

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/24/2017 2:38 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/24/2017 Time: 2:38 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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 OSF SAINT ANTHONY'S HEALTH CENTER (14-0052) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	490,822	237,525	755,133	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	47,506	-12		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	538,328	237,513	755,133	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/24/2017 11:52 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: 340 State: IL		3.00 Zip Code: 62002-0340		4.00 County: MADISON				
1.00 Street: SAINT ANTHONY'S WAY		2.00 City: ALTON								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	OSF SAINT ANTHONY'S HEALTH CENTER	140052	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	SAINT ANTHONY'S COMPREHENSIVE REHAB	14T052	41180	5	01/01/1993	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	SAINT ANTHONY'S SKILLED NURSING	145314	41180		11/01/1975	N	P	0	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2015	09/30/2016		20.00	
21.00	Type of Control (see instructions)					1			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	516	568	0	0	1,670	53		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.	77	95	0	0	162			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/24/2017 11:52 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	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		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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	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)							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)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
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.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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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 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0 76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N 80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N 81.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N 85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N 86.00		
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N 87.00		
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y 92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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		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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums 1.00		Losses 2.00		Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	857,735		0		0	
1.00 2.00							
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/24/2017 11:52 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006			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: OSF HEALTHCARE SYSTEM	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 800 NE GLEN OAK AVENUE	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			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	
		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)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.50		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/24/2017 11:52 am
			Beginning 1.00	Ending 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)		10/03/2015	12/31/2015 170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/24/2017 11:52 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
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	02/15/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/06/2017	Y	02/06/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/24/2017 11:52 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	SUPPLY RECLASS	Y	Y	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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		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.		Y		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.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF SAINT ANTHONY'S HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-463-5665		LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE. OR	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/24/2017 11:52 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING SR ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	73	26,718	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)		73	26,718	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		83	30,378	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,248		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,784		0	19.00
20.00 NURSING FACILITY	45.00	2	732		0	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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		137				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)		7	2,562			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2017 11:52 am

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)	4,526	408	8,958			1.00
2.00 HMO and other (see instructions)	1,548	2,238				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	257				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)	4,526	408	8,958			7.00
8.00 INTENSIVE CARE UNIT	521	79	1,725			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		29	636			13.00
14.00 Total (see instructions)	5,047	516	11,319	0.00	485.14	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,735	77	2,645	0.00	15.27	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,771	0	4,142	0.00	20.25	19.00
20.00 NURSING FACILITY		0	345	0.00	0.00	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	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	520.66	27.00
28.00 Observation Bed Days		0	1,139			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	53	77			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,224	60	3,458	1.00
2.00 HMO and other (see instructions)			321	331		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	8.77	0	1,224	60	3,458	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	121	0	190	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	8.77					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/24/2017 11:52 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	28,464,783	-52,475	28,412,308	1,090,377.00	26.06
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	839,789	-31,519	808,270	35,946.00	22.49
10.00	Excluded area salaries (see instructions)		1,335,689	20,010	1,355,699	72,262.00	18.76
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		518,130	0	518,130	8,073.00	64.18
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		77,141	0	77,141	712.00	108.34
14.00	Home office and/or related organization salaries and wage-related costs		6,807,240	0	6,807,240	132,168.00	51.50
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,414,298	0	8,414,298		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		693,693	0	693,693		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	219,089	0	219,089	6,254.00	35.03
27.00	Administrative & General	5.00	3,402,350	16,935	3,419,285	90,225.00	37.90

