0	0	1,476,079	1,476,079	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,591,814	1,456,749	3,048,563	-1,265,753	1,782,810	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,909,730	1,031,060	3,940,790	-4,007,935	-67,145	52.00
53.00	05300	ANESTHESIOLOGY	0	229,802	229,802	-182,244	47,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	824,693	550,617	1,375,310	-383,136	992,174	54.00
57.00	05700	CT SCAN	228,992	185,427	414,419	-173,628	240,791	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	136,415	325,258	461,673	-318,344	143,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	625,698	909,281	1,534,979	-733,589	801,390	59.00
60.00	06000	LABORATORY	684,848	2,470,075	3,154,923	-154,328	3,000,595	60.00
65.00	06500	RESPIRATORY THERAPY	648,743	171,782	820,525	-83,577	736,948	65.00
66.00	06600	PHYSICAL THERAPY	126,087	12,145	138,232	-8,434	129,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,427	2,592	52,019	-1,462	50,557	67.00
68.00	06800	SPEECH PATHOLOGY	26,958	1,610	28,568	-1,610	26,958	68.00
69.00	06900	ELECTROCARDIOLOGY	230,009	82,902	312,911	-33,794	279,117	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,011,780	3,011,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	291,179	291,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,165,171	1,165,171	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,509,855	961,635	3,471,490	-292,863	3,178,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		6,355,338	6,355,338	-6,355,338	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,339,802	42,310,498	64,650,300	32,538	64,682,838	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,308	9,067	67,375	0	67,375	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,429	39,753	49,182	-32,538	16,644	194.00
200.00		TOTAL (SUM OF LINES 118-199)	22,407,539	42,359,318	64,766,857	0	64,766,857	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/24/2017 11:05 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	-543,221	10,779,146		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,528,665		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,147	6,684,300		4.00
5.01	01160	COMMUNICATIONS	-35,305	255,062		5.01
5.02	00550	DATA PROCESSING	0	950,780		5.02
5.03	00560	MATERIAL MANAGEMENT	805	286,719		5.03
5.04	00570	ADMITTING	0	923,229		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	374,354		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,247,918	6,235,295		5.06
7.00	00700	OPERATION OF PLANT	13,892	2,089,286		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,163		8.00
9.00	00900	HOUSEKEEPING	0	1,003,813		9.00
10.00	01000	DIETARY	-106,925	657,237		10.00
11.00	01100	CAFETERIA	-13,381	51,036		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,301,569		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	139,912		14.00
15.00	01500	PHARMACY	0	1,353,516		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	341,507		16.00
17.00	01700	SOCIAL SERVICE	0	173,752		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	5,504,092		30.00
31.00	03100	INTENSIVE CARE UNIT	0	833,783		31.00
43.00	04300	NURSERY	0	1,476,079		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,782,810		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-367,001	-434,146		52.00
53.00	05300	ANESTHESIOLOGY	0	47,558		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	992,174		54.00
57.00	05700	CT SCAN	0	240,791		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	143,329		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	801,390		59.00
60.00	06000	LABORATORY	-33,600	2,966,995		60.00
65.00	06500	RESPIRATORY THERAPY	0	736,948		65.00
66.00	06600	PHYSICAL THERAPY	0	129,798		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	50,557		67.00
68.00	06800	SPEECH PATHOLOGY	0	26,958		68.00
69.00	06900	ELECTROCARDIOLOGY	-1,250	277,867		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,011,780		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	291,179		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,165,171		73.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-573,354	2,605,273		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,884,111	59,798,727		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,375		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	16,644		194.00
200.00		TOTAL (SUM OF LINES 118-199)	-4,884,111	59,882,746		200.00

RECLASSIFICATIONS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 11:05 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - EQUIPMENT RENTAL				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	506,962	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	506,962	
	B - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,011,780	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	3,011,780	
	C - DRUGS SOLD				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,165,171	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	1,165,171	
	D - NURSING FLOAT				
1.00	ADULTS & PEDIATRICS	30.00	62,764	0	1.00
	TOTALS		62,764	0	
	F - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,897,213	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,021,703	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	7,918,916	
	G - PATIENT ACCOUNTS				
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,538	372,816	1.00
	TOTALS		1,538	372,816	

RECLASSIFICATIONS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 11:05 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - NURSERY/OB					
1.00	ADULTS & PEDIATRICS	30.00	1,372,597	630,679		1.00
2.00	NURSERY	43.00	1,303,857	172,222		2.00
	TOTALS		2,676,454	802,901		
	I - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	69,816		1.00
	TOTALS		0	69,816		
	J - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,355,338		1.00
	TOTALS		0	6,355,338		
	K - HOUSEKEEPING					
1.00	LAUNDRY & LINEN SERVICE	8.00	19,163	0		1.00
	TOTALS		19,163	0		
	L - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	291,179		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	291,179		
500.00	Grand Total: Increases		2,759,919	20,494,879		500.00

RECLASSIFICATIONS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 11:05 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EQUIPMENT RENTAL						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,056	14		1.00
2.00	PHARMACY	15.00	0	374,231	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	17,450	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,269	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,810	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	58,146	0		6.00
	TOTALS		0	506,962			
	B - MEDICAL SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	14,369	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,591	0		2.00
3.00	PHARMACY	15.00	0	72,387	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	314,132	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	120,713	0		5.00
6.00	OPERATING ROOM	50.00	0	881,530	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	329,129	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	56,867	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,711	0		9.00
10.00	CT SCAN	57.00	0	81,301	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,838	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	602,516	0		12.00
13.00	LABORATORY	60.00	0	116,998	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	25,431	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	8,434	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	1,462	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	1,610	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	27,326	0		18.00
19.00	EMERGENCY	91.00	0	246,897	0		19.00
20.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	32,538	0		20.00
	TOTALS		0	3,011,780			
	C - DRUGS SOLD						
1.00	DIETARY	10.00	0	1,512	0		1.00
2.00	PHARMACY	15.00	0	1,043,729	0		2.00
3.00	OPERATING ROOM	50.00	0	899	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	562	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	78,848	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,646	0		6.00
7.00	CT SCAN	57.00	0	7,678	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,018	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	20,279	0		9.00
	TOTALS		0	1,165,171			
	D - NURSING FLOAT						
1.00	NURSING ADMINISTRATION	13.00	62,764	0	0		1.00
	TOTALS		62,764	0			
	F - DEPRECIATION						
1.00	DATA PROCESSING	5.02	0	1,483,406	9		1.00
2.00	MATERIAL MANAGEMENT	5.03	0	44	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,968,775	0		3.00
4.00	OPERATION OF PLANT	7.00	0	5,220	0		4.00
5.00	DIETARY	10.00	0	105,457	0		5.00
6.00	CAFETERIA	11.00	0	2,264	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,510	0		7.00
8.00	PHARMACY	15.00	0	2,632	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	32,976	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	33,405	0		10.00
11.00	OPERATING ROOM	50.00	0	125,698	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	165,079	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	46,529	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	350,779	0		14.00
15.00	CT SCAN	57.00	0	84,649	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	303,488	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	77,241	0		17.00
18.00	LABORATORY	60.00	0	37,330	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	6,468	0		19.00
20.00	EMERGENCY	91.00	0	45,966	0		20.00
	TOTALS		0	7,918,916			

RECLASSIFICATIONS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/24/2017 11:05 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - PATIENT ACCOUNTS						
1.00	ADMITTING	5.04	1,538	372,816	0		1.00
	TOTALS		1,538	372,816			
	H - NURSERY/OB						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,676,454	802,901	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,676,454	802,901			
