

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/14/2016 8:42 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/14/2016 Time: 8:42 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL (140029) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	237,490	-83,986	33,354	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-76,769	-21		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	160,721	-84,007	33,354	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: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/11/2016 4:16 pm		
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1.00	Hospital and Hospital Health Care Complex Address:	2.00	PO Box:	3.00	Zip Code: 60504	4.00	County: KANE	1.00
2.00	Street: 2000 OGDEN AVENUE	City: AURORA	State: IL	Zip Code: 60504	County: KANE	1.00	2.00	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	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	0	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015		06/30/2016		20.00
21.00	Type of Control (see instructions)					2				21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,083	4,493	0	0	2,202	0	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.	175	20	0	0	25		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/11/2016 4:16 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0
				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.			Y	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 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	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)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	
					2.00	
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	613,302	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: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/11/2016 4:16 pm	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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
156.00	Subprovider - I PF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/11/2016 4:16 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2014	09/30/2015	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/11/2016 4:16 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/26/2016	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.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/12/2016	Y	10/12/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/11/2016 4:16 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHEFKE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH-COPLEY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909		RI CHARD. SCHEFKE@RUSHCOPLEY. COM	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	157	57,462	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)		157	57,462	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00
8.01 NICU	31.01	13	4,758	0.00	0	8.01
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)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				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: 140029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,235	6,156	28,810			1.00
2.00 HMO and other (see instructions)	2,181	2,202				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	25				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)	11,235	6,156	28,810			7.00
8.00 INTENSIVE CARE UNIT	1,410	1,414	4,873			8.00
8.01 NICU	0	611	2,107			8.01
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		2,444	8,426			13.00
14.00 Total (see instructions)	12,645	10,625	44,216	12.14	1,512.09	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,073	195	4,442	1.00	25.50	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				13.14	1,537.59	27.00
28.00 Observation Bed Days		2,600	12,493			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	951	2,272			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: 140029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,214	3,493	11,220	1.00
2.00 HMO and other (see instructions)				527	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NICU							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,214	3,493		11,220	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	233	113		362	17.00
18.00 SUBPROVIDER	0.00	0		0		0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						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: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/11/2016 4:16 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	114,642,282	0	114,642,282	3,216,007.00	35.65	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		621,976	0	621,976	4,660.00	133.47	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	632,349	0	632,349	25,837.00	24.47	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,398,549	67,900	2,466,449	70,889.00	34.79	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		97,929	0	97,929	1,904.00	51.43	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		482,100	0	482,100	3,314.00	145.47	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		32,169,755	0	32,169,755			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		731,854	0	731,854			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		48,692	0	48,692			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		265,237	0	265,237			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	921,155	7,600	928,755	24,434.00	38.01	26.00
27.00	Administrative & General	5.00	22,434,450	-75,500	22,358,950	484,218.00	46.18	27.00
28.00	Administrative & General under contract (see inst.)		87,729	0	87,729	348.00	252.09	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,550,636	0	2,550,636	80,534.00	31.67	30.00
31.00	Laundry & Linen Service	8.00	101,614	0	101,614	5,838.00	17.41	31.00
32.00	Housekeeping	9.00	1,592,909	0	1,592,909	104,973.00	15.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,418,001	-910,073	507,928	31,479.00	16.14	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	910,073	910,073	56,402.00	16.14	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,702,799	0	2,702,799	51,245.00	52.74	38.00
39.00	Central Services and Supply	14.00	507,887	0	507,887	24,298.00	20.90	39.00
40.00	Pharmacy	15.00	2,412,767	0	2,412,767	58,401.00	41.31	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

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

Worksheet S-3
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 3,840	0	3,840	0.00	0.00	41.00
42.00	Social Service	17.00 172,346	0	172,346	4,183.00	41.20	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

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

Worksheet S-3
Part III
Date/Time Prepared:
11/11/2016 4:16 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	113,475,686	0	113,475,686	3,185,858.00	35.62	1.00
2.00	Excluded area salaries (see instructions)	2,398,549	67,900	2,466,449	70,889.00	34.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,077,137	-67,900	111,009,237	3,114,969.00	35.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	580,029	0	580,029	5,218.00	111.16	4.00
5.00	Subtotal wage-related costs (see inst.)	32,169,755	0	32,169,755	0.00	28.98	5.00
6.00	Total (sum of lines 3 thru 5)	143,826,921	-67,900	143,759,021	3,120,187.00	46.07	6.00
7.00	Total overhead cost (see instructions)	34,906,133	-67,900	34,838,233	926,353.00	37.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/11/2016 4:16 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,857,112	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		178,121	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		15,602,978	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		529,274	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		180,023	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)		465,090	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,361,248	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		9,339,011	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		74,398	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		628,283	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		33,215,538	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: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part V Date/Time Prepared: 11/11/2016 4:16 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		97,929	0
2.00	Hospital		97,929	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet A	
Date/Time Prepared: 11/11/2016 4:16 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	NEW CAP REL COSTS-BLDG & FIXT		6,817,874	6,817,874	3,464,556	10,282,430	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	846,841	846,841	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	921,155	843,525	1,764,680	32,973,505	34,738,185	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,516,836	31,235,041	33,751,877	-663,334	33,088,543	5.05
5.06	00560	PURCHASING RECEIVING AND STORES	19,917,614	36,908,556	56,826,170	-6,740,027	50,086,143	5.06
7.00	00700	OPERATION OF PLANT	2,550,636	4,714,964	7,265,600	-663,165	6,602,435	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	101,614	1,030,210	1,131,824	-26,420	1,105,404	8.00
9.00	00900	HOUSEKEEPING	1,592,909	1,588,227	3,181,136	-414,156	2,766,980	9.00
10.00	01000	DIETARY	1,418,001	2,337,609	3,755,610	-2,542,412	1,213,198	10.00
11.00	01100	CAFETERIA	0	0	0	2,173,732	2,173,732	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,702,799	1,502,109	4,204,908	-702,728	3,502,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	507,887	826,028	1,333,915	-132,051	1,201,864	14.00
15.00	01500	PHARMACY	2,412,767	16,448,833	18,861,600	-728,439	18,133,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,840	3,090,626	3,094,466	-998	3,093,468	16.00
17.00	01700	SOCIAL SERVICE	172,346	115,294	287,640	-44,810	242,830	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	632,349	164,411	796,760	-164,411	632,349	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	795,526	453,800	1,249,326	-206,837	1,042,489	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,084,908	6,395,700	27,480,608	-5,482,076	21,998,532	30.00
31.00	03100	INTENSIVE CARE UNIT	2,976,250	1,651,267	4,627,517	-773,825	3,853,692	31.00
31.01	03101	NICU	3,669,569	1,260,365	4,929,934	-953,973	3,975,961	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,664,334	587,746	2,252,080	-432,727	1,819,353	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,670,295	17,323,618	20,993,913	-7,602,804	13,391,109	50.00
50.01	05001	SAME DAY SURGERY	1,462,051	603,358	2,065,409	-380,133	1,685,276	50.01
50.02	05002	G. I. LAB	1,221,545	1,908,871	3,130,416	-336,234	2,794,182	50.02
51.00	05100	RECOVERY ROOM	734,112	225,955	960,067	-190,869	769,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,777,517	3,241,321	9,018,838	-1,502,811	7,516,027	52.00
53.00	05300	ANESTHESIOLOGY	184,905	742,672	927,577	-48,075	879,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,572,204	5,517,397	11,089,601	-1,448,791	9,640,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,861,812	2,554,765	4,416,577	-624,318	3,792,259	55.00
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	3,212,517	6,357,935	9,570,452	-835,255	8,735,197	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,905,333	1,230,960	3,136,293	-495,387	2,640,906	65.00
69.00	06900	ELECTROCARDIOLOGY	1,241,591	981,219	2,222,810	-573,531	1,649,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	749,302	749,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,635,839	8,635,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	770,859	770,859	0	770,859	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,763,987	1,682,328	3,446,315	-495,760	2,950,555	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	3,188,445	1,257,747	4,446,192	-981,183	3,465,009	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,770,893	8,445,175	10,216,068	-2,327,392	7,888,676	75.05
75.06	07506	YORKVILLE	3,902,661	3,944,146	7,846,807	-1,014,690	6,832,117	75.06
75.07	07507	MCAI	2,090,930	2,694,498	4,785,428	-543,642	4,241,786	75.07
76.00	03020	DIABETIC CENTER	244,041	134,582	378,623	-63,451	315,172	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,760,442	1,354,830	3,115,272	-513,744	2,601,528	90.00
90.01	09001	WOUND CARE CENTER	0	842,583	842,583	0	842,583	90.01
91.00	09100	EMERGENCY	6,701,446	3,628,757	10,330,203	-1,742,376	8,587,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

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

Worksheet A
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE		4,311,397	4,311,397	-4,311,397	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,908,067	187,727,158	301,635,225	2,139,543	303,774,768
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	143,686	143,686	0	143,686
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	PHYSICIAN SERVICES	479,556	2,265,370	2,744,926	-124,685	2,620,241
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	254,659	1,607,575	1,862,234	-2,014,858	-152,624
200.00		TOTAL (SUM OF LINES 118-199)	114,642,282	191,743,789	306,386,071	0	306,386,071

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

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

Worksheet A
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-3,556,028	6,726,402	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-875,873	-29,032	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-118,694	34,619,491	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-29,254,014	3,834,529	5.05
5.06	00560	PURCHASING RECEIVING AND STORES	-11,311,169	38,774,974	5.06
7.00	00700	OPERATION OF PLANT	-437,690	6,164,745	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,105,404	8.00
9.00	00900	HOUSEKEEPING	0	2,766,980	9.00
10.00	01000	DIETARY	0	1,213,198	10.00
11.00	01100	CAFETERIA	-281,233	1,892,499	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,641	3,495,539	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,201,864	14.00
15.00	01500	PHARMACY	-4,970,569	13,162,592	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-52	3,093,416	16.00
17.00	01700	SOCIAL SERVICE	-600	242,230	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	632,349	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-687,761	354,728	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-631,642	21,366,890	30.00
31.00	03100	INTENSIVE CARE UNIT	-711,657	3,142,035	31.00
31.01	03101	NICU	-117,677	3,858,284	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-113,349	1,706,004	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-527,000	12,864,109	50.00
50.01	05001	SAME DAY SURGERY	0	1,685,276	50.01
50.02	05002	G. I. LAB	-7,599	2,786,583	50.02
51.00	05100	RECOVERY ROOM	0	769,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,198,587	6,317,440	52.00
53.00	05300	ANESTHESIOLOGY	-2,453	877,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-105,890	9,534,920	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-147,158	3,645,101	55.00
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	-70,660	8,664,537	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-4,860	2,636,046	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,649,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	749,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,635,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	770,859	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-779,354	2,171,201	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-63,439	3,401,570	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	-40	7,888,636	75.05
75.06	07506	YORKVILLE	-663,867	6,168,250	75.06
75.07	07507	MCAI	0	4,241,786	75.07
76.00	03020	DIABETIC CENTER	0	315,172	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-7,271	2,594,257	90.00
90.01	09001	WOUND CARE CENTER	-6,481	836,102	90.01
91.00	09100	EMERGENCY	-633,247	7,954,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

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

Worksheet A
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-57,292,555	246,482,213	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000	0	143,686	190.00
192.00	19200	0	0	192.00
194.00	07954	52,088	2,672,329	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	-152,624	194.04
200.00		-57,240,467	249,145,604	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,464,556	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	846,841	2.00
	O		0	4,311,397	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATI ENTS	71.00	0	749,302	1.00
	O		0	749,302	
C - WORKMENS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,600	1,363,224	1.00
	O		7,600	1,363,224	
D - CAFETERIA					
1.00	CAFETERIA	11.00	910,073	1,263,659	1.00
	O		910,073	1,263,659	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,602,681	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	O		0	31,602,681	
G - ADVERTISING					
1.00	OTHER NONREIMBURSABLE COST CTRS	194.04	67,900	215,011	1.00
	O		67,900	215,011	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATI ENTS	72.00	0	8,635,839	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
	O		0	8,635,839	
500.00	Grand Total : Increases		985,573	48,141,113	500.00