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/24/2017 11:52 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		60,035	0	60,035	615.00	97.62	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,228,198	50,906	1,279,104	59,892.00	21.36	30.00
31.00	Laundry & Linen Service	8.00	53,937	0	53,937	4,139.00	13.03	31.00
32.00	Housekeeping	9.00	828,469	27,840	856,309	63,251.00	13.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	810,261	-100,493	709,768	52,419.00	13.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	428,184	-1,458	426,726	21,489.00	19.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	752,912	0	752,912	20,817.00	36.17	38.00
39.00	Central Services and Supply	14.00	266,191	0	266,191	19,116.00	13.93	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	731,176	0	731,176	34,260.00	21.34	41.00
42.00	Social Service	17.00	17,609	0	17,609	556.00	31.67	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
2/24/2017 11:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	28,524,818	-52,475	28,472,343	1,090,992.00	26.10	1.00
2.00	Excluded area salaries (see instructions)	2,175,478	-11,509	2,163,969	108,208.00	20.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,349,340	-40,966	26,308,374	982,784.00	26.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,402,511	0	7,402,511	140,953.00	52.52	4.00
5.00	Subtotal wage-related costs (see inst.)	8,414,298	0	8,414,298	0.00	31.98	5.00
6.00	Total (sum of lines 3 thru 5)	42,166,149	-40,966	42,125,183	1,123,737.00	37.49	6.00
7.00	Total overhead cost (see instructions)	8,798,411	-6,270	8,792,141	373,033.00	23.57	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/24/2017 11:52 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,251,518	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)	975,833	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,397,367	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-1,253	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)	52,475	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	248,139	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,939,724	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	188,998	19.00
20.00	State or Federal Unemployment Taxes	-280	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	55,469	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,107,990	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 2/24/2017 11:52 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC		0	0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-7

Date/Time Prepared:
2/24/2017 11:52 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	12	0	12 4.00
5.00		RVX	20	0	20 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	47	0	47 12.00
13.00		RUB	359	0	359 13.00
14.00		RUA	1,199	0	1,199 14.00
15.00		RVC	143	0	143 15.00
16.00		RVB	268	0	268 16.00
17.00		RVA	538	0	538 17.00
18.00		RHC	11	0	11 18.00
19.00		RHB	1	0	1 19.00
20.00		RHA	49	0	49 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	1	0	1 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	13	0	13 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	3	0	3 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	4	0	4 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	48	0	48 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	6	0	6 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	8	0	8 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-7