	I - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	69,816	12		1.00
	TOTALS		0	69,816			
	J - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	6,355,338	14		1.00
	TOTALS		0	6,355,338			
	K - HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	19,163	0	0		1.00
	TOTALS		19,163	0			
	L - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	257,626	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	33,553	0		2.00
	TOTALS		0	291,179			
500.00	Grand Total: Decreases		2,759,919	20,494,879			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/24/2017 11:05 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	0	9,200,000	0	9,200,000	0	1.00
2.00	Land Improvements	0	5,407,323	0	5,407,323	0	2.00
3.00	Buildings and Fixtures	0	101,055,467	0	101,055,467	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	0	23,310,956	0	23,310,956	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	0	138,973,746	0	138,973,746	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	0	138,973,746	0	138,973,746	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	9,200,000	0	1.00
2.00	Land Improvements	5,407,323	0	2.00
3.00	Buildings and Fixtures	101,055,467	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	23,310,956	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,973,746	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	138,973,746	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-7 Part II | Date/Time Prepared: 5/24/2017 11:05 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	0		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/24/2017 11:05 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	115,662,790	0	115,662,790	0.832264	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,310,956	0	23,310,956	0.167736	0	2.00
3.00	Total (sum of lines 1-2)	138,973,746	0	138,973,746	1.000000	0	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	0	0	0	4,897,213	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,021,703	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,918,916	0	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	-599,794	69,816	0	6,411,911	10,779,146	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	506,962	3,528,665	2.00
3.00	Total (sum of lines 1-2)	-599,794	69,816	0	6,918,873	14,307,811	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/24/2017 11:05 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	-650,670	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-35,305	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,821,473			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	245,829			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-106,925	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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	A	56,573	CAP REL COSTS-BLDG & FIXT	1.00	14	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	SPECIAL EVENT MEALS	A	-13,381	CAFETERIA	11.00	0	33.00
33.01			0		0.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/24/2017 11:05 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	
33.02			0		0.00	0	33.02
33.03	ADVERTISING	A	-2,544	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	SELF INSURANCE	A	-200,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.05	PENSION	A	12,081	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.05
33.06	AMORITIZED START UP COSTS	A	659,024	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07	AMORITIZED CAPITAL START UP	A	50,876	CAP REL COSTS-BLDG & FIXT	1.00	11	33.07
33.08	RENTAL INCOME	A	-78,196	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,884,111				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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/24/2017 11:05 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	OTHER EXPENSE	13,610	0	1.00
2.00	5.03	MATERIAL MANAGEMENT	SALARY	805	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	SALARY	122,536	0	3.00
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER EXPENSE	94,986	0	3.01
3.02	7.00	OPERATION OF PLANT	SALARY	11,857	0	3.02
4.00	7.00	OPERATION OF PLANT	OTHER EXPENSE	2,035	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			245,829	0	5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	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: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/24/2017 11:05 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	13,610	0		1.00
2.00	805	0		2.00
3.00	122,536	0		3.00
3.01	94,986	0		3.01
3.02	11,857	0		3.02
4.00	2,035	0		4.00
5.00	245,829			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2017 11:05 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	5.06	DR. A	55,964	0	55,964	179,000	350	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	3,820,424	3,820,424	0	0	0	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	367,001	367,001	0	0	0	3.00
4.00	60.00	LABORATORY	33,600	33,600	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	1,250	1,250	0	0	0	5.00
6.00	91.00	EMERGENCY	573,354	573,354	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			4,851,593	4,795,629	55,964		350	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	5.06	DR. A	30,120	1,506	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			30,120	1,506	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	5.06	DR. A	0	30,120	25,844	25,844		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	3,820,424		2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	367,001		3.00
4.00	60.00	LABORATORY	0	0	0	33,600		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,250		5.00
6.00	91.00	EMERGENCY	0	0	0	573,354		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		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	30,120	25,844	4,821,473		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 11:05 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	COMMUNICATIONS	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,779,146	10,779,146				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,528,665		3,528,665			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,684,300	0	0	6,684,300		4.00
5.01	01160	COMMUNICATIONS	255,062	0	0	10,057	265,119	5.01
5.02	00550	DATA PROCESSING	950,780	14,857	1,732,284	98,591	2,532	5.02
5.03	00560	MATERIAL MANAGEMENT	286,719	214,791	51	75,093	3,979	5.03
5.04	00570	ADMITTING	923,229	88,941	0	273,432	5,425	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	374,354	0	0	463	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,235,295	739,045	209,613	511,035	14,106	5.06
7.00	00700	OPERATION OF PLANT	2,089,286	749,905	6,096	42,153	7,234	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,163	0	0	5,773	0	8.00
9.00	00900	HOUSEKEEPING	1,003,813	0	0	165,862	6,149	9.00
10.00	01000	DIETARY	657,237	283,146	0	142,888	5,064	10.00
11.00	01100	CAFETERIA	51,036	36,043	2,644	10,003	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,301,569	0	0	352,018	5,787	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	139,912	220,854	45,841	27,791	3,255	14.00
15.00	01500	PHARMACY	1,353,516	80,280	3,074	385,274	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	341,507	0	0	93,034	2,532	16.00
17.00	01700	SOCIAL SERVICE	173,752	0	0	50,624	2,170	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,504,092	3,730,803	38,509	1,398,757	69,806	30.00
31.00	03100	INTENSIVE CARE UNIT	833,783	273,686	39,009	243,142	9,404	31.00
43.00	04300	NURSERY	1,476,079	571,489	77,691	392,812	2,532	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,782,810	1,502,674	146,787	479,564	28,574	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-434,146	102,332	115,084	70,279	24,595	52.00
53.00	05300	ANESTHESIOLOGY	47,558	0	54,335	0	1,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	992,174	567,758	409,631	248,454	8,681	54.00
57.00	05700	CT SCAN	240,791	0	98,851	68,988	1,085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	143,329	0	354,405	41,098	723	58.00
59.00	05900	CARDIAC CATHETERIZATION	801,390	591,543	90,200	188,503	10,489	59.00
60.00	06000	LABORATORY	2,966,995	128,582	43,331	206,323	4,702	60.00
65.00	06500	RESPIRATORY THERAPY	736,948	0	0	195,446	4,702	65.00
66.00	06600	PHYSICAL THERAPY	129,798	0	0	37,986	3,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,557	0	0	14,891	723	67.00
68.00	06800	SPEECH PATHOLOGY	26,958	0	0	8,122	723	68.00
69.00	06900	ELECTROCARDIOLOGY	277,867	0	7,553	69,295	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,011,780	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	291,179	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,165,171	0	0	0	9,042	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,605,273	455,766	53,676	756,142	22,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,798,727	10,352,495	3,528,665	6,663,893	262,225	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,375	0	0	17,566	2,894	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	426,651	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	16,644	0	0	2,841	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	59,882,746	10,779,146	3,528,665	6,684,300	265,119	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	DATA PROCESSING	MATERIAL MANAGEMENT	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	2,799,044					5.02
5.03	00560	MATERIAL MANAGEMENT	28,659	609,292				5.03
5.04	00570	ADMITTING	33,436	144	1,324,607			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	374,817		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	152,849	0	0	0	7,861,943	5.06
7.00	00700	OPERATION OF PLANT	23,883	7	0	0	2,918,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	24,936	8.00
9.00	00900	HOUSEKEEPING	14,330	6	0	0	1,190,160	9.00
10.00	01000	DIETARY	47,765	0	0	0	1,136,100	10.00
11.00	01100	CAFETERIA	0	0	0	0	99,726	11.00