RECLASSIFICATIONS

Provider CCN: 140029

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

Worksheet A-6
Date/Time Prepared:
11/11/2016 4:16 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,311,397	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	4,311,397			
B - MEDICAL SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.06	0	749,302	0		1.00
	0		0	749,302			
C - WORKMENS COMP INSURANCE							
1.00	PURCHASING RECEIVING AND STORES	5.06	7,600	1,363,224	0		1.00
	0		7,600	1,363,224			
D - CAFETERIA							
1.00	DIETARY	10.00	910,073	1,263,659	0		1.00
	0		910,073	1,263,659			
E - EMPLOYEE BENEFITS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	663,334	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.06	0	4,336,990	0		2.00
3.00	OPERATION OF PLANT	7.00	0	663,165	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	26,420	0		4.00
5.00	HOUSEKEEPING	9.00	0	414,156	0		5.00
6.00	DIETARY	10.00	0	368,680	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	702,728	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	132,051	0		8.00
9.00	PHARMACY	15.00	0	627,319	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	998	0		10.00
11.00	SOCIAL SERVICE	17.00	0	44,810	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	164,411	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	206,837	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	5,482,076	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	773,825	0		15.00
16.00	NICU	31.01	0	953,973	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	432,727	0		17.00
18.00	OPERATING ROOM	50.00	0	953,677	0		18.00
19.00	SAME DAY SURGERY	50.01	0	380,133	0		19.00
20.00	G. I. LAB	50.02	0	317,602	0		20.00
21.00	RECOVERY ROOM	51.00	0	190,869	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,502,811	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	48,075	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,448,791	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	624,318	0		25.00
26.00	LABORATORY	60.00	0	835,255	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	495,387	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	573,531	0		28.00
29.00	CARDIAC REHAB	75.01	0	495,760	0		29.00
30.00	REHAB SERVICES	75.03	0	981,183	0		30.00
31.00	VASCULAR SERVICES	75.05	0	460,432	0		31.00
32.00	YORKVILLE	75.06	0	1,014,690	0		32.00
33.00	MCAI	75.07	0	543,642	0		33.00
34.00	DIABETIC CENTER	76.00	0	63,451	0		34.00
35.00	CLINIC	90.00	0	513,744	0		35.00
36.00	EMERGENCY	91.00	0	1,742,376	0		36.00
37.00	PHYSICIAN SERVICES	194.00	0	124,685	0		37.00
38.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	2,297,769	0		38.00
	0		0	31,602,681			
G - ADVERTISING							
1.00	PURCHASING RECEIVING AND STORES	5.06	67,900	215,011	0		1.00
	0		67,900	215,011			
I - IMPLANTABLE DEVICES							
1.00	PHARMACY	15.00	0	101,120	0		1.00
2.00	OPERATING ROOM	50.00	0	6,649,127	0		2.00
3.00	G. I. LAB	50.02	0	18,632	0		3.00
4.00	VASCULAR SERVICES	75.05	0	1,866,960	0		4.00
	0		0	8,635,839			
500.00	Grand Total: Decreases		985,573	48,141,113			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	15,854,401	272,641	0	272,641	2.00
3.00	Buildings and Fixtures	109,021,013	2,649,467	0	2,649,467	3.00
4.00	Building Improvements	3,942,096	0	0	0	4.00
5.00	Fixed Equipment	79,255,231	0	0	0	5.00
6.00	Movable Equipment	126,279,740	3,561,265	0	3,561,265	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	336,793,779	6,483,373	0	6,483,373	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	336,793,779	6,483,373	0	6,483,373	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0			1.00
2.00	Land Improvements	16,127,042	0			2.00
3.00	Buildings and Fixtures	111,670,480	0			3.00
4.00	Building Improvements	3,743,627	0			4.00
5.00	Fixed Equipment	76,362,573	0			5.00
6.00	Movable Equipment	129,841,005	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	340,186,025	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	340,186,025	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,817,874	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,817,874	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	NEW CAP REL COSTS-BLDG & FIXT	0	6,817,874				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,817,874				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7
Part III
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	206,601,393	0	206,601,393	0.614077	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	129,841,005	0	129,841,005	0.385923	0	2.00
3.00	Total (sum of lines 1-2)	336,442,398	0	336,442,398	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,744,735	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-27,490	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,717,245	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-18,333	0	0	0	6,726,402	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,542	0	0	0	-29,032	2.00
3.00	Total (sum of lines 1-2)	-19,875	0	0	0	6,697,370	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

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

Worksheet A-8

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,464,556	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - POB NEW CRC (chapter 2)			OPOB NEW CRC	1.01	0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-846,841	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-216,879	OPERATION OF PLANT	7.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-105,369	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,249,713			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	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-268,667	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-52	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-12,566	CAFETERIA	11.00	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	*** Cost Center Deleted ***	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01 Depreciation - POB NEW CRC			OPOB NEW CRC	1.01	0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	IDPA PROVIDER TAX	A	-10,990,428	PURCHASING RECEIVING AND STORES		5.06	0	33.00
33.01	PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	33.01
33.04	PHYSICIAN COMPENSATION	A	52,088	PHYSICIAN SERVICES		194.00	0	33.04
33.05	BAD DEBTS	A	-29,008,510	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	33.05
33.06	MISC REV	B	-28,694	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.06
33.07	MISC REV	B	-245,504	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	33.07
33.08	MISC REV	B	-111,117	PURCHASING RECEIVING AND STORES		5.06	0	33.08
33.09	MISC REV	B	-115,442	OPERATION OF PLANT		7.00	0	33.09
33.10	MISC REV	B	-6,641	NURSING ADMINISTRATION		13.00	0	33.10
33.11	MISC REV	B	-4,970,569	PHARMACY		15.00	0	33.11
33.12	MISC REV	B	-600	SOCIAL SERVICE		17.00	0	33.12
34.00	MISC REV	B	-7,348	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	34.00
35.00	MISC REV	B	-591,914	ADULTS & PEDIATRICS		30.00	0	35.00
36.00	MISC REV	B	-185,000	OPERATING ROOM		50.00	0	36.00
37.00	MISC REV	B	-7,599	G. I. LAB		50.02	0	37.00
38.02	MISC REV	B	-300	DELIVERY ROOM & LABOR ROOM		52.00	0	38.02
38.07	MISC REV	B	-7,140	RADIOLOGY-DIAGNOSTIC		54.00	0	38.07
38.15	MISC REV	B	-134,228	RADIOLOGY-THERAPEUTIC		55.00	0	38.15
39.00	MISC REV	B	-60	LABORATORY		60.00	0	39.00
41.00	MISC REV	B	-80	RESPIRATORY THERAPY		65.00	0	41.00
43.00	MISC REV	B	-209,173	CARDIAC REHAB		75.01	0	43.00
45.00	MISC REV	B	-63,439	REHAB SERVICES		75.03	0	45.00
45.01	MISC REV	B	-40	VASCULAR SERVICES		75.05	0	45.01
45.02	MISC REV	B	-7,271	CLINIC		90.00	0	45.02
45.03	MISC REV	B	-16,687	EMERGENCY		91.00	0	45.03
45.04	AHA/IHA LOBBYING FEES	A	-44,383	PURCHASING RECEIVING AND STORES		5.06	0	45.04
45.05	MEMBERSHIP DUES	A	-29,802	PURCHASING RECEIVING AND STORES		5.06	0	45.05
45.07	PHYSICIAN REFERRAL	A	-74,394	PURCHASING RECEIVING AND STORES		5.06	0	45.07
45.09	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	45.09
45.10	UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.10
45.11	OTHER N/A COSTS	A	-61,045	PURCHASING RECEIVING AND STORES		5.06	0	45.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,240,467					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