13.00	01300	NURSING ADMINISTRATION	23,883	128	0	0	1,683,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,436	3	0	0	471,092	14.00
15.00	01500	PHARMACY	52,542	1,569	0	0	1,876,255	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,095	0	0	0	499,168	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	226,546	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,055,610	59,291	1,035,894	52,091	12,944,853	30.00
31.00	03100	INTENSIVE CARE UNIT	95,531	1,427	67,304	5,838	1,569,124	31.00
43.00	04300	NURSERY	143,296	525,395	221,409	10,835	3,421,538	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	382,122	8,598	0	22,345	4,353,474	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,659	9,281	0	3,109	-80,807	52.00
53.00	05300	ANESTHESIOLOGY	0	256	0	10,146	114,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,860	114	0	25,719	2,362,391	54.00
57.00	05700	CT SCAN	0	37	0	57,238	466,990	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7	0	9,075	548,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,860	349	0	8,757	1,801,091	59.00
60.00	06000	LABORATORY	66,871	81	0	62,227	3,479,112	60.00
65.00	06500	RESPIRATORY THERAPY	28,659	26	0	14,985	980,766	65.00
66.00	06600	PHYSICAL THERAPY	23,883	5	0	1,888	197,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	714	66,885	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	309	36,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17	0	16,745	371,477	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,998	3,014,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,363	292,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,143	1,211,356	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	272,262	2,445	0	31,292	4,199,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,789,491	609,186	1,324,607	374,817	59,339,116	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,553	0	0	0	97,388	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	426,651	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	106	0	0	19,591	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,799,044	609,292	1,324,607	374,817	59,882,746	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	7,861,943					5.06
7.00	00700	OPERATION OF PLANT	440,400	3,358,964				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,763	0	28,699			8.00
9.00	00900	HOUSEKEEPING	179,590	0	0	1,369,750		9.00
10.00	01000	DIETARY	171,433	106,010	0	43,230	1,456,773	10.00
11.00	01100	CAFETERIA	15,048	13,494	0	5,503	0	11.00
13.00	01300	NURSING ADMINISTRATION	254,016	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,086	82,688	0	33,719	0	14.00
15.00	01500	PHARMACY	283,119	30,057	0	12,257	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	75,322	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	34,185	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,953,347	1,396,811	11,517	569,605	1,370,987	30.00
31.00	03100	INTENSIVE CARE UNIT	236,775	102,468	1,254	41,785	85,786	31.00
43.00	04300	NURSERY	516,296	213,965	3,268	87,253	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	656,922	562,600	1,413	229,422	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	38,313	585	15,624	0	52.00
53.00	05300	ANESTHESIOLOGY	17,218	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	356,475	212,568	6,092	86,683	0	54.00
57.00	05700	CT SCAN	70,467	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,787	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	271,777	221,473	0	90,314	0	59.00
60.00	06000	LABORATORY	524,984	48,141	0	19,631	0	60.00
65.00	06500	RESPIRATORY THERAPY	147,994	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,753	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,093	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,449	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,054	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	454,918	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,143	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	182,789	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	633,709	170,638	4,570	69,585	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,779,912	3,199,226	28,699	1,304,611	1,456,773	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,695	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,380	159,738	0	65,139	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,956	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,861,943	3,358,964	28,699	1,369,750	1,456,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	133,771					11.00
13.00	01300	NURSING ADMINISTRATION	6,841	1,944,242				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,256	0	659,841			14.00
15.00	01500	PHARMACY	6,751	0	0	2,208,439		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,007	0	0	0	577,497	16.00
17.00	01700	SOCIAL SERVICE	1,420	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,753	836,731	0	0	150,209	30.00
31.00	03100	INTENSIVE CARE UNIT	5,283	163,436	0	0	9,427	31.00
43.00	04300	NURSERY	8,961	228,161	0	0	30,951	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,581	264,548	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,603	40,840	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,144	0	0	0	0	54.00
57.00	05700	CT SCAN	1,978	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	814	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,427	14,259	0	0	0	59.00
60.00	06000	LABORATORY	5,774	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	5,508	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	813	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	269	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	145	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,468	683	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	601,671	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	58,170	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,208,439	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	18,882	395,584	0	0	386,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,678	1,944,242	659,841	2,208,439	577,497	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,021	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	72	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	133,771	1,944,242	659,841	2,208,439	577,497	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	262,151					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,691	19,372,504	0	19,372,504		30.00
31.00	03100	INTENSIVE CARE UNIT	6,186	2,221,524	0	2,221,524		31.00
43.00	04300	NURSERY	0	4,510,393	0	4,510,393		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,078,960	0	6,078,960		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,158	0	16,158		52.00
53.00	05300	ANESTHESIOLOGY	0	131,321	0	131,321		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,031,353	0	3,031,353		54.00
57.00	05700	CT SCAN	0	539,435	0	539,435		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	632,238	0	632,238		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,403,341	0	2,403,341		59.00
60.00	06000	LABORATORY	0	4,077,642	0	4,077,642		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,134,268	0	1,134,268		65.00
66.00	06600	PHYSICAL THERAPY	0	227,743	0	227,743		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	77,247	0	77,247		67.00
68.00	06800	SPEECH PATHOLOGY	0	41,706	0	41,706		68.00
69.00	06900	ELECTROCARDIOLOGY	0	429,682	0	429,682		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,071,367	0	4,071,367		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	394,855	0	394,855		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,602,584	0	3,602,584		73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	157,274	6,036,794	0	6,036,794		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	262,151	59,031,115	0	59,031,115		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	113,104	0	113,104		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	715,908	0	715,908		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	22,619	0	22,619		194.00
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	262,151	59,882,746	0	59,882,746		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 11:05 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	0	0	0	0	0	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	14,857	1,732,284	1,747,141	0	5.02
5.03	00560	MATERIAL MANAGEMENT	0	214,791	51	214,842	0	5.03
5.04	00570	ADMITTING	0	88,941	0	88,941	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	739,045	209,613	948,658	0	5.06
7.00	00700	OPERATION OF PLANT	0	749,905	6,096	756,001	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	283,146	0	283,146	0	10.00
11.00	01100	CAFETERIA	0	36,043	2,644	38,687	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	220,854	45,841	266,695	0	14.00
15.00	01500	PHARMACY	0	80,280	3,074	83,354	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,730,803	38,509	3,769,312	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	273,686	39,009	312,695	0	31.00
43.00	04300	NURSERY	0	571,489	77,691	649,180	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,502,674	146,787	1,649,461	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	102,332	115,084	217,416	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54,335	54,335	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	567,758	409,631	977,389	0	54.00
57.00	05700	CT SCAN	0	0	98,851	98,851	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	354,405	354,405	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	591,543	90,200	681,743	0	59.00
60.00	06000	LABORATORY	0	128,582	43,331	171,913	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
69.00	06900	ELECTROCARDIOLOGY	0	0	7,553	7,553	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	455,766	53,676	509,442	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,352,495	3,528,665	13,881,160	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	426,651	0	426,651	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	10,779,146	3,528,665	14,307,811	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	MATERIAL MANAGEMENT	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	1,747,141				5.02
5.03	00560	MATERIAL MANAGEMENT	0	17,889	232,731			5.03
5.04	00570	ADMITTING	0	20,870	55	109,866		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	95,407	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	14,907	3	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	8,944	2	0	0	9.00
10.00	01000	DIETARY	0	29,815	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	14,907	49	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,870	1	0	0	14.00
15.00	01500	PHARMACY	0	32,796	599	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,759	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	658,905	22,647	85,920	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	59,629	545	5,582	0	31.00
43.00	04300	NURSERY	0	89,444	200,685	18,364	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	238,518	3,284	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,889	3,545	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	98	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,574	43	0	0	54.00
57.00	05700	CT SCAN	0	0	14	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,574	133	0	0	59.00
60.00	06000	LABORATORY	0	41,741	31	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	17,889	10	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,907	2	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	169,944	934	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,741,178	232,690	109,866	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,963	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	41	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,747,141	232,731	109,866	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,044,065					5.06
7.00	00700	OPERATION OF PLANT	58,485	829,396				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	500	0	500			8.00
9.00	00900	HOUSEKEEPING	23,850	0	0	32,796		9.00
10.00	01000	DIETARY	22,766	26,176	0	1,035	362,938	10.00
11.00	01100	CAFETERIA	1,998	3,332	0	132	0	11.00
13.00	01300	NURSING ADMINISTRATION	33,733	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,440	20,417	0	807	0	14.00
15.00	01500	PHARMACY	37,598	7,422	0	293	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,003	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,540	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	259,402	344,902	200	13,640	341,566	30.00
31.00	03100	INTENSIVE CARE UNIT	31,444	25,301	22	1,000	21,372	31.00
43.00	04300	NURSERY	68,564	52,832	57	2,089	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87,239	138,917	25	5,493	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,460	10	374	0	52.00
53.00	05300	ANESTHESIOLOGY	2,287	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,340	52,487	106	2,075	0	54.00
57.00	05700	CT SCAN	9,358	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,994	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,092	54,686	0	2,162	0	59.00
60.00	06000	LABORATORY	69,718	11,887	0	470	0	60.00
65.00	06500	RESPIRATORY THERAPY	19,654	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,951	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,340	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	724	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,444	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,413	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,862	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,274	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	84,157	42,134	80	1,666	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,033,170	789,953	500	31,236	362,938	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,952	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,550	39,443	0	1,560	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	393	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,044,065	829,396	500	32,796	362,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	44,149					11.00
13.00	01300	NURSING ADMINISTRATION	2,258	50,947				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	415	0	318,645			14.00
15.00	01500	PHARMACY	2,228	0	0	164,290		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	992	0	0	0	49,754	16.00
17.00	01700	SOCIAL SERVICE	469	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,118	21,925	0	0	12,941	30.00
31.00	03100	INTENSIVE CARE UNIT	1,744	4,283	0	0	812	31.00
43.00	04300	NURSERY	2,957	5,979	0	0	2,667	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,492	6,932	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	529	1,070	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,358	0	0	0	0	54.00
57.00	05700	CT SCAN	653	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	269	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,461	374	0	0	0	59.00
60.00	06000	LABORATORY	1,906	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,818	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	268	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	89	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	484	18	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	290,554	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,091	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	164,290	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,232	10,366	0	0	33,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,788	50,947	318,645	164,290	49,754	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	337	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	24	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,149	50,947	318,645	164,290	49,754	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	5,009					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,886	5,546,364	0	5,546,364		30.00
31.00	03100	INTENSIVE CARE UNIT	118	464,547	0	464,547		31.00
43.00	04300	NURSERY	0	1,092,818	0	1,092,818		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,133,361	0	2,133,361		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	250,293	0	250,293		52.00
53.00	05300	ANESTHESIOLOGY	0	56,720	0	56,720		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,150,372	0	1,150,372		54.00
57.00	05700	CT SCAN	0	108,876	0	108,876		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	365,671	0	365,671		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	845,225	0	845,225		59.00
60.00	06000	LABORATORY	0	297,666	0	297,666		60.00
65.00	06500	RESPIRATORY THERAPY	0	39,371	0	39,371		65.00
66.00	06600	PHYSICAL THERAPY	0	19,128	0	19,128		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,429	0	1,429		67.00
68.00	06800	SPEECH PATHOLOGY	0	772	0	772		68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,506	0	15,506		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	350,967	0	350,967		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,953	0	33,953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	188,564	0	188,564		73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,005	861,294	0	861,294		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,009	13,822,897	0	13,822,897		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,252	0	8,252		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	476,204	0	476,204		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	458	0	458		194.00
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	5,009	14,307,811	0	14,307,811		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATION)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (EQUIPMENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	161,794					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,021,701				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	22,187,178			4.00
5.01	01160	COMMUNICATIONS	0	0	33,382	733		5.01
5.02	00550	DATA PROCESSING	223	1,483,406	327,251	7	586	5.02
5.03	00560	MATERIAL MANAGEMENT	3,224	44	249,257	11	6	5.03
5.04	00570	ADMITTING	1,335	0	907,600	15	7	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,538	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,093	179,498	1,696,275	39	32	5.06
7.00	00700	OPERATION OF PLANT	11,256	5,220	139,919	20	5	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	19,163	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	550,544	17	3	9.00
10.00	01000	DIETARY	4,250	0	474,286	14	10	10.00
11.00	01100	CAFETERIA	541	2,264	33,204	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,168,452	16	5	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,315	39,255	92,245	9	7	14.00
15.00	01500	PHARMACY	1,205	2,632	1,278,838	0	11	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	308,807	7	13	16.00
17.00	01700	SOCIAL SERVICE	0	0	168,035	6	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,999	32,976	4,642,913	193	221	30.00
31.00	03100	INTENSIVE CARE UNIT	4,108	33,405	807,060	26	20	31.00
43.00	04300	NURSERY	8,578	66,529	1,303,857	7	30	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,555	125,698	1,591,814	79	80	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,536	98,550	233,276	68	6	52.00
53.00	05300	ANESTHESIOLOGY	0	46,529	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,522	350,779	824,693	24	23	54.00
57.00	05700	CT SCAN	0	84,649	228,992	3	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	303,488	136,415	2	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,879	77,241	625,698	29	23	59.00
60.00	06000	LABORATORY	1,930	37,106	684,848	13	14	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	648,743	13	6	65.00