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

Worksheet A-8-2

Date/Time Prepared:
11/11/2016 4:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	737,151	637,251	99,900	177,200	666	1.00
2.00	30.00	ADULTS & PEDIATRICS	54,040	28,840	25,200	177,200	168	2.00
3.00	31.00	INTENSIVE CARE UNIT	711,657	711,657	0	177,200	0	3.00
4.00	31.01	NICU	141,531	99,531	42,000	177,200	280	4.00
5.00	41.00	SUBPROVIDER - IRF	113,349	113,349	0	177,200	0	5.00
6.00	50.00	OPERATING ROOM	361,500	332,250	29,250	208,000	195	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,232,023	1,172,623	59,400	177,200	396	7.00
8.00	53.00	ANESTHESIOLOGY	33,750	0	33,750	200,300	325	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	98,750	98,750	0	215,700	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	45,425	425	45,000	225,300	300	10.00
11.00	60.00	LABORATORY	70,600	70,600	0	215,700	0	11.00
12.00	65.00	RESPIRATORY THERAPY	4,780	4,780	0	177,200	0	12.00
13.00	75.01	CARDIAC REHAB	591,820	553,720	38,100	177,200	254	13.00
14.00	75.06	YORKVILLE	663,867	663,867	0	177,200	0	14.00
15.00	90.01	WOUND CARE CENTER	15,000	0	15,000	177,200	100	15.00
16.00	91.00	EMERGENCY	670,231	575,731	94,500	177,200	630	16.00
200.00			5,545,474	5,063,374	482,100		3,314	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	56,738	2,837	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	14,312	716	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NICU	23,854	1,193	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	19,500	975	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	33,736	1,687	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	31,297	1,565	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	32,495	1,625	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	75.01	CARDIAC REHAB	21,639	1,082	0	0	0	13.00
14.00	75.06	YORKVILLE	0	0	0	0	0	14.00
15.00	90.01	WOUND CARE CENTER	8,519	426	0	0	0	15.00
16.00	91.00	EMERGENCY	53,671	2,684	0	0	0	16.00
200.00			295,761	14,790	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	56,738	43,162	680,413		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	14,312	10,888	39,728		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	711,657		3.00
4.00	31.01	NICU	0	23,854	18,146	117,677		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	113,349		5.00
6.00	50.00	OPERATING ROOM	0	19,500	9,750	342,000		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	33,736	25,664	1,198,287		7.00
8.00	53.00	ANESTHESIOLOGY	0	31,297	2,453	2,453		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	98,750		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	32,495	12,505	12,930		10.00
11.00	60.00	LABORATORY	0	0	0	70,600		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	4,780		12.00
13.00	75.01	CARDIAC REHAB	0	21,639	16,461	570,181		13.00
14.00	75.06	YORKVILLE	0	0	0	663,867		14.00
15.00	90.01	WOUND CARE CENTER	0	8,519	6,481	6,481		15.00
16.00	91.00	EMERGENCY	0	53,671	40,829	616,560		16.00
200.00			0	295,761	186,339	5,249,713		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,726,402	6,726,402			1.00
1.01 00101	POB NEW CRC	0	0	0		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	-29,032			-29,032	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,619,491	68,740	0	0	34,688,231
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,834,529	0	0	0	767,758
5.06 00560	PURCHASING RECEIVING AND STORES	38,774,974	1,469,405	0	0	6,052,817
7.00 00700	OPERATION OF PLANT	6,164,745	647,582	0	0	778,069
8.00 00800	LAUNDRY & LINEN SERVICE	1,105,404	0	0	0	30,997
9.00 00900	HOUSEKEEPING	2,766,980	63,220	0	0	485,915
10.00 01000	DIETARY	1,213,198	116,620	0	0	154,943
11.00 01100	CAFETERIA	1,892,499	112,940	0	0	277,617
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,495,539	0	0	0	824,486
14.00 01400	CENTRAL SERVICES & SUPPLY	1,201,864	113,140	0	0	154,930
15.00 01500	PHARMACY	13,162,592	34,520	0	0	736,012
16.00 01600	MEDICAL RECORDS & LIBRARY	3,093,416	61,320	0	0	1,171
17.00 01700	SOCIAL SERVICE	242,230	0	0	0	52,574
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	632,349	0	0	0	192,897
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	354,728	0	0	0	242,674
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,366,890	1,567,990	0	0	6,431,969
31.00 03100	INTENSIVE CARE UNIT	3,142,035	154,201	0	0	907,902
31.01 03101	NICU	3,858,284	31,840	0	0	1,119,398
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	1,706,004	79,000	0	0	507,703
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,864,109	154,981	0	0	1,119,620
50.01 05001	SAME DAY SURGERY	1,685,276	139,060	0	0	445,997
50.02 05002	G. I. LAB	2,786,583	140,520	0	0	372,631
51.00 05100	RECOVERY ROOM	769,198	35,880	0	0	223,940
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,317,440	146,080	0	0	1,762,426
53.00 05300	ANESTHESIOLOGY	877,049	10,380	0	0	56,405
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,534,920	442,961	0	0	1,699,795
55.00 05500	RADIOLOGY-THERAPEUTIC	3,645,101	415,181	0	0	567,944
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	8,664,537	133,800	0	0	979,975
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,636,046	26,760	0	0	581,220
69.00 06900	ELECTROCARDIOLOGY	1,649,279	76,400	0	0	378,746
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	749,302	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,635,839	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	770,859	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	CARDIAC REHAB	2,171,201	49,460	0	0	538,102
75.02 07502	HEART SURGERY	0	0	0	0	0
75.03 07503	REHAB SERVICES	3,401,570	50,560	0	0	972,632
75.04 07504	CV SURGERY	0	0	0	0	0
75.05 07505	VASCULAR SERVICES	7,888,636	0	0	0	540,209
75.06 07506	YORKVILLE	6,168,250	0	0	0	1,190,503
75.07 07507	MCAI	4,241,786	0	0	0	637,836
76.00 03020	DIABETIC CENTER	315,172	0	0	0	74,444
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	2,594,257	0	0	0	537,021
90.01 09001	WOUND CARE CENTER	836,102	58,280	0	0	0
91.00 09100	EMERGENCY	7,954,580	303,961	0	0	2,044,269
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	246,482,213	6,704,782	0	0	34,443,547	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,686	4,380	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	17,240	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	2,672,329	0	0	0	146,288	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	-152,624	0	0	0	98,396	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	-29,032	0	201.00
202.00 TOTAL (sum lines 118-201)	249,145,604	6,726,402	0	-29,032	34,688,231	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,602,287					5.05
5.06	00560	PURCHASING RECEIVING AND STORES	0	46,297,196	46,297,196			5.06
7.00	00700	OPERATION OF PLANT	0	7,590,396	1,731,688	9,322,084		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,136,401	259,261	0	1,395,662	8.00
9.00	00900	HOUSEKEEPING	0	3,316,115	756,545	129,792	0	9.00
10.00	01000	DIETARY	0	1,484,761	338,736	239,424	0	10.00
11.00	01100	CAFETERIA	0	2,283,056	520,861	231,869	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,320,025	985,579	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,469,934	335,354	232,279	0	14.00
15.00	01500	PHARMACY	0	13,933,124	3,178,731	70,870	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,155,907	719,995	125,891	0	16.00
17.00	01700	SOCIAL SERVICE	0	294,804	67,257	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	825,246	188,273	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	597,402	136,292	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	226,216	29,593,065	6,751,384	3,219,099	616,395	30.00
31.00	03100	INTENSIVE CARE UNIT	31,460	4,235,598	966,318	316,576	38,731	31.00
31.01	03101	NI CU	55,859	5,065,381	1,155,626	65,368	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	14,120	2,306,827	526,284	162,189	89,240	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	550,967	14,689,677	3,351,332	318,178	167,997	50.00
50.01	05001	SAME DAY SURGERY	53,737	2,324,070	530,218	285,494	66,452	50.01
50.02	05002	G. I. LAB	62,277	3,362,011	767,016	288,491	0	50.02
51.00	05100	RECOVERY ROOM	54,098	1,083,116	247,104	73,663	48,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	142,324	8,368,270	1,909,154	299,906	0	52.00
53.00	05300	ANESTHESIOLOGY	60,292	1,004,126	229,083	21,310	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	694,392	12,372,068	2,822,588	909,408	49,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	88,609	4,716,835	1,076,108	852,375	53,177	55.00
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	424,492	10,202,804	2,327,688	274,695	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	107,381	3,351,407	764,597	54,939	0	65.00
69.00	06900	ELECTROCARDIOLOGY	119,664	2,224,089	507,408	156,851	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116,896	866,198	197,616	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,044	8,703,883	1,985,721	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	558,813	558,813	127,489	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,732	786,591	179,454	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	9,280	2,768,043	631,507	101,543	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	131,936	4,556,698	1,039,574	103,801	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	199,878	8,628,723	1,968,574	0	0	75.05
75.06	07506	YORKVILLE	199,892	7,558,645	1,724,444	0	0	75.06
75.07	07507	MCAI	86,421	4,966,043	1,132,963	0	0	75.07
76.00	03020	DIABETIC CENTER	1,050	390,666	89,127	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	41,066	3,172,344	723,745	0	0	90.00
90.01	09001	WOUND CARE CENTER	7,907	902,289	205,850	119,650	0	90.01
91.00	09100	EMERGENCY	479,484	10,782,294	2,459,894	624,037	265,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
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To 06/30/2016

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Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,602,287	246,244,941	45,616,438	9,277,698	1,395,662
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	148,066	33,780	8,992	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,240	3,933	35,394	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,818,617	643,045	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	-54,228	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-29,032	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,602,287	249,145,604	46,297,196	9,322,084	1,395,662

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/11/2016 4:16 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	PURCHASING RECEIVING AND STORES						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,202,452					9.00
10.00	01000	DIETARY	109,458	2,172,379				10.00
11.00	01100	CAFETERIA	106,004	0	3,141,790			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	66,349	0	5,371,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	106,191	0	31,469	0	54,954	14.00
15.00	01500	PHARMACY	32,400	0	75,611	0	132,083	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,554	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,416	0	9,461	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	33,445	0	58,435	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	14,489	0	25,315	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,471,681	1,740,967	821,187	0	1,434,403	30.00
31.00	03100	INTENSIVE CARE UNIT	144,730	150,287	100,824	0	176,093	31.00
31.01	03101	NICU	29,885	0	118,725	0	207,381	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	74,148	281,125	69,057	0	120,619	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	145,462	0	127,418	0	222,529	50.00
50.01	05001	SAME DAY SURGERY	130,519	0	51,184	0	89,401	50.01
50.02	05002	G. I. LAB	131,890	0	43,736	0	76,406	50.02
51.00	05100	RECOVERY ROOM	33,676	0	21,882	0	38,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,108	0	203,950	0	356,214	52.00
53.00	05300	ANESTHESIOLOGY	9,742	0	10,833	0	18,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	415,755	0	192,386	0	336,053	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	389,681	0	66,810	0	116,690	55.00
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	125,582	0	132,915	0	232,225	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	25,116	0	73,418	0	128,225	65.00
69.00	06900	ELECTROCARDIOLOGY	71,708	0	115,312	0	201,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	46,422	0	42,816	0	74,809	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	47,455	0	99,659	0	174,105	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	57,169	0	99,839	75.05
75.06	07506	YORKVILLE	0	0	153,470	0	268,050	75.06
75.07	07507	MCAI	0	0	90,695	0	158,420	75.07
76.00	03020	DIABETIC CENTER	0	0	6,906	0	12,077	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	55,517	0	96,978	90.00
90.01	09001	WOUND CARE CENTER	54,701	0	0	0	0	90.01
91.00	09100	EMERGENCY	285,292	0	238,560	0	416,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,182,160	2,172,379	3,121,208	0	5,335,993	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,111	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,181	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	20,582	0	35,960	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,202,452	2,172,379	3,141,790	0	5,371,953	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/11/2016 4:16 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	PURCHASING RECEIVING AND STORES				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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,230,181			14.00
15.00	01500	PHARMACY	17,310			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,440,129	4,059,347	16.00
17.00	01700	SOCIAL SERVICE	0	0	376,938	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,626	0	199,515	376,938
31.00	03100	INTENSIVE CARE UNIT	1,056	0	27,746	0
31.01	03101	NI CU	26	0	49,266	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	95	0	12,454	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	831,079	0	485,935	0
50.01	05001	SAME DAY SURGERY	11,295	0	47,394	0
50.02	05002	G. I. LAB	68,954	0	54,926	0
51.00	05100	RECOVERY ROOM	3,250	0	47,712	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,864	0	125,525	0
53.00	05300	ANESTHESIOLOGY	44,071	0	53,175	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,569	0	612,716	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,775	0	78,150	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	3	0	374,388	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,808	0	94,707	0
69.00	06900	ELECTROCARDIOLOGY	8,643	0	105,540	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	103,098	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,012	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,440,129	492,854	0
74.00	07400	RENAL DIALYSIS	0	0	13,875	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	55	0	8,185	0
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	375	0	116,363	0
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	920,457	0	176,286	0
75.06	07506	YORKVILLE	15,767	0	176,298	0
75.07	07507	MCAI	48,484	0	76,221	0
76.00	03020	DIABETIC CENTER	0	0	926	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	8,781	0	36,219	0
90.01	09001	WOUND CARE CENTER	5,152	0	6,973	0
91.00	09100	EMERGENCY	43,686	0	422,888	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,230,181	17,440,129	4,059,347	376,938	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0 194.04
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)	2,230,181	17,440,129	4,059,347	376,938	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 POB NEW CRC							1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 PURCHASING RECEIVING AND STORES							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
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL	0						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		1,105,399					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			773,498				22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	706,614	494,451	0	47,432,325		30.00
31.00 03100 INTENSIVE CARE UNIT	0	34,981	24,478	0	6,217,418		31.00
31.01 03101 NICU	0	0	0	0	6,691,658		31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	0	111,939	78,329	0	3,832,306		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	27,985	19,582	0	20,387,174		50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,536,027		50.01
50.02 05002 G. I. LAB	0	6,996	4,896	0	4,805,322		50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,596,901		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	62,966	44,060	0	11,551,017		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,391,257		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	20,989	14,687	0	17,889,108		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	7,351,601		55.00
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	13,670,300		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,499,217		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	3,390,970		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,166,912		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,749,616		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	18,619,285		73.00
74.00 07400 RENAL DIALYSIS	0	20,989	14,687	0	1,015,596		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC REHAB	0	55,970	39,164	0	3,768,514		75.01
75.02 07502 HEART SURGERY	0	0	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0	0	6,138,030		75.03
75.04 07504 CV SURGERY	0	0	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	11,851,048		75.05
75.06 07506 YORKVILLE	0	0	0	0	9,896,674		75.06
75.07 07507 MCAI	0	0	0	0	6,472,826		75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	499,702		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	4,093,584		90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	1,294,615		90.01
91.00 09100 EMERGENCY	0	55,970	39,164	0	15,633,960		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B
Part I
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,105,399	773,498	0	245,442,963
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	194,949
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	72,748
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	3,518,204
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	-54,228
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	-29,032
202.00		TOTAL (sum lines 118-201)	0	1,105,399	773,498	0	249,145,604

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
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To 06/30/2016