66.00	06600	PHYSICAL THERAPY	0	0	126,087	10	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	49,427	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	26,958	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,468	230,009	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,841	45,964	2,509,855	63	57	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,390	3,021,701	22,119,441	725	584	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,308	8	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,404	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	9,429	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,779,146	3,528,665	6,684,300	265,119	2,799,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	66.622656	1.167774	0.301269	361.690314	4,776.525597	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	1,747,141	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	2,981.469283	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	MATERIAL MANAGEMENT (REQUISITIONS)	ADMITTING (TOTAL PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT	38,600,685					5.03
5.04	00570	ADMITTING	9,108	10,667				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	147,454,076			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	18	0	0	-7,861,943	52,101,610	5.06
7.00	00700	OPERATION OF PLANT	468	0	0	0	2,918,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	24,936	8.00
9.00	00900	HOUSEKEEPING	350	0	0	0	1,190,160	9.00
10.00	01000	DIETARY	24	0	0	0	1,136,100	10.00
11.00	01100	CAFETERIA	0	0	0	0	99,726	11.00
13.00	01300	NURSING ADMINISTRATION	8,112	0	0	0	1,683,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	173	0	0	0	471,092	14.00
15.00	01500	PHARMACY	99,377	0	0	0	1,876,255	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14	0	0	0	499,168	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	226,546	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,756,398	8,342	20,491,984	0	12,944,853	30.00
31.00	03100	INTENSIVE CARE UNIT	90,397	542	2,296,454	0	1,569,124	31.00
43.00	04300	NURSERY	33,285,367	1,783	4,262,270	0	3,421,538	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	544,718	0	8,790,302	0	4,353,474	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,008	0	1,223,086	80,807	0	52.00
53.00	05300	ANESTHESIOLOGY	16,211	0	3,991,382	0	114,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,206	0	10,117,754	0	2,362,391	54.00
57.00	05700	CT SCAN	2,370	0	22,516,962	0	466,990	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	472	0	3,570,021	0	548,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,082	0	3,444,767	0	1,801,091	59.00
60.00	06000	LABORATORY	5,106	0	24,484,204	0	3,479,112	60.00
65.00	06500	RESPIRATORY THERAPY	1,658	0	5,895,157	0	980,766	65.00
66.00	06600	PHYSICAL THERAPY	306	0	742,617	0	197,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	280,719	0	66,885	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	121,466	0	36,112	68.00
69.00	06900	ELECTROCARDIOLOGY	1,097	0	6,587,373	0	371,477	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,179,264	0	3,014,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	536,355	0	292,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,611,764	0	1,211,356	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	154,887	0	12,310,175	0	4,199,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,593,951	10,667	147,454,076	-7,781,136	51,557,980	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	97,388	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	426,651	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,734	0	0	0	19,591	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	609,292	1,324,607	374,817		7,861,943	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.015784	124.178026	0.002542		0.150896	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	232,731	109,866	0		1,044,065	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006029	10.299616	0.000000		0.020039	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (EMPLOYEE HOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	134,663					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,542				8.00
9.00	00900	HOUSEKEEPING	0	0	134,663			9.00
10.00	01000	DIETARY	4,250	0	4,250	27,612		10.00
11.00	01100	CAFETERIA	541	0	541	0	610,827	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	31,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,315	0	3,315	0	5,735	14.00
15.00	01500	PHARMACY	1,205	0	1,205	0	30,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	13,731	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,484	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,999	21,087	55,999	25,986	181,522	30.00
31.00	03100	INTENSIVE CARE UNIT	4,108	2,295	4,108	1,626	24,123	31.00
43.00	04300	NURSERY	8,578	5,983	8,578	0	40,918	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,555	2,587	22,555	0	48,313	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,536	1,071	1,536	0	7,321	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,522	11,153	8,522	0	32,619	54.00
57.00	05700	CT SCAN	0	0	0	0	9,030	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,879	0	8,879	0	20,215	59.00
60.00	06000	LABORATORY	1,930	0	1,930	0	26,365	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,150	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,229	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	663	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	6,702	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,841	8,366	6,841	0	86,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	128,259	52,542	128,259	27,612	605,834	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,664	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,404	0	6,404	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	329	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,358,964	28,699	1,369,750	1,456,773	133,771	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.943481	0.546211	10.171688	52.758692	0.219000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	829,396	500	32,796	362,938	44,149	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.159049	0.009516	0.243541	13.144213	0.072277	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/24/2017 11:05 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIAL MANAGEMENT						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	258,930					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,302,959				14.00
15.00	01500	PHARMACY	0	0	14,611,764			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,169		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,484	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	111,434	0	0	2,645	2,441	30.00
31.00	03100	INTENSIVE CARE UNIT	21,766	0	0	166	153	31.00
43.00	04300	NURSERY	30,386	0	0	545	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,232	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,439	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
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	1,899	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
69.00	06900	ELECTROCARDIOLOGY	91	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,011,780	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	291,179	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,611,764	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	52,683	0	0	6,813	3,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	258,930	3,302,959	14,611,764	10,169	6,484	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,944,242	659,841	2,208,439	577,497	262,151	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.508755	0.199773	0.151141	56.789950	40.430444	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	50,947	318,645	164,290	49,754	5,009	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.196760	0.096473	0.011244	4.892713	0.772517	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,372,504		19,372,504	0	19,372,504	30.00
31.00	03100	INTENSIVE CARE UNIT	2,221,524		2,221,524	0	2,221,524	31.00
43.00	04300	NURSERY	4,510,393		4,510,393	0	4,510,393	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,078,960		6,078,960	0	6,078,960	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,158		16,158	0	16,158	52.00
53.00	05300	ANESTHESIOLOGY	131,321		131,321	0	131,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,031,353		3,031,353	0	3,031,353	54.00
57.00	05700	CT SCAN	539,435		539,435	0	539,435	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	632,238		632,238	0	632,238	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,403,341		2,403,341	0	2,403,341	59.00
60.00	06000	LABORATORY	4,077,642		4,077,642	0	4,077,642	60.00
65.00	06500	RESPIRATORY THERAPY	1,134,268	0	1,134,268	0	1,134,268	65.00
66.00	06600	PHYSICAL THERAPY	227,743	0	227,743	0	227,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,247	0	77,247	0	77,247	67.00
68.00	06800	SPEECH PATHOLOGY	41,706	0	41,706	0	41,706	68.00
69.00	06900	ELECTROCARDIOLOGY	429,682		429,682	0	429,682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,071,367		4,071,367	0	4,071,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	394,855		394,855	0	394,855	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,602,584		3,602,584	0	3,602,584	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,036,794		6,036,794	0	6,036,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,454,013		2,454,013		2,454,013	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	61,485,128	0	61,485,128	0	61,485,128	200.00
201.00		Less Observation Beds	2,454,013		2,454,013		2,454,013	201.00
202.00		Total (see instructions)	59,031,115	0	59,031,115	0	59,031,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,227,231		18,227,231			30.00
31.00	03100	INTENSIVE CARE UNIT	2,296,454		2,296,454			31.00