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,201,065	30.00
31.00	03100	INTENSIVE CARE UNIT	-59,459	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-190,268	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-47,567	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	-11,892	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-107,026	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-35,676	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-35,676	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-95,134	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-95,134	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,878,897	243,564,066	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	194,949	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	72,748	192.00
194.00	07954	PHYSICIAN SERVICES	0	3,518,204	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	-54,228	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-29,032	201.00
202.00		TOTAL (sum lines 118-201)	-1,878,897	247,266,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,740	0	0	68,740 4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06 00560	PURCHASING RECEIVING AND STORES	0	1,469,405	0	0	1,469,405 5.06
7.00 00700	OPERATION OF PLANT	0	647,582	0	0	647,582 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	63,220	0	0	63,220 9.00
10.00 01000	DIETARY	0	116,620	0	0	116,620 10.00
11.00 01100	CAFETERIA	0	112,940	0	0	112,940 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	113,140	0	0	113,140 14.00
15.00 01500	PHARMACY	0	34,520	0	0	34,520 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,320	0	0	61,320 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,567,990	0	0	1,567,990 30.00
31.00 03100	INTENSIVE CARE UNIT	0	154,201	0	0	154,201 31.00
31.01 03101	NI CU	0	31,840	0	0	31,840 31.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	0	79,000	0	0	79,000 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	154,981	0	0	154,981 50.00
50.01 05001	SAME DAY SURGERY	0	139,060	0	0	139,060 50.01
50.02 05002	G. I. LAB	0	140,520	0	0	140,520 50.02
51.00 05100	RECOVERY ROOM	0	35,880	0	0	35,880 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	146,080	0	0	146,080 52.00
53.00 05300	ANESTHESIOLOGY	0	10,380	0	0	10,380 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	442,961	0	0	442,961 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	415,181	0	0	415,181 55.00
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	133,800	0	0	133,800 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	26,760	0	0	26,760 65.00
69.00 06900	ELECTROCARDIOLOGY	0	76,400	0	0	76,400 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC REHAB	0	49,460	0	0	49,460 75.01
75.02 07502	HEART SURGERY	0	0	0	0	0 75.02
75.03 07503	REHAB SERVICES	0	50,560	0	0	50,560 75.03
75.04 07504	CV SURGERY	0	0	0	0	0 75.04
75.05 07505	VASCULAR SERVICES	0	0	0	0	0 75.05
75.06 07506	YORKVILLE	0	0	0	0	0 75.06
75.07 07507	MCAI	0	0	0	0	0 75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	WOUND CARE CENTER	0	58,280	0	0	58,280 90.01
91.00 09100	EMERGENCY	0	303,961	0	0	303,961 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	PURCHASING RECEIVING AND STORES 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	POB NEW CRC					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	68,740				4.00	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,523	1,523			5.05	
5.06	00560	PURCHASING RECEIVING AND STORES	12,004	0	1,481,409		5.06	
7.00	00700	OPERATION OF PLANT	1,543	0	55,410	704,535	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	61	0	8,296	0	8.00	
9.00	00900	HOUSEKEEPING	964	0	24,208	9,809	9.00	
10.00	01000	DIETARY	307	0	10,839	18,095	10.00	
11.00	01100	CAFETERIA	551	0	16,666	17,524	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,635	0	31,536	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	307	0	10,731	17,555	14.00	
15.00	01500	PHARMACY	1,460	0	101,712	5,356	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	23,038	9,514	16.00	
17.00	01700	SOCIAL SERVICE	104	0	2,152	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	383	0	6,024	383	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	481	0	4,361	0	22.00	
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,701	78	216,036	243,290	3,691	30.00
31.00	03100	INTENSIVE CARE UNIT	1,801	11	30,920	23,926	232	31.00
31.01	03101	NICU	2,220	19	36,977	4,940	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,007	5	16,840	12,258	534	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,221	191	107,235	24,047	1,006	50.00
50.01	05001	SAME DAY SURGERY	885	19	16,966	21,577	398	50.01
50.02	05002	G. I. LAB	739	22	24,543	21,803	0	50.02
51.00	05100	RECOVERY ROOM	444	19	7,907	5,567	289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,495	49	61,088	22,666	0	52.00
53.00	05300	ANESTHESIOLOGY	112	21	7,330	1,611	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,371	171	90,316	68,730	299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,126	31	34,433	64,420	318	55.00
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	1,944	147	74,480	20,761	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,153	37	24,465	4,152	0	65.00
69.00	06900	ELECTROCARDIOLOGY	751	41	16,236	11,854	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40	6,323	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24	63,538	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	193	4,079	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5	5,742	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,067	3	20,207	7,674	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,929	46	33,264	7,845	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,071	69	62,990	0	0	75.05
75.06	07506	YORKVILLE	2,361	69	55,178	0	0	75.06
75.07	07507	MCAI	1,265	30	36,252	0	0	75.07
76.00	03020	DIABETIC CENTER	148	0	2,852	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,065	14	23,158	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	3	6,587	9,043	0	90.01
91.00	09100	EMERGENCY	4,054	166	78,711	47,163	1,590	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	PURCHASING RECEIVING AND STORES 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,255	1,523	1,459,626	701,180	8,357
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,081	680	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	126	2,675	192.00
194.00	07954	PHYSICIAN SERVICES	290	0	20,576	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	195	0	0	0	194.04
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)	68,740	1,523	1,481,409	704,535	8,357