43.00	04300	NURSERY	4,262,270		4,262,270			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,529,094	5,261,208	8,790,302	0.691553	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	762,852	460,234	1,223,086	0.013211	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,253,582	737,800	3,991,382	0.032901	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,348,301	7,769,453	10,117,754	0.299607	0.000000	54.00
57.00	05700	CT SCAN	4,764,077	17,752,885	22,516,962	0.023957	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	444,498	3,125,523	3,570,021	0.177096	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,641,136	803,631	3,444,767	0.697679	0.000000	59.00
60.00	06000	LABORATORY	11,519,725	12,964,479	24,484,204	0.166542	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	4,813,387	1,081,770	5,895,157	0.192407	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	682,429	60,188	742,617	0.306676	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,964	18,755	280,719	0.275176	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	116,838	4,628	121,466	0.343355	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,137,600	3,449,773	6,587,373	0.065228	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	456,192	723,072	1,179,264	3.452464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	419,031	117,324	536,355	0.736182	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,471,846	3,139,918	14,611,764	0.246554	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,803,980	10,506,195	12,310,175	0.490391	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	745,238	1,519,515	2,264,753	1.083568	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	77,957,725	69,496,351	147,454,076			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	77,957,725	69,496,351	147,454,076			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.691553
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.013211
53.00	05300	ANESTHESIOLOGY	0.032901
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299607
57.00	05700	CT SCAN	0.023957
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.177096
59.00	05900	CARDIAC CATHETERIZATION	0.697679
60.00	06000	LABORATORY	0.166542
65.00	06500	RESPIRATORY THERAPY	0.192407
66.00	06600	PHYSICAL THERAPY	0.306676
67.00	06700	OCCUPATIONAL THERAPY	0.275176
68.00	06800	SPEECH PATHOLOGY	0.343355
69.00	06900	ELECTROCARDIOLOGY	0.065228
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.452464
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736182
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246554
		OUTPATIENT SERVICE COST CENTERS	
91.00	09100	EMERGENCY	0.490391
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083568
		SPECIAL PURPOSE COST CENTERS	
113.00	11300	INTEREST EXPENSE	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,372,504		19,372,504	0	19,372,504	30.00
31.00	03100	INTENSIVE CARE UNIT	2,221,524		2,221,524	0	2,221,524	31.00
43.00	04300	NURSERY	4,510,393		4,510,393	0	4,510,393	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,078,960		6,078,960	0	6,078,960	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,158		16,158	0	16,158	52.00
53.00	05300	ANESTHESIOLOGY	131,321		131,321	0	131,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,031,353		3,031,353	0	3,031,353	54.00
57.00	05700	CT SCAN	539,435		539,435	0	539,435	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	632,238		632,238	0	632,238	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,403,341		2,403,341	0	2,403,341	59.00
60.00	06000	LABORATORY	4,077,642		4,077,642	0	4,077,642	60.00
65.00	06500	RESPIRATORY THERAPY	1,134,268	0	1,134,268	0	1,134,268	65.00
66.00	06600	PHYSICAL THERAPY	227,743	0	227,743	0	227,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,247	0	77,247	0	77,247	67.00
68.00	06800	SPEECH PATHOLOGY	41,706	0	41,706	0	41,706	68.00
69.00	06900	ELECTROCARDIOLOGY	429,682		429,682	0	429,682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,071,367		4,071,367	0	4,071,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	394,855		394,855	0	394,855	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,602,584		3,602,584	0	3,602,584	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,036,794		6,036,794	0	6,036,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,454,013		2,454,013		2,454,013	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	61,485,128	0	61,485,128	0	61,485,128	200.00
201.00		Less Observation Beds	2,454,013		2,454,013		2,454,013	201.00
202.00		Total (see instructions)	59,031,115	0	59,031,115	0	59,031,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,227,231		18,227,231			30.00
31.00	03100	INTENSIVE CARE UNIT	2,296,454		2,296,454			31.00
43.00	04300	NURSERY	4,262,270		4,262,270			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,529,094	5,261,208	8,790,302	0.691553	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	762,852	460,234	1,223,086	0.013211	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,253,582	737,800	3,991,382	0.032901	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,348,301	7,769,453	10,117,754	0.299607	0.000000	54.00
57.00	05700	CT SCAN	4,764,077	17,752,885	22,516,962	0.023957	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	444,498	3,125,523	3,570,021	0.177096	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,641,136	803,631	3,444,767	0.697679	0.000000	59.00
60.00	06000	LABORATORY	11,519,725	12,964,479	24,484,204	0.166542	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	4,813,387	1,081,770	5,895,157	0.192407	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	682,429	60,188	742,617	0.306676	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,964	18,755	280,719	0.275176	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	116,838	4,628	121,466	0.343355	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,137,600	3,449,773	6,587,373	0.065228	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	456,192	723,072	1,179,264	3.452464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	419,031	117,324	536,355	0.736182	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,471,846	3,139,918	14,611,764	0.246554	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,803,980	10,506,195	12,310,175	0.490391	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	745,238	1,519,515	2,264,753	1.083568	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	77,957,725	69,496,351	147,454,076			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	77,957,725	69,496,351	147,454,076			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,546,364	0	5,546,364	9,552	580.65	30.00
31.00	INTENSIVE CARE UNIT	464,547		464,547	542	857.10	31.00
43.00	NURSERY	1,092,818		1,092,818	1,783	612.91	43.00
200.00	Total (lines 30-199)	7,103,729		7,103,729	11,877		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	2,875	1,669,369	30.00
31.00	INTENSIVE CARE UNIT	257	220,275	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	3,132	1,889,644	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,133,361	8,790,302	0.242695	1,015,198	246,383	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,293	1,223,086	0.204641	3,703	758	52.00
53.00	05300	ANESTHESIOLOGY	56,720	3,991,382	0.014211	157,923	2,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,150,372	10,117,754	0.113698	1,058,458	120,345	54.00
57.00	05700	CT SCAN	108,876	22,516,962	0.004835	2,045,384	9,889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	365,671	3,570,021	0.102428	144,228	14,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	845,225	3,444,767	0.245365	345,788	84,844	59.00
60.00	06000	LABORATORY	297,666	24,484,204	0.012157	4,500,923	54,718	60.00
65.00	06500	RESPIRATORY THERAPY	39,371	5,895,157	0.006679	1,903,399	12,713	65.00
66.00	06600	PHYSICAL THERAPY	19,128	742,617	0.025758	370,125	9,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,429	280,719	0.005090	140,467	715	67.00
68.00	06800	SPEECH PATHOLOGY	772	121,466	0.006356	61,201	389	68.00
69.00	06900	ELECTROCARDIOLOGY	15,506	6,587,373	0.002354	1,900,398	4,474	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	350,967	1,179,264	0.297615	148,419	44,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,953	536,355	0.063303	279,578	17,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,564	14,611,764	0.012905	3,949,610	50,970	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	861,294	12,310,175	0.069966	699,474	48,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	702,586	2,264,753	0.310226	0	0	92.00
200.00		Total (lines 50-199)	7,421,754	122,668,121		18,724,276	723,558	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/24/2017 11:05 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
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	9,552	0.00	2,875	0		30.00
31.00	03100	INTENSIVE CARE UNIT	542	0.00	257	0		31.00
43.00	04300	NURSERY	1,783	0.00	0	0		43.00
200.00		Total (lines 30-199)	11,877		3,132	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/24/2017 11:05 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
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/24/2017 11:05 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	8,790,302	0.000000	0.000000	1,015,198	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,223,086	0.000000	0.000000	3,703	52.00
53.00	05300	ANESTHESIOLOGY	0	3,991,382	0.000000	0.000000	157,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,117,754	0.000000	0.000000	1,058,458	54.00
57.00	05700	CT SCAN	0	22,516,962	0.000000	0.000000	2,045,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,570,021	0.000000	0.000000	144,228	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,444,767	0.000000	0.000000	345,788	59.00
60.00	06000	LABORATORY	0	24,484,204	0.000000	0.000000	4,500,923	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,895,157	0.000000	0.000000	1,903,399	65.00
66.00	06600	PHYSICAL THERAPY	0	742,617	0.000000	0.000000	370,125	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	280,719	0.000000	0.000000	140,467	67.00