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	PURCHASING RECEIVING AND STORES				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING	98,201			9.00
10.00	01000	DIETARY	2,558	148,419		10.00
11.00	01100	CAFETERIA	2,477	0	150,158	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,171	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,481	0	1,504	0
15.00	01500	PHARMACY	757	0	3,614	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,345	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	259	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,598	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	692	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,388	118,944	39,247	0
31.00	03100	INTENSIVE CARE UNIT	3,382	10,268	4,819	0
31.01	03101	NICU	698	0	5,674	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,733	19,207	3,301	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,399	0	6,090	0
50.01	05001	SAME DAY SURGERY	3,050	0	2,446	0
50.02	05002	G. I. LAB	3,082	0	2,090	0
51.00	05100	RECOVERY ROOM	787	0	1,046	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,204	0	9,748	0
53.00	05300	ANESTHESIOLOGY	228	0	518	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,715	0	9,195	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,106	0	3,193	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	2,935	0	6,353	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	587	0	3,509	0
69.00	06900	ELECTROCARDIOLOGY	1,676	0	5,511	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	1,085	0	2,046	0
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	1,109	0	4,763	0
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	2,732	0
75.06	07506	YORKVILLE	0	0	7,335	0
75.07	07507	MCAI	0	0	4,335	0
76.00	03020	DIABETIC CENTER	0	0	330	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	2,653	0
90.01	09001	WOUND CARE CENTER	1,278	0	0	0
91.00	09100	EMERGENCY	6,667	0	11,402	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,819
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		97,727	148,419	149,174	0	36,099	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	96	0	0	0	0	190.00
192.00	19200	378	0	0	0	0	192.00
194.00	07954	0	0	984	0	243	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		98,201	148,419	150,158	0	36,342	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	PURCHASING RECEIVING AND STORES				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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	146,090			14.00
15.00	01500	PHARMACY	1,134	149,447		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	95,219	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	434	0	4,698	30.00
31.00	03100	INTENSIVE CARE UNIT	69	0	653	31.00
31.01	03101	NI CU	2	0	1,160	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6	0	293	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,439	0	11,443	50.00
50.01	05001	SAME DAY SURGERY	740	0	1,116	50.01
50.02	05002	G. I. LAB	4,517	0	1,293	50.02
51.00	05100	RECOVERY ROOM	213	0	1,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,873	0	2,956	52.00
53.00	05300	ANESTHESIOLOGY	2,887	0	1,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,339	0	14,059	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	116	0	1,840	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	8,816	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	446	0	2,230	65.00
69.00	06900	ELECTROCARDIOLOGY	566	0	2,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	149,447	11,606	73.00
74.00	07400	RENAL DIALYSIS	0	0	327	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	4	0	193	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	25	0	2,740	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	60,297	0	4,151	75.05
75.06	07506	YORKVILLE	1,033	0	4,151	75.06
75.07	07507	MCAI	3,176	0	1,795	75.07
76.00	03020	DIABETIC CENTER	0	0	22	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	575	0	853	90.00
90.01	09001	WOUND CARE CENTER	337	0	164	90.01
91.00	09100	EMERGENCY	2,862	0	9,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,090	149,447	95,219	2,579	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0		194.04
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	146,090	149,447	95,219	2,579		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm		
Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	PURCHASING RECEIVING AND STORES				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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		8,400		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			5,705	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				2,253,782 30.00
31.00	03100	INTENSIVE CARE UNIT				231,473 31.00
31.01	03101	NICU				84,933 31.01
40.00	04000	SUBPROVIDER - I PF				0 40.00
41.00	04100	SUBPROVIDER - I RF				135,000 41.00
42.00	04200	SUBPROVIDER				0 42.00
43.00	04300	NURSERY				0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				366,557 50.00
50.01	05001	SAME DAY SURGERY				186,862 50.01
50.02	05002	G. I. LAB				199,126 50.02
51.00	05100	RECOVERY ROOM				53,534 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				254,569 52.00
53.00	05300	ANESTHESIOLOGY				24,467 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				650,429 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				530,553 55.00
57.00	05700	CT SCAN				0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				0 58.00
59.00	05900	CARDIAC CATHETERIZATION				0 59.00
60.00	06000	LABORATORY				250,807 60.00
60.01	06001	BLOOD LABORATORY				0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0 62.30
65.00	06500	RESPIRATORY THERAPY				64,206 65.00
69.00	06900	ELECTROCARDIOLOGY				116,883 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				8,791 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				64,975 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				165,325 73.00
74.00	07400	RENAL DIALYSIS				6,074 74.00
75.00	07500	ASC (NON-DISTINCT PART)				0 75.00
75.01	07501	CARDIAC REHAB				82,245 75.01
75.02	07502	HEART SURGERY				0 75.02
75.03	07503	REHAB SERVICES				103,459 75.03
75.04	07504	CV SURGERY				0 75.04
75.05	07505	VASCULAR SERVICES				131,985 75.05
75.06	07506	YORKVILLE				71,940 75.06
75.07	07507	MCAI				47,925 75.07
76.00	03020	DIABETIC CENTER				3,434 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0 89.00
90.00	09000	CLINIC				28,974 90.00
90.01	09001	WOUND CARE CENTER				75,692 90.01
91.00	09100	EMERGENCY				469,353 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				0 99.10
101.00	10100	HOME HEALTH AGENCY				0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal			
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	109.00	
110.00	11000	INTESTINAL ACQUISITION				0	110.00	
111.00	11100	ISLET ACQUISITION				0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	6,663,353	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				6,237	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				20,419	192.00	
194.00	07954	PHYSICIAN SERVICES				22,093	194.00	
194.01	07950	ADVERTISING				0	194.01	
194.02	07951	HOME HEALTH SERVICES PRIVATE				0	194.02	
194.03	07952	HHA HME				0	194.03	
194.04	07953	OTHER NONREIMBURSABLE COST CTRS				195	194.04	
200.00		Cross Foot Adjustments	0	8,400	5,705	0	14,105	200.00
201.00		Negative Cost Centers	0	0	0	0	-29,032	201.00
202.00		TOTAL (sum lines 118-201)	0	8,400	5,705	0	6,697,370	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,253,782
31.00	03100	INTENSIVE CARE UNIT	0	231,473
31.01	03101	NICU	0	84,933
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	135,000
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	366,557
50.01	05001	SAME DAY SURGERY	0	186,862
50.02	05002	G. I. LAB	0	199,126
51.00	05100	RECOVERY ROOM	0	53,534
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	254,569
53.00	05300	ANESTHESIOLOGY	0	24,467
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	650,429
55.00	05500	RADIOLOGY-THERAPEUTIC	0	530,553
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	250,807
60.01	06001	BLOOD LABORATORY	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
65.00	06500	RESPIRATORY THERAPY	0	64,206
69.00	06900	ELECTROCARDIOLOGY	0	116,883
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,791
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,975
73.00	07300	DRUGS CHARGED TO PATIENTS	0	165,325
74.00	07400	RENAL DIALYSIS	0	6,074
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC REHAB	0	82,245
75.02	07502	HEART SURGERY	0	0
75.03	07503	REHAB SERVICES	0	103,459
75.04	07504	CV SURGERY	0	0
75.05	07505	VASCULAR SERVICES	0	131,985
75.06	07506	YORKVILLE	0	71,940
75.07	07507	MCAI	0	47,925
76.00	03020	DIABETIC CENTER	0	3,434
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	28,974
90.01	09001	WOUND CARE CENTER	0	75,692
91.00	09100	EMERGENCY	0	469,353
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B
Part II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,663,353	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,237	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,419	192.00
194.00	07954	PHYSICIAN SERVICES	0	22,093	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	195	194.04
200.00		Cross Foot Adjustments	0	14,105	200.00
201.00		Negative Cost Centers	0	-29,032	201.00
202.00		TOTAL (sum lines 118-201)	0	6,697,370	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	336,319				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			10,570,811		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,437	0	2,000	113,713,527	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,669	2,516,836	1,592,947,057
5.06	00560	PURCHASING RECEIVING AND STORES	73,470	0	4,219,011	19,842,114	0
7.00	00700	OPERATION OF PLANT	32,379	0	243,160	2,550,636	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	747	101,614	0
9.00	00900	HOUSEKEEPING	3,161	0	19,116	1,592,909	0
10.00	01000	DIETARY	5,831	0	14,194	507,928	0
11.00	01100	CAFETERIA	5,647	0	25,433	910,073	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	655,420	2,702,799	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	56,673	507,887	0
15.00	01500	PHARMACY	1,726	0	13,266	2,412,767	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,066	0	8,890	3,840	0
17.00	01700	SOCIAL SERVICE	0	0	0	172,346	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	632,349	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,777	795,526	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,399	0	322,366	21,084,908	78,302,474
31.00	03100	INTENSIVE CARE UNIT	7,710	0	106,414	2,976,250	10,889,410
31.01	03101	NICU	1,592	0	52,230	3,669,569	19,335,219
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,950	0	4,283	1,664,334	4,887,586
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,749	0	958,924	3,670,295	190,712,158
50.01	05001	SAME DAY SURGERY	6,953	0	40,464	1,462,051	18,600,418
50.02	05002	G. I. LAB	7,026	0	97,673	1,221,545	21,556,477
51.00	05100	RECOVERY ROOM	1,794	0	490	734,112	18,725,347
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	87,359	5,777,517	49,264,214
53.00	05300	ANESTHESIOLOGY	519	0	67,382	184,905	20,869,344
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,148	0	854,541	5,572,204	240,266,303
55.00	05500	RADIOLOGY-THERAPEUTIC	20,759	0	763,654	1,861,812	30,671,028
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,690	0	101,687	3,212,517	146,934,007
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,338	0	79,142	1,905,333	37,169,014
69.00	06900	ELECTROCARDIOLOGY	3,820	0	117,918	1,241,591	41,420,678
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	40,462,492
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,552,666
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	193,427,940
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,445,410
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	2,473	0	9,537	1,763,987	3,212,186
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	2,528	0	48,295	3,188,445	45,668,362
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	521,466	1,770,893	69,185,989
75.06	07506	YORKVILLE	0	0	332,954	3,902,661	69,190,781
75.07	07507	MCAI	0	0	535,556	2,090,930	29,913,954
76.00	03020	DIABETIC CENTER	0	0	2,698	244,041	363,417
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	114,072	1,760,442	14,214,643
90.01	09001	WOUND CARE CENTER	2,914	0	14,513	0	2,736,847
91.00	09100	EMERGENCY	15,198	0	61,874	6,701,446	165,968,693
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	335,238	0	10,557,848	112,911,412	1,592,947,057	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	332	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	862	0	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	0	0	10,885	479,556	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	1,746	322,559	0	194.04
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)	6,726,402	0	-29,032	34,688,231	4,602,287	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.000065	0.000000	0.000000	0.305049	0.002889	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				68,740	1,523	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000605	0.000001	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560	-46,297,196	202,931,668				5.06
7.00	00700	0	7,590,396	227,033			7.00
8.00	00800	0	1,136,401	0	1,517,009		8.00
9.00	00900	0	3,316,115	3,161	0	223,872	9.00
10.00	01000	0	1,484,761	5,831	0	5,831	10.00
11.00	01100	0	2,283,056	5,647	0	5,647	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	4,320,025	0	0	0	13.00
14.00	01400	0	1,469,934	5,657	0	5,657	14.00
15.00	01500	0	13,933,124	1,726	0	1,726	15.00
16.00	01600	0	3,155,907	3,066	0	3,066	16.00
17.00	01700	0	294,804	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	825,246	0	0	0	21.00
22.00	02200	0	597,402	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	29,593,065	78,399	669,987	78,399	30.00
31.00	03100	0	4,235,598	7,710	42,098	7,710	31.00
31.01	03101	0	5,065,381	1,592	0	1,592	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	2,306,827	3,950	96,999	3,950	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	14,689,677	7,749	182,604	7,749	50.00
50.01	05001	0	2,324,070	6,953	72,230	6,953	50.01
50.02	05002	0	3,362,011	7,026	0	7,026	50.02
51.00	05100	0	1,083,116	1,794	52,485	1,794	51.00
52.00	05200	0	8,368,270	7,304	0	7,304	52.00
53.00	05300	0	1,004,126	519	0	519	53.00
54.00	05400	0	12,372,068	22,148	54,227	22,148	54.00
55.00	05500	0	4,716,835	20,759	57,801	20,759	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	10,202,804	6,690	0	6,690	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	3,351,407	1,338	0	1,338	65.00
69.00	06900	0	2,224,089	3,820	0	3,820	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	866,198	0	0	0	71.00
72.00	07200	0	8,703,883	0	0	0	72.00
73.00	07300	0	558,813	0	0	0	73.00
74.00	07400	0	786,591	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	2,768,043	2,473	0	2,473	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	4,556,698	2,528	0	2,528	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	8,628,723	0	0	0	75.05
75.06	07506	0	7,558,645	0	0	0	75.06
75.07	07507	0	4,966,043	0	0	0	75.07
76.00	03020	0	390,666	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	3,172,344	0	0	0	90.00
90.01	09001	0	902,289	2,914	0	2,914	90.01
91.00	09100	0	10,782,294	15,198	288,578	15,198	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description			Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-46,297,196	199,947,745	225,952	1,517,009	222,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	148,066	219	0	219	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,240	862	0	862	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,818,617	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	54,228	0	0	0	0	194.04
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)		46,297,196	9,322,084	1,395,662	4,202,452	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.228142	41.060480	0.920009	18.771673	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,481,409	704,535	8,357	98,201	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.007300	3.103227	0.005509	0.438648	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	105,665					10.00
11.00	01100	0	116,013				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,450	0	2,375,226		13.00
14.00	01400	0	1,162	0	24,298	10,926,432	14.00
15.00	01500	0	2,792	0	58,401	84,808	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	200	0	4,183	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	1,235	0	25,837	0	21.00
22.00	02200	0	535	0	11,193	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	84,681	30,323	0	634,227	32,462	30.00
31.00	03100	7,310	3,723	0	77,860	5,176	31.00
31.01	03101	0	4,384	0	91,694	125	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	13,674	2,550	0	53,332	463	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,705	0	98,392	4,071,743	50.00
50.01	05001	0	1,890	0	39,529	55,338	50.01
50.02	05002	0	1,615	0	33,783	337,827	50.02
51.00	05100	0	808	0	16,895	15,923	51.00
52.00	05200	0	7,531	0	157,501	214,903	52.00
53.00	05300	0	400	0	8,364	215,921	53.00
54.00	05400	0	7,104	0	148,587	698,493	54.00
55.00	05500	0	2,467	0	51,595	8,698	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,908	0	102,679	15	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,711	0	56,695	33,353	65.00
69.00	06900	0	4,258	0	89,058	42,347	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,581	0	33,077	271	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,680	0	76,981	1,838	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,111	0	44,144	4,509,641	75.05
75.06	07506	0	5,667	0	118,519	77,249	75.06
75.07	07507	0	3,349	0	70,046	237,539	75.07
76.00	03020	0	255	0	5,340	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,050	0	42,879	43,021	90.00
90.01	09001	0	0	0	0	25,243	90.01
91.00	09100	0	8,809	0	184,237	214,035	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,665	115,253	0	2,359,326	10,926,432	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
194.00	07954 PHYSICIAN SERVICES	0	760	0	15,900	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,172,379	3,141,790	0	5,371,953	2,230,181	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.559116	27.081362	0.000000	2.261660	0.204109	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	148,419	150,158	0	36,342	146,090	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.404618	1.294320	0.000000	0.015300	0.013370	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	10,000					15.00
16.00	01600	0	1,592,947,057				16.00
17.00	01700	0	0	100			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	78,302,474	100	0	0	30.00
31.00	03100	0	10,889,410	0	0	0	31.00
31.01	03101	0	19,335,219	0	0	0	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	4,887,586	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	190,712,158	0	0	0	50.00
50.01	05001	0	18,600,418	0	0	0	50.01
50.02	05002	0	21,556,477	0	0	0	50.02
51.00	05100	0	18,725,347	0	0	0	51.00
52.00	05200	0	49,264,214	0	0	0	52.00
53.00	05300	0	20,869,344	0	0	0	53.00
54.00	05400	0	240,266,303	0	0	0	54.00
55.00	05500	0	30,671,028	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	146,934,007	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	37,169,014	0	0	0	65.00
69.00	06900	0	41,420,678	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	40,462,492	0	0	0	71.00
72.00	07200	0	23,552,666	0	0	0	72.00
73.00	07300	10,000	193,427,940	0	0	0	73.00
74.00	07400	0	5,445,410	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	3,212,186	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	45,668,362	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	69,185,989	0	0	0	75.05
75.06	07506	0	69,190,781	0	0	0	75.06
75.07	07507	0	29,913,954	0	0	0	75.07
76.00	03020	0	363,417	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	14,214,643	0	0	0	90.00
90.01	09001	0	2,736,847	0	0	0	90.01
91.00	09100	0	165,968,693	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,592,947,057	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	17,440,129	4,059,347	376,938	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,744.012900	0.002548	3,769.380000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	149,447	95,219	2,579	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.944700	0.000060	25.790000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 PURCHASING RECEIVING AND STORES					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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,800				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,800			22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	10,100	10,100	0		30.00
31.00 03100 INTENSIVE CARE UNIT	500	500	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	1,600	1,600	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	400	400	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	100	100	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	900	900	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	300	300	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	300	300	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	800	800	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
75.07 07507 MCAI	0	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0	0		90.01
91.00 09100 EMERGENCY	800	800	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,800	15,800	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
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)	1,105,399	773,498	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	69.961962	48.955570	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	8,400	5,705	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.531646	0.361076	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

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

Worksheet C
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XVII		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		46,231,260	10,888	46,242,148	30.00
31.00	03100	INTENSIVE CARE UNIT		6,157,959	0	6,157,959	31.00
31.01	03101	NICU		6,691,658	18,146	6,709,804	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,642,038	0	3,642,038	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,339,607	9,750	20,349,357	50.00
50.01	05001	SAME DAY SURGERY		3,536,027	0	3,536,027	50.01
50.02	05002	G. I. LAB		4,793,430	0	4,793,430	50.02
51.00	05100	RECOVERY ROOM		1,596,901	0	1,596,901	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		11,443,991	25,664	11,469,655	52.00
53.00	05300	ANESTHESIOLOGY		1,391,257	2,453	1,393,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,853,432	0	17,853,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,351,601	12,505	7,364,106	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		13,670,300	0	13,670,300	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,499,217	0	4,499,217	65.00
69.00	06900	ELECTROCARDIOLOGY		3,390,970	0	3,390,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,166,912	0	1,166,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,749,616	0	10,749,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		18,619,285	0	18,619,285	73.00
74.00	07400	RENAL DIALYSIS		979,920	0	979,920	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,673,380	16,461	3,689,841	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		6,138,030	0	6,138,030	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		11,851,048	0	11,851,048	75.05
75.06	07506	YORKVILLE		9,896,674	0	9,896,674	75.06
75.07	07507	MCAI		6,472,826	0	6,472,826	75.07
76.00	03020	DIABETIC CENTER		499,702	0	499,702	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,093,584	0	4,093,584	90.00
90.01	09001	WOUND CARE CENTER		1,294,615	6,481	1,301,096	90.01
91.00	09100	EMERGENCY		15,538,826	40,829	15,579,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		13,986,913	0	13,986,913	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)		257,550,979	143,177	257,694,156	200.00
201.00		Less Observation Beds		13,986,913	0	13,986,913	201.00
202.00		Total (see instructions)		243,564,066	143,177	243,707,243	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