68.00	06800	SPEECH PATHOLOGY	0	121,466	0.000000	0.000000	61,201	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,587,373	0.000000	0.000000	1,900,398	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,179,264	0.000000	0.000000	148,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	536,355	0.000000	0.000000	279,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,611,764	0.000000	0.000000	3,949,610	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	12,310,175	0.000000	0.000000	699,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,264,753	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	122,668,121			18,724,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/24/2017 11:05 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	867,037	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	95,295	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,619,188	0		54.00
57.00	05700	CT SCAN	0	3,233,594	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,064,705	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	144,709	0		59.00
60.00	06000	LABORATORY	0	1,660,211	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	284,441	0		65.00
66.00	06600	PHYSICAL THERAPY	0	16,429	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,449	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	407	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	985,848	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	78,250	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	51,004	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	655,971	0		73.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	1,106,879	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	353,411	0		92.00
200.00		Total (lines 50-199)	0	12,224,828	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/24/2017 11:05 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	0.691553	867,037	0	0	599,602	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.013211	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032901	95,295	0	0	3,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299607	1,619,188	0	0	485,120	54.00
57.00	05700	CT SCAN	0.023957	3,233,594	0	0	77,467	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.177096	1,064,705	0	0	188,555	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.697679	144,709	0	0	100,960	59.00
60.00	06000	LABORATORY	0.166542	1,660,211	0	0	276,495	60.00
65.00	06500	RESPIRATORY THERAPY	0.192407	284,441	0	0	54,728	65.00
66.00	06600	PHYSICAL THERAPY	0.306676	16,429	0	0	5,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275176	7,449	0	0	2,050	67.00
68.00	06800	SPEECH PATHOLOGY	0.343355	407	0	0	140	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065228	985,848	0	0	64,305	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.452464	78,250	0	0	270,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736182	51,004	0	0	37,548	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246554	655,971	0	7,600	161,732	73.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.490391	1,106,879	0	0	542,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083568	353,411	0	0	382,945	92.00
200.00		Subtotal (see instructions)		12,224,828	0	7,600	3,252,778	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		12,224,828	0	7,600	3,252,778	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/24/2017 11:05 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
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,874		73.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	1,874		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,874		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 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)	9,552	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,552	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)	8,342	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)	2,875	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,372,504	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	19,372,504	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,372,504	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)	2,028.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,830,816	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)	5,830,816	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 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	2,221,524	542	4,098.75	257	1,053,379	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,788,214	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,672,409	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,889,644	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	723,558	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,613,202	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,059,207	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,210	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,028.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,454,013	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 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	5,546,364	19,372,504	0.286301	2,454,013	702,586	90.00
91.00	Nursing School cost	0	19,372,504	0.000000	2,454,013	0	91.00
92.00	Allied health cost	0	19,372,504	0.000000	2,454,013	0	92.00
93.00	All other Medical Education	0	19,372,504	0.000000	2,454,013	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,552	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,552	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)	8,342	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)	211	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,783	15.00
16.00	Nursery days (title V or XIX only)	158	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,372,504	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	19,372,504	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,372,504	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)	2,028.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	427,931	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	427,931	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,510,393	1,783	2,529.67	158	399,688	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,221,524	542	4,098.75	14	57,383	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)	270,192	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,155,194	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,210	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,028.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,454,013	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,546,364	19,372,504	0.286301	2,454,013	702,586	90.00
91.00	Nursing School cost	0	19,372,504	0.000000	2,454,013	0	91.00
92.00	Allied health cost	0	19,372,504	0.000000	2,454,013	0	92.00
93.00	All other Medical Education	0	19,372,504	0.000000	2,454,013	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/24/2017 11:05 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		6,199,875		30.00
31.00	03100	INTENSIVE CARE UNIT		1,088,909		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.691553	1,015,198	702,063	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.013211	3,703	49	52.00
53.00	05300	ANESTHESIOLOGY	0.032901	157,923	5,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299607	1,058,458	317,121	54.00
57.00	05700	CT SCAN	0.023957	2,045,384	49,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.177096	144,228	25,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.697679	345,788	241,249	59.00
60.00	06000	LABORATORY	0.166542	4,500,923	749,593	60.00
65.00	06500	RESPIRATORY THERAPY	0.192407	1,903,399	366,227	65.00
66.00	06600	PHYSICAL THERAPY	0.306676	370,125	113,508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275176	140,467	38,653	67.00
68.00	06800	SPEECH PATHOLOGY	0.343355	61,201	21,014	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065228	1,900,398	123,959	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.452464	148,419	512,411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736182	279,578	205,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246554	3,949,610	973,792	73.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.490391	699,474	343,016	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083568	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		18,724,276	4,788,214	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)		18,724,276		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/24/2017 11:05 am

Title XIX | Hospital | Cost

		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		431,804		30.00
31.00	03100	INTENSIVE CARE UNIT		59,318		31.00
43.00	04300	NURSERY		260,623		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.691553	59,579	41,202	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.013211	232,352	3,070	52.00
53.00	05300	ANESTHESIOLOGY	0.032901	175,466	5,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299607	49,850	14,935	54.00
57.00	05700	CT SCAN	0.023957	88,708	2,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.177096	13,996	2,479	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.697679	18,742	13,076	59.00
60.00	06000	LABORATORY	0.166542	307,667	51,239	60.00
65.00	06500	RESPIRATORY THERAPY	0.192407	105,021	20,207	65.00
66.00	06600	PHYSICAL THERAPY	0.306676	7,591	2,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275176	4,983	1,371	67.00