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

Worksheet C
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,269,365		66,269,365		30.00
31.00	03100	INTENSIVE CARE UNIT	10,889,410		10,889,410		31.00
31.01	03101	NICU	19,335,219		19,335,219		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	4,887,586		4,887,586		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,740,398	99,971,760	190,712,158	0.106651	50.00
50.01	05001	SAME DAY SURGERY	2,130,692	16,469,726	18,600,418	0.190105	50.01
50.02	05002	G. I. LAB	3,484,929	18,071,548	21,556,477	0.222366	50.02
51.00	05100	RECOVERY ROOM	6,837,986	11,887,361	18,725,347	0.085280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,439,049	10,825,165	49,264,214	0.232298	52.00
53.00	05300	ANESTHESIOLOGY	10,243,337	10,626,007	20,869,344	0.066665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,295,957	194,970,346	240,266,303	0.074307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	460,081	30,210,947	30,671,028	0.239692	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	61,354,544	85,579,463	146,934,007	0.093037	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	30,390,062	6,778,952	37,169,014	0.121048	65.00
69.00	06900	ELECTROCARDIOLOGY	9,812,804	31,607,874	41,420,678	0.081867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,264,088	8,198,404	40,462,492	0.028839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,786,978	7,765,688	23,552,666	0.456408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,742,962	114,684,978	193,427,940	0.096260	73.00
74.00	07400	RENAL DIALYSIS	4,208,776	1,236,634	5,445,410	0.179953	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	1,484	3,210,702	3,212,186	1.143576	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	28,148,756	17,519,606	45,668,362	0.134404	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	24,227,743	44,958,246	69,185,989	0.171293	75.05
75.06	07506	YORKVILLE	1,544,422	67,646,359	69,190,781	0.143035	75.06
75.07	07507	MCAI	10,121	29,903,833	29,913,954	0.216381	75.07
76.00	03020	DIABETIC CENTER	320	363,097	363,417	1.375010	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	587,625	13,627,018	14,214,643	0.287984	90.00
90.01	09001	WOUND CARE CENTER	33,112	2,703,735	2,736,847	0.473032	90.01
91.00	09100	EMERGENCY	24,422,816	141,545,877	165,968,693	0.093625	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,764,224	10,268,885	12,033,109	1.162369	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	612,314,846	980,632,211	1,592,947,057		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	612,314,846	980,632,211	1,592,947,057		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NICU				31.01
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.106702			50.00
50.01	05001 SAME DAY SURGERY	0.190105			50.01
50.02	05002 G. I. LAB	0.222366			50.02
51.00	05100 RECOVERY ROOM	0.085280			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.232819			52.00
53.00	05300 ANESTHESIOLOGY	0.066783			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.074307			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.240100			55.00
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	0.093037			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.121048			65.00
69.00	06900 ELECTROCARDIOLOGY	0.081867			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.028839			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.456408			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.096260			73.00
74.00	07400 RENAL DIALYSIS	0.179953			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 CARDIAC REHAB	1.148701			75.01
75.02	07502 HEART SURGERY	0.000000			75.02
75.03	07503 REHAB SERVICES	0.134404			75.03
75.04	07504 CV SURGERY	0.000000			75.04
75.05	07505 VASCULAR SERVICES	0.171293			75.05
75.06	07506 YORKVILLE	0.143035			75.06
75.07	07507 MCAI	0.216381			75.07
76.00	03020 DIABETIC CENTER	1.375010			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.287984			90.00
90.01	09001 WOUND CARE CENTER	0.475400			90.01
91.00	09100 EMERGENCY	0.093871			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.162369			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

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

Worksheet C
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		46,231,260	10,888	46,242,148	30.00
31.00	03100	INTENSIVE CARE UNIT		6,157,959	0	6,157,959	31.00
31.01	03101	NICU		6,691,658	18,146	6,709,804	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,642,038	0	3,642,038	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,339,607	9,750	20,349,357	50.00
50.01	05001	SAME DAY SURGERY		3,536,027	0	3,536,027	50.01
50.02	05002	G. I. LAB		4,793,430	0	4,793,430	50.02
51.00	05100	RECOVERY ROOM		1,596,901	0	1,596,901	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		11,443,991	25,664	11,469,655	52.00
53.00	05300	ANESTHESIOLOGY		1,391,257	2,453	1,393,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,853,432	0	17,853,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,351,601	12,505	7,364,106	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		13,670,300	0	13,670,300	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,499,217	0	4,499,217	65.00
69.00	06900	ELECTROCARDIOLOGY		3,390,970	0	3,390,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,166,912	0	1,166,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,749,616	0	10,749,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		18,619,285	0	18,619,285	73.00
74.00	07400	RENAL DIALYSIS		979,920	0	979,920	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,673,380	16,461	3,689,841	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		6,138,030	0	6,138,030	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		11,851,048	0	11,851,048	75.05
75.06	07506	YORKVILLE		9,896,674	0	9,896,674	75.06
75.07	07507	MCAI		6,472,826	0	6,472,826	75.07
76.00	03020	DIABETIC CENTER		499,702	0	499,702	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,093,584	0	4,093,584	90.00
90.01	09001	WOUND CARE CENTER		1,294,615	6,481	1,301,096	90.01
91.00	09100	EMERGENCY		15,538,826	40,829	15,579,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		13,986,913	0	13,986,913	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		257,550,979	143,177	257,694,156	200.00
201.00		Less Observation Beds		13,986,913	0	13,986,913	201.00
202.00		Total (see instructions)		243,564,066	143,177	243,707,243	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

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

Worksheet C
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,269,365		66,269,365		30.00
31.00	03100	INTENSIVE CARE UNIT	10,889,410		10,889,410		31.00
31.01	03101	NICU	19,335,219		19,335,219		31.01
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	4,887,586		4,887,586		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,740,398	99,971,760	190,712,158	0.106651	50.00
50.01	05001	SAME DAY SURGERY	2,130,692	16,469,726	18,600,418	0.190105	50.01
50.02	05002	G. I. LAB	3,484,929	18,071,548	21,556,477	0.222366	50.02
51.00	05100	RECOVERY ROOM	6,837,986	11,887,361	18,725,347	0.085280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,439,049	10,825,165	49,264,214	0.232298	52.00
53.00	05300	ANESTHESIOLOGY	10,243,337	10,626,007	20,869,344	0.066665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,295,957	194,970,346	240,266,303	0.074307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	460,081	30,210,947	30,671,028	0.239692	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	61,354,544	85,579,463	146,934,007	0.093037	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	30,390,062	6,778,952	37,169,014	0.121048	65.00
69.00	06900	ELECTROCARDIOLOGY	9,812,804	31,607,874	41,420,678	0.081867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,264,088	8,198,404	40,462,492	0.028839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,786,978	7,765,688	23,552,666	0.456408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,742,962	114,684,978	193,427,940	0.096260	73.00
74.00	07400	RENAL DIALYSIS	4,208,776	1,236,634	5,445,410	0.179953	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	1,484	3,210,702	3,212,186	1.143576	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	28,148,756	17,519,606	45,668,362	0.134404	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	24,227,743	44,958,246	69,185,989	0.171293	75.05
75.06	07506	YORKVILLE	1,544,422	67,646,359	69,190,781	0.143035	75.06
75.07	07507	MCAI	10,121	29,903,833	29,913,954	0.216381	75.07
76.00	03020	DIABETIC CENTER	320	363,097	363,417	1.375010	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	587,625	13,627,018	14,214,643	0.287984	90.00
90.01	09001	WOUND CARE CENTER	33,112	2,703,735	2,736,847	0.473032	90.01
91.00	09100	EMERGENCY	24,422,816	141,545,877	165,968,693	0.093625	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,764,224	10,268,885	12,033,109	1.162369	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	612,314,846	980,632,211	1,592,947,057		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	612,314,846	980,632,211	1,592,947,057		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/11/2016 4:16 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	SAME DAY SURGERY	0.000000		50.01
50.02	05002	G. I. LAB	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	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
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	0.000000		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.000000		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.000000		75.05
75.06	07506	YORKVILLE	0.000000		75.06
75.07	07507	MCAI	0.000000		75.07
76.00	03020	DIABETIC CENTER	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND CARE CENTER	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 140029

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

Worksheet D
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	2,253,782	0	2,253,782	41,303	54.57	30.00	
31.00	INTENSIVE CARE UNIT	231,473		231,473	4,873	47.50	31.00	
31.01	NICU	84,933		84,933	2,107	40.31	31.01	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	135,000	0	135,000	4,442	30.39	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	8,426	0.00	43.00	
200.00	Total (Lines 30-199)	2,705,188		2,705,188	61,151		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	11,235	613,094					30.00
31.00	INTENSIVE CARE UNIT	1,410	66,975					31.00
31.01	NICU	0	0					31.01
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	3,073	93,388					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	15,718	773,457					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	366,557	190,712,158	0.001922	23,123,357	44,443	50.00
50.01	05001 SAME DAY SURGERY	186,862	18,600,418	0.010046	737,376	7,408	50.01
50.02	05002 G. I. LAB	199,126	21,556,477	0.009237	975,706	9,013	50.02
51.00	05100 RECOVERY ROOM	53,534	18,725,347	0.002859	2,747,512	7,855	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	254,569	49,264,214	0.005167	22,927	118	52.00
53.00	05300 ANESTHESIOLOGY	24,467	20,869,344	0.001172	2,885,124	3,381	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	650,429	240,266,303	0.002707	22,413,545	60,673	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	530,553	30,671,028	0.017298	230,722	3,991	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	250,807	146,934,007	0.001707	24,183,427	41,281	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	64,206	37,169,014	0.001727	10,782,749	18,622	65.00
69.00	06900 ELECTROCARDIOLOGY	116,883	41,420,678	0.002822	5,250,161	14,816	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,791	40,462,492	0.000217	27,832,215	6,040	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,975	23,552,666	0.002759	13,599,245	37,520	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	165,325	193,427,940	0.000855	29,463,816	25,192	73.00
74.00	07400 RENAL DIALYSIS	6,074	5,445,410	0.001115	2,599,435	2,898	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	82,245	3,212,186	0.025604	1,296	33	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	103,459	45,668,362	0.002265	6,855,839	15,528	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	131,985	69,185,989	0.001908	8,800,130	16,791	75.05
75.06	07506 YORKVILLE	71,940	69,190,781	0.001040	1,301,518	1,354	75.06
75.07	07507 MCAI	47,925	29,913,954	0.001602	8,930	14	75.07
76.00	03020 DIABETIC CENTER	3,434	363,417	0.009449	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	28,974	14,214,643	0.002038	210,942	430	90.00
90.01	09001 WOUND CARE CENTER	75,692	2,736,847	0.027657	17,718	490	90.01
91.00	09100 EMERGENCY	469,353	165,968,693	0.002828	12,334,143	34,881	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	681,708	12,033,109	0.056653	776,635	43,999	92.00
200.00	Total (lines 50-199)	4,639,873	1,491,565,477		197,154,468	396,771	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NI CU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,303	0.00	11,235	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,873	0.00	1,410	0		31.00
31.01	03101	NI CU	2,107	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	4,442	0.00	3,073	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	8,426	0.00	0	0		43.00
200.00		Total (lines 30-199)	61,151		15,718	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