68.00	06800	SPEECH PATHOLOGY	0.343355	6,044	2,075	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065228	49,427	3,224	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.452464	726	2,506	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736182	1,314	967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246554	333,860	82,315	73.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.490391	43,434	21,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.083568	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,498,760	270,192	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,498,760		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:05 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)	3,270,792	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,435,865	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)	40,160	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	144.32	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)	0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)	20.23	31.00
32.00	Sum of lines 30 and 31	20.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)	5.90	33.00
34.00	Disproportionate share adjustment (see instructions)	84,173	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:05 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	5,982,495,714	35.00
35.01	Factor 3 (see instructions)	0.000057645	0.000057650	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	369,282	344,891	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	139,237	86,932	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	226,169		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)	6,057,159		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)	6,057,159	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,221,222	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	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)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	8,278,381	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	8,278,381	61.00
62.00	Deductibles billed to program beneficiaries	722,568	62.00
63.00	Coinsurance billed to program beneficiaries	6,762	63.00
64.00	Allowable bad debts (see instructions)	20,326	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	13,212	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	19,038	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	7,562,263	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)	0	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 11:05 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)		7,562,263	71.00
71.01	Sequestration adjustment (see instructions)		151,245	71.01
72.00	Interim payments		4,917,138	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)		2,493,880	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		24,901	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: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 11:05 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,252,778	2.00
3.00	PPS payments	1,436,305	3.00
4.00	Outlier payment (see instructions)	108	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)	1,874	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	7,600	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)	7,600	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)	7,600	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	5,726	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)	1,874	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)	1,436,413	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)	321,371	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)	1,116,916	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)	1,116,916	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,116,916	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)	13,913	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	9,043	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	13,612	36.00
37.00	Subtotal (see instructions)	1,125,959	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)	1,125,959	40.00
40.01	Sequestration adjustment (see instructions)	22,519	40.01
41.00	Interim payments	1,093,859	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	9,581	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	608	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: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/24/2017 11:05 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		4,917,138		1,093,859	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,917,138		1,093,859	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		2,493,880		9,581	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,411,018		1,103,440	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: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 11:05 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	0	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	0	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	0	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	0	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	0	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

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

Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/24/2017 11:05 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	5,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	11,187,909	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-1,437,891	0	0	0	6.00
7.00	Inventory	1,235,535	0	0	0	7.00
8.00	Prepaid expenses	256,051	0	0	0	8.00
9.00	Other current assets	1,628,846	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	12,875,450	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	9,200,000	0	0	0	12.00
13.00	Land improvements	5,407,323	0	0	0	13.00
14.00	Accumulated depreciation	-412,597	0	0	0	14.00
15.00	Buildings	26,415,183	0	0	0	15.00
16.00	Accumulated depreciation	-779,696	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	74,640,284	0	0	0	19.00
20.00	Accumulated depreciation	-3,704,920	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	23,310,956	0	0	0	23.00
24.00	Accumulated depreciation	-3,021,703	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	-1,327,293	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	129,727,537	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	15,524,374	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,593,487	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,117,861	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	159,720,848	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,015,015	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,210,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,225,015	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	127,695,000	0	0	0	47.00
48.00	Unsecured loans	89	0	0	0	48.00
49.00	Other long term liabilities	37,916,781	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	165,611,870	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	180,836,885	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-21,116,037				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)	-21,116,037	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	159,720,848	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/24/2017 11:05 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		1		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-32,931,971				2.00
3.00	Total (sum of line 1 and line 2)		-32,931,970		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	MRHS TRANSFER	1,173,740		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)		1,173,740		0		10.00
11.00	Subtotal (line 3 plus line 10)		-31,758,230		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-31,758,230		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/24/2017 11:05 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	22,489,501		22,489,501	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,489,501		22,489,501	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,296,454		2,296,454	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,296,454		2,296,454	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,785,955		24,785,955	17.00
18.00	Ancillary services	50,622,552	57,470,641	108,093,193	18.00
19.00	Outpatient services	2,549,218	12,025,710	14,574,928	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	77,957,725	69,496,351	147,454,076	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		64,766,857		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)		64,766,857		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0307 | Period: From 05/16/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/24/2017 11:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	147,454,076	1.00
2.00	Less contractual allowances and discounts on patients' accounts	114,004,971	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,449,105	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	64,766,857	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,317,752	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	650,670	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	145,449	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	796,119	25.00
26.00	Total (line 5 plus line 25)	-30,521,633	26.00
27.00	PHYSICIAN OPERATIONS	2,410,338	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,410,338	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-32,931,971	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0307	Period: From 05/16/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 11:05 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	0	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)	0.00	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	0	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	1,889,644	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	723,558	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	2,613,202	3.00
4.00	Capital cost payment factor (see instructions)	85	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	2,221,222	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