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

Worksheet D
Part IV
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
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: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	190,712,158	0.000000	0.000000	23,123,357	50.00
50.01	05001	SAME DAY SURGERY	0	18,600,418	0.000000	0.000000	737,376	50.01
50.02	05002	G. I. LAB	0	21,556,477	0.000000	0.000000	975,706	50.02
51.00	05100	RECOVERY ROOM	0	18,725,347	0.000000	0.000000	2,747,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,264,214	0.000000	0.000000	22,927	52.00
53.00	05300	ANESTHESIOLOGY	0	20,869,344	0.000000	0.000000	2,885,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	240,266,303	0.000000	0.000000	22,413,545	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,671,028	0.000000	0.000000	230,722	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	146,934,007	0.000000	0.000000	24,183,427	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	37,169,014	0.000000	0.000000	10,782,749	65.00
69.00	06900	ELECTROCARDIOLOGY	0	41,420,678	0.000000	0.000000	5,250,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,462,492	0.000000	0.000000	27,832,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,552,666	0.000000	0.000000	13,599,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	193,427,940	0.000000	0.000000	29,463,816	73.00
74.00	07400	RENAL DIALYSIS	0	5,445,410	0.000000	0.000000	2,599,435	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	0	3,212,186	0.000000	0.000000	1,296	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0	45,668,362	0.000000	0.000000	6,855,839	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0	69,185,989	0.000000	0.000000	8,800,130	75.05
75.06	07506	YORKVILLE	0	69,190,781	0.000000	0.000000	1,301,518	75.06
75.07	07507	MCAI	0	29,913,954	0.000000	0.000000	8,930	75.07
76.00	03020	DIABETIC CENTER	0	363,417	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	14,214,643	0.000000	0.000000	210,942	90.00
90.01	09001	WOUND CARE CENTER	0	2,736,847	0.000000	0.000000	17,718	90.01
91.00	09100	EMERGENCY	0	165,968,693	0.000000	0.000000	12,334,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,033,109	0.000000	0.000000	776,635	92.00
200.00		Total (lines 50-199)	0	1,491,565,477			197,154,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/11/2016 4:16 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	10,197,160	0	50.00
50.01	05001 SAME DAY SURGERY	0	2,689,411	0	50.01
50.02	05002 G. I. LAB	0	2,617,660	0	50.02
51.00	05100 RECOVERY ROOM	0	1,713,955	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	82,901	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,411,831	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,622,207	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,376,447	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	13,591,149	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	1,132,860	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	14,578,567	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,830,560	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,436,550	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,258,628	0	73.00
74.00	07400 RENAL DIALYSIS	0	575,195	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	1,323,965	0	75.01
75.02	07502 HEART SURGERY	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	186,273	0	75.03
75.04	07504 CV SURGERY	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	7,779,079	0	75.05
75.06	07506 YORKVILLE	0	9,590,931	0	75.06
75.07	07507 MCAI	0	2,637,646	0	75.07
76.00	03020 DIABETIC CENTER	0	39,313	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	2,059,724	0	90.00
90.01	09001 WOUND CARE CENTER	0	162,655	0	90.01
91.00	09100 EMERGENCY	0	17,376,674	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,838,606	0	92.00
200.00	Total (lines 50-199)	0	189,109,947	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106651	10,197,160	0	0	1,087,537	50.00
50.01	05001	SAME DAY SURGERY	0.190105	2,689,411	0	0	511,270	50.01
50.02	05002	G. I. LAB	0.222366	2,617,660	0	0	582,079	50.02
51.00	05100	RECOVERY ROOM	0.085280	1,713,955	0	0	146,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.232298	82,901	0	0	19,258	52.00
53.00	05300	ANESTHESIOLOGY	0.066665	1,411,831	0	0	94,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074307	33,622,207	0	1,081	2,498,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.239692	9,376,447	10	0	2,247,459	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.093037	13,591,149	10,444	0	1,264,480	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.121048	1,132,860	32	0	137,130	65.00
69.00	06900	ELECTROCARDIOLOGY	0.081867	14,578,567	0	0	1,193,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.028839	11,830,560	0	0	341,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.456408	6,436,550	0	0	2,937,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096260	35,258,628	0	208,183	3,393,996	73.00
74.00	07400	RENAL DIALYSIS	0.179953	575,195	0	0	103,508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.143576	1,323,965	0	0	1,514,055	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.134404	186,273	0	0	25,036	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.171293	7,779,079	0	106	1,332,502	75.05
75.06	07506	YORKVILLE	0.143035	9,590,931	1,588	30	1,371,839	75.06
75.07	07507	MCAI	0.216381	2,637,646	2,640	10	570,736	75.07
76.00	03020	DIABETIC CENTER	1.375010	39,313	0	0	54,056	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.287984	2,059,724	4	0	593,168	90.00
90.01	09001	WOUND CARE CENTER	0.473032	162,655	0	0	76,941	90.01
91.00	09100	EMERGENCY	0.093625	17,376,674	19	0	1,626,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.162369	2,838,606	0	0	3,299,508	92.00
200.00		Subtotal (see instructions)		189,109,947	14,737	209,410	27,022,479	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		189,109,947	14,737	209,410	27,022,479	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140029

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

Worksheet D
Part V
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	0	55.00
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	972	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
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	20,040	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	18	75.05
75.06	07506	YORKVILLE	227	4	75.06
75.07	07507	MCAI	571	2	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	1	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
91.00	09100	EMERGENCY	2	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	1,779	20,144	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,779	20,144	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	366,557	190,712,158	0.001922	0	0	50.00
50.01	05001 SAME DAY SURGERY	186,862	18,600,418	0.010046	0	0	50.01
50.02	05002 G. I. LAB	199,126	21,556,477	0.009237	2,099	19	50.02
51.00	05100 RECOVERY ROOM	53,534	18,725,347	0.002859	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	254,569	49,264,214	0.005167	3,762	19	52.00
53.00	05300 ANESTHESIOLOGY	24,467	20,869,344	0.001172	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	650,429	240,266,303	0.002707	371,866	1,007	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	530,553	30,671,028	0.017298	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	250,807	146,934,007	0.001707	1,165,235	1,989	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	64,206	37,169,014	0.001727	415,035	717	65.00
69.00	06900 ELECTROCARDIOLOGY	116,883	41,420,678	0.002822	22,736	64	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,791	40,462,492	0.000217	1,638,473	356	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,975	23,552,666	0.002759	32,536	90	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	165,325	193,427,940	0.000855	2,060,868	1,762	73.00
74.00	07400 RENAL DIALYSIS	6,074	5,445,410	0.001115	182,790	204	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	82,245	3,212,186	0.025604	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	103,459	45,668,362	0.002265	10,437,146	23,640	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	131,985	69,185,989	0.001908	26,223	50	75.05
75.06	07506 YORKVILLE	71,940	69,190,781	0.001040	0	0	75.06
75.07	07507 MCAI	47,925	29,913,954	0.001602	0	0	75.07
76.00	03020 DIABETIC CENTER	3,434	363,417	0.009449	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	28,974	14,214,643	0.002038	4,566	9	90.00
90.01	09001 WOUND CARE CENTER	75,692	2,736,847	0.027657	15,394	426	90.01
91.00	09100 EMERGENCY	469,353	165,968,693	0.002828	27,532	78	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,033,109	0.000000	17,695	0	92.00
200.00	Total (lines 50-199)	3,958,165	1,491,565,477		16,423,956	30,430	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/11/2016 4:16 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
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: 140029 Component CCN: 14T029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/11/2016 4:16 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	190,712,158	0.000000	0.000000	0	50.00
50.01	05001 SAME DAY SURGERY	0	18,600,418	0.000000	0.000000	0	50.01
50.02	05002 G. I. LAB	0	21,556,477	0.000000	0.000000	2,099	50.02
51.00	05100 RECOVERY ROOM	0	18,725,347	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,264,214	0.000000	0.000000	3,762	52.00
53.00	05300 ANESTHESIOLOGY	0	20,869,344	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	240,266,303	0.000000	0.000000	371,866	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	30,671,028	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	146,934,007	0.000000	0.000000	1,165,235	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	37,169,014	0.000000	0.000000	415,035	65.00
69.00	06900 ELECTROCARDIOLOGY	0	41,420,678	0.000000	0.000000	22,736	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,462,492	0.000000	0.000000	1,638,473	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,552,666	0.000000	0.000000	32,536	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	193,427,940	0.000000	0.000000	2,060,868	73.00
74.00	07400 RENAL DIALYSIS	0	5,445,410	0.000000	0.000000	182,790	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	3,212,186	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	45,668,362	0.000000	0.000000	10,437,146	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	69,185,989	0.000000	0.000000	26,223	75.05
75.06	07506 YORKVILLE	0	69,190,781	0.000000	0.000000	0	75.06
75.07	07507 MCAI	0	29,913,954	0.000000	0.000000	0	75.07
76.00	03020 DIABETIC CENTER	0	363,417	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,214,643	0.000000	0.000000	4,566	90.00
90.01	09001 WOUND CARE CENTER	0	2,736,847	0.000000	0.000000	15,394	90.01
91.00	09100 EMERGENCY	0	165,968,693	0.000000	0.000000	27,532	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,033,109	0.000000	0.000000	17,695	92.00
200.00	Total (lines 50-199)	0	1,491,565,477			16,423,956	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/11/2016 4:16 pm PPS
Title XVII I		Subprovider - IRF	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,845	0	73.00
74.00	07400 RENAL DIALYSIS	0	23,760	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	75.06
75.07	07507 MCAI	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	28,605	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/11/2016 4:16 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.106651	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	0.190105	0	0	0	0	50.01
50.02 05002 G. I. LAB	0.222366	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.085280	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.232298	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.066665	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.074307	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.239692	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.093037	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.121048	0	0	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0.081867	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.028839	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.456408	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.096260	4,845	0	962	466	73.00
74.00 07400 RENAL DIALYSIS	0.179953	23,760	0	0	4,276	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	1.143576	0	0	0	0	75.01
75.02 07502 HEART SURGERY	0.000000	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0.134404	0	0	0	0	75.03
75.04 07504 CV SURGERY	0.000000	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0.171293	0	0	0	0	75.05
75.06 07506 YORKVILLE	0.143035	0	0	0	0	75.06
75.07 07507 MCAI	0.216381	0	0	0	0	75.07
76.00 03020 DIABETIC CENTER	1.375010	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.287984	0	0	0	0	90.00
90.01 09001 WOUND CARE CENTER	0.473032	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.093625	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.162369	0	0	0	0	92.00
200.00 Subtotal (see instructions)		28,605	0	962	4,742	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		28,605	0	962	4,742	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029	Period: From 07/01/2015	Worksheet D Part V Date/Time Prepared: 11/11/2016 4:16 pm
	Component CCN: 14T029	To 06/30/2016	
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 G. I. LAB	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 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
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
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	93		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
75.02 07502 HEART SURGERY	0	0		75.02
75.03 07503 REHAB SERVICES	0	0		75.03
75.04 07504 CV SURGERY	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0		75.05
75.06 07506 YORKVILLE	0	0		75.06
75.07 07507 MCAI	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0		90.01
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	93		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	93		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/11/2016 4:16 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,303	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)		28,810	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)		11,235	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		46,242,148	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		46,242,148	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		46,242,148	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,119.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,578,481	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)		12,578,481	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,157,959	4,873	1,263.69	1,410	1,781,803	43.00
43.01	NICU	6,709,804	2,107	3,184.53	0	0	43.01
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)					24,024,233	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,384,517	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)					680,069	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					396,771	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,076,840	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,307,677	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)					12,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,119.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,986,913	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/11/2016 4:16 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,253,782	46,242,148	0.048739	13,986,913	681,708	90.00
91.00	Nursing School cost	0	46,242,148	0.000000	13,986,913	0	91.00
92.00	Allied health cost	0	46,242,148	0.000000	13,986,913	0	92.00
93.00	All other Medical Education	0	46,242,148	0.000000	13,986,913	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14T029		Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,442	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,442	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,073	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,642,038	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,642,038	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,642,038	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)		819.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,519,583	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,519,583	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T029				Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,921,931	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,441,514	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)					93,388	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,430	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					123,818	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,317,696	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	135,000	3,642,038	0.037067	0	0	90.00
91.00	Nursing School cost	0	3,642,038	0.000000	0	0	91.00
92.00	Allied health cost	0	3,642,038	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,642,038	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/11/2016 4:16 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,721,511	30.00
31.00	03100	INTENSIVE CARE UNIT		3,443,694	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106702	23,123,357	50.00
50.01	05001	SAME DAY SURGERY	0.190105	737,376	50.01
50.02	05002	G. I. LAB	0.222366	975,706	50.02
51.00	05100	RECOVERY ROOM	0.085280	2,747,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.232819	22,927	52.00
53.00	05300	ANESTHESIOLOGY	0.066783	2,885,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074307	22,413,545	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.240100	230,722	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.093037	24,183,427	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.121048	10,782,749	65.00
69.00	06900	ELECTROCARDIOLOGY	0.081867	5,250,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.028839	27,832,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.456408	13,599,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.096260	29,463,816	73.00
74.00	07400	RENAL DIALYSIS	0.179953	2,599,435	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.148701	1,296	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.134404	6,855,839	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.171293	8,800,130	75.05
75.06	07506	YORKVILLE	0.143035	1,301,518	75.06
75.07	07507	MCAI	0.216381	8,930	75.07
76.00	03020	DIABETIC CENTER	1.375010	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.287984	210,942	90.00
90.01	09001	WOUND CARE CENTER	0.475400	17,718	90.01
91.00	09100	EMERGENCY	0.093871	12,334,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.162369	776,635	92.00
200.00		Total (sum of lines 50-94 and 96-98)		197,154,468	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)		197,154,468	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T029		Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,284,795		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.106702	0	0	50.00
50.01	05001 SAME DAY SURGERY	0.190105	0	0	50.01
50.02	05002 G. I. LAB	0.222366	2,099	467	50.02
51.00	05100 RECOVERY ROOM	0.085280	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.232819	3,762	876	52.00
53.00	05300 ANESTHESIOLOGY	0.066783	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.074307	371,866	27,632	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.240100	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.093037	1,165,235	108,410	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.121048	415,035	50,239	65.00
69.00	06900 ELECTROCARDIOLOGY	0.081867	22,736	1,861	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.028839	1,638,473	47,252	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.456408	32,536	14,850	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.096260	2,060,868	198,379	73.00
74.00	07400 RENAL DIALYSIS	0.179953	182,790	32,894	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	1.148701	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.134404	10,437,146	1,402,794	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.171293	26,223	4,492	75.05
75.06	07506 YORKVILLE	0.143035	0	0	75.06
75.07	07507 MCAI	0.216381	0	0	75.07
76.00	03020 DIABETIC CENTER	1.375010	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.287984	4,566	1,315	90.00
90.01	09001 WOUND CARE CENTER	0.475400	15,394	7,318	90.01
91.00	09100 EMERGENCY	0.093871	27,532	2,584	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.162369	17,695	20,568	92.00
200.00	Total (sum of lines 50-94 and 96-98)		16,423,956	1,921,931	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)		16,423,956		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,460,834	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		21,208,003	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)		663,383	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		5,058,764	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		157.87	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)		12.00	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)		0.27	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)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.14	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)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.73	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.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.73	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		11.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.074302	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.071682	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.071682	21.00
22.00	IME payment adjustment (see instructions)		1,100,511	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		194,191	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)		0.41	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)		1,100,511	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		194,191	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.05	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.64	31.00
32.00	Sum of lines 30 and 31		32.69	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.18	33.00
34.00	Disproportionate share adjustment (see instructions)		1,159,655	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.003726227	0.003619836	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,849,686	2,318,920	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	718,278	1,736,022	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,454,300		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	34,046,686		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)		34,240,877	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,544,750	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		275,198	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,062,896	59.00
60.00	Primary payer payments		17,067	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,045,829	61.00
62.00	Deductibles billed to program beneficiaries		2,955,232	62.00
63.00	Coinurance billed to program beneficiaries		65,051	63.00
64.00	Allowable bad debts (see instructions)		382,358	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		248,533	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		377,263	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,274,079	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)		-46,577	70.93
70.94	HRR adjustment amount (see instructions)		-21,326	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	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)			34,206,176	71.00
71.01	Sequestration adjustment (see instructions)			684,124	71.01
72.00	Interim payments			33,284,562	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)			237,490	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,777,915	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/11/2016 4:16 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,460,834	7,460,834		7,460,834	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,208,003		21,208,003	21,208,003	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	663,383	133,504	529,879	663,383	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,058,764	1,322,449	3,736,316	5,058,765	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.071682	0.071682	0.071682		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,100,511	286,399	814,112	1,100,511	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	194,191	50,765	143,426	194,191	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,100,511	286,399	814,112	1,100,511	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	194,191	50,765	143,426	194,191	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1618	0.1618	0.1618		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,159,655	301,791	857,864	1,159,655	11.00	
11.01	Uncompensated care payments	36.00	2,454,300	718,278	0	718,278	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	34,046,686	8,900,806	25,145,880	34,046,686	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,240,877	8,951,571	25,289,306	34,240,877	15.00	
16.00	Payment for inpatient program capital	50.00	2,544,750	661,806	1,882,944	2,544,750	16.00	
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	2,071	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			9,613,377	27,174,321	36,787,698	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140029

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,297,779	596,613	1,701,166	2,297,779	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	15,585	5,114	10,471	15,585	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0323	0.0323	0.0323		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	74,218	19,271	54,947	74,218	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0684	0.0684	0.0684		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	157,168	40,808	116,360	157,168	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,544,750	661,806	1,882,944	2,544,750	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-46,577	-19,488	-27,089	-46,577	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-21,326	-2,238	-19,088	-21,326	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,923	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,022,479	2.00
3.00	PPS payments		22,314,413	3.00
4.00	Outlier payment (see instructions)		123,170	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)		21,923	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		224,147	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)		224,147	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		224,147	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		202,224	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)		21,923	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		22,437,583	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)		4,351,149	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,108,357	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		173,872	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)		18,282,229	30.00
31.00	Primary payer payments		5,427	31.00
32.00	Subtotal (line 30 minus line 31)		18,276,802	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)		315,761	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		205,245	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		314,723	36.00
37.00	Subtotal (see instructions)		18,482,047	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-51	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)		18,482,098	40.00
40.01	Sequestration adjustment (see instructions)		369,642	40.01
41.00	Interim payments		18,196,442	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-83,986	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		396,221	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/11/2016 4:16 pm
		Component CCN: 14T029	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		93	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,742	2.00
3.00	PPS payments		4,856	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		93	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		962	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)		962	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		962	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		869	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)		93	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)		4,856	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)		917	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)		4,032	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)		4,032	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,032	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,032	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)		4,032	40.00
40.01	Sequestration adjustment (see instructions)		81	40.01
41.00	Interim payments		3,972	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029

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

Worksheet E-1
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,052,118		18,288,042	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	01/26/2016	137,186		0	3.01	
3.02		06/16/2016	95,258		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	01/26/2016	91,600	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)		232,444		-91,600	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)		33,284,562		18,196,442	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		237,490		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		83,986	6.02	
7.00	Total Medicare program liability (see instructions)		33,522,052		18,112,456	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029
Component CCN: 14T029

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

Worksheet E-1
Part I
Date/Time Prepared:
11/11/2016 4:16 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,068,418		3,972	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/26/2016	17,928		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)		17,928		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)		5,086,346		3,972	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		76,769		21	6.02
7.00	Total Medicare program liability (see instructions)		5,009,577		3,951	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: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		11,220	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		12,645	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,181	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		35,790	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,592,947,057	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		26,464,110	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)		845,391	8.00
9.00	Sequestration adjustment amount (see instructions)		16,908	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		828,483	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		795,129	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)		33,354	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,654,664 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0071 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			82,388 3.00
4.00	Outlier Payments			34,897 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			12.136612 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.083793 11.00
12.00	Teaching Adjustment (see instructions)			390,028 12.00
13.00	Total PPS Payment (see instructions)			5,161,977 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,161,977 17.00
18.00	Primary payer payments			5,000 18.00
19.00	Subtotal (line 17 less line 18).			5,156,977 19.00
20.00	Deductibles			34,356 20.00
21.00	Subtotal (line 19 minus line 20)			5,122,621 21.00
22.00	Coinsurance			10,808 22.00
23.00	Subtotal (line 21 minus line 22)			5,111,813 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,111,813 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,111,813 32.00
32.01	Sequestration adjustment (see instructions)			102,236 32.01
33.00	Interim payments			5,086,346 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-76,769 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			34,897 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/11/2016 4:16 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.14	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.14	1.00	13.14	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	10.84	0.89	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	10.84	0.89		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.83	0.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.89	0.84		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.85	0.88		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	10.85	0.88		17.00
18.00	Per resident amount	92,503.75	92,503.75		18.00
19.00	Approved amount for resident costs	1,003,666	81,403	1,085,069	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.41	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,085,069	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,718	2,181		26.00
27.00	Total Inpatient Days (see instructions)	42,504	42,504		27.00
28.00	Ratio of inpatient days to total inpatient days	0.369800	0.051313		28.00
29.00	Program direct GME amount	401,259	55,678		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,867		30.00
31.00	Net Program direct GME amount			449,070	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,445,410	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		42,826,031	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		22,067	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		42,803,964	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		27,049,237	42.00
43.00	Primary payer payments (see instructions)		5,427	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,043,810	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		69,847,774	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.612818	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.387182	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		449,070	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		275,198	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		173,872	50.00

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

Provider CCN: 140029

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

Worksheet G

Date/Time Prepared:
11/11/2016 4:16 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	30,446,000	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	55,883,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	13,849,000	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)	100,178,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	209,252,422	0	0	0	15.00
16.00	Accumulated depreciation	-229,302,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	206,203,578	0	0	0	19.00
20.00	Accumulated depreciation	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	186,154,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	252,597,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	43,431,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	296,028,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	582,360,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,028,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	51,164,000	0	0	0	43.00
44.00	Other current liabilities	36,296,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	108,488,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	107,045,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	61,771,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	168,816,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	277,304,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	305,056,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	305,056,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	582,360,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

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

Worksheet G-1

Date/Time Prepared:
11/11/2016 4:16 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		263,760,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,940,000			2.00
3.00	Total (sum of line 1 and line 2)		284,700,000		0	3.00
4.00	UNRESTRICTED NET ASSETS	21,955,000		0		4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS	352,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22,307,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		307,007,000		0	11.00
12.00	TEMPORARILY RESTRICTED ASSETS	1,951,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,951,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		305,056,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED NET ASSETS		0			4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS		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	TEMPORARILY RESTRICTED ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140029

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/11/2016 4:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,269,365		66,269,365	1.00
2.00	SUBPROVIDER - IPF	4,887,586		4,887,586	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	71,156,951		71,156,951	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,889,410		10,889,410	11.00
11.01	NICU	19,335,219		19,335,219	11.01
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)	30,224,629		30,224,629	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,381,580		101,381,580	17.00
18.00	Ancillary services	512,936,857	839,086,727	1,352,023,584	18.00
19.00	Outpatient services	0	141,545,877	141,545,877	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	82,884	4,949	87,833	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	614,401,321	980,637,553	1,595,038,874	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,386,071		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	6,770,000			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)		6,770,000		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)		313,156,071		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

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

Worksheet G-3

Date/Time Prepared:
11/11/2016 4:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,595,038,874	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,264,415,803	2.00
3.00	Net patient revenues (line 1 minus line 2)	330,623,071	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	313,156,071	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,467,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,886,000	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	-451,000	24.00
24.01	CHANGE IN FAIR MARKET VALUE OF INTER	-3,463,000	24.01
24.02	GAIN ON SALE POB 1	1,501,000	24.02
25.00	Total other income (sum of lines 6-24)	3,473,000	25.00
26.00	Total (line 5 plus line 25)	20,940,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,940,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/11/2016 4:16 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,297,779	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,585	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)		103.99	3.00
4.00	Number of interns & residents (see instructions)		11.73	4.00
5.00	Indirect medical education percentage (see instructions)		3.23	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)		74,218	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.05	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.64	8.00
9.00	Sum of lines 7 and 8		32.69	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.84	10.00
11.00	Disproportionate share adjustment (see instructions)		157,168	11.00
12.00	Total prospective capital payments (see instructions)		2,544,750	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00