Date/Time Prepared:
2/24/2017 11:52 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	13	0	13	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	14	0	14	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	9	0	9	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,771	0	2,771	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,493,251			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/24/2017 11:52 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.200433	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		5,237,183	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		76,867,842	6.00
7.00	Medicaid cost (line 1 times line 6)		15,406,852	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		10,169,669	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,169,669	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	1,752,665	3,092,358	4,845,023
21.00	Cost of patients approved for charity care (line 1 times line 20)	351,292	619,811	971,103
22.00	Partial payment by patients approved for charity care	8,682	24,823	33,505
23.00	Cost of charity care (line 21 minus line 22)	342,610	594,988	937,598
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,214,430	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		693,007	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,521,423	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		705,809	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,643,407	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,813,076	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,604,076	2,604,076	-393,202	2,210,874	1.00
1.01	00101		0	0	108,772	108,772	1.01
1.02	00102		0	0	52,041	52,041	1.02
1.03	00103		0	0	284,728	284,728	1.03
1.04	00104		0	0	97,361	97,361	1.04
2.00	00200		1,887,170	1,887,170	-439,711	1,447,459	2.00
2.01	00201		0	0	494,673	494,673	2.01
2.02	00202		0	0	2,071	2,071	2.02
3.00	00300		0	0	0	0	3.00
4.00	00400	219,089	9,927,333	10,146,422	0	10,146,422	4.00
5.01	00540	253,528	274,492	528,020	17,734	545,754	5.01
5.02	00560	148,014	640,209	788,223	0	788,223	5.02
5.03	00570	33,645	67,492	101,137	0	101,137	5.03
5.04	00580	76,650	2,520,665	2,597,315	0	2,597,315	5.04
5.05	00590	2,890,513	13,444,738	16,335,251	-173,233	16,162,018	5.05
7.00	00700	1,228,198	3,122,185	4,350,383	53,203	4,403,586	7.00
8.00	00800	53,937	277,245	331,182	0	331,182	8.00
9.00	00900	828,469	248,635	1,077,104	29,556	1,106,660	9.00
10.00	01000	810,261	1,149,101	1,959,362	-100,493	1,858,869	10.00
11.00	01100	428,184	-70,099	358,085	0	358,085	11.00
13.00	01300	752,912	87,148	840,060	0	840,060	13.00
14.00	01400	266,191	131,144	397,335	-23,016	374,319	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	731,176	122,544	853,720	0	853,720	16.00
17.00	01700	17,609	525,840	543,449	0	543,449	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,894,475	2,295,609	5,190,084	-1,512	5,188,572	30.00
31.00	03100	1,031,325	424,247	1,455,572	-13,097	1,442,475	31.00
41.00	04100	705,844	114,962	820,806	-63,891	756,915	41.00
43.00	04300	0	105,268	105,268	328,728	433,996	43.00
44.00	04400	839,789	55,804	895,593	-27,295	868,298	44.00
45.00	04500	0	0	0	64,941	64,941	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,982,991	3,038,121	5,021,112	-2,154,871	2,866,241	50.00
51.00	05100	254,505	29,233	283,738	0	283,738	51.00
52.00	05200	1,145,530	73,454	1,218,984	-328,865	890,119	52.00
53.00	05300	0	919,092	919,092	0	919,092	53.00
54.00	05400	1,561,076	1,005,889	2,566,965	-74,545	2,492,420	54.00
57.00	05700	149,907	76,892	226,799	6,575	233,374	57.00
58.00	05800	81,485	22,413	103,898	6,575	110,473	58.00
59.00	05900	293,290	1,063,958	1,357,248	-867,545	489,703	59.00
60.00	06000	1,853,460	1,602,202	3,455,662	0	3,455,662	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	219,590	219,590	0	219,590	62.00
64.00	06400	351,408	30,053	381,461	0	381,461	64.00
65.00	06500	483,404	184,265	667,669	-131,803	535,866	65.00
66.00	06600	1,040,796	25,000	1,065,796	0	1,065,796	66.00
67.00	06700	567,588	3,404	570,992	-23,676	547,316	67.00
68.00	06800	175,970	2,986	178,956	0	178,956	68.00
69.00	06900	275,832	60,865	336,697	-54,819	281,878	69.00
70.00	07000	71,618	297,416	369,034	6,575	375,609	70.00
71.00	07100	0	229,778	229,778	1,637,897	1,867,675	71.00
72.00	07200	0	0	0	1,688,347	1,688,347	72.00
73.00	07300	961,909	5,901,835	6,863,744	53,087	6,916,831	73.00
76.00	03950	0	0	0	0	0	76.00
76.02	03951	51,362	540	51,902	13,842	65,744	76.02
76.03	03550	447,484	9,374	456,858	0	456,858	76.03
76.04	03952	101,457	37,413	138,870	10,275	149,145	76.04
76.05	03953	231,731	73,917	305,648	14,287	319,935	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,542,326	735,522	2,277,848	-87,299	2,190,549	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	57,014	57,014	0	57,014	95.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		33,500	33,500	-33,500	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		27,834,938	55,689,534	83,524,472	-21,105	83,503,367	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	48	48	0	48	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet A Date/Time Prepared: 2/24/2017 11:52 am	
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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	326,281	326,281	0	326,281	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	304,748	304,748	0	304,748	193.02
193.05	19305	EMS	37,034	17,245	54,279	0	54,279	193.05
193.07	19307	SAINT CLARE'S VILLA	481,531	64,162	545,693	0	545,693	193.07
194.00	07950	OTHER PROPERTY	0	685	685	0	685	194.00
194.01	07951	ADULT DAY CARE	111,280	14,486	125,766	21,105	146,871	194.01
200.00		TOTAL (SUM OF LINES 118-199)	28,464,783	56,417,189	84,881,972	0	84,881,972	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	280,558	2,491,432	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-860	107,912	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	-180	51,861	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	-651	284,077	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	-243	97,118	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	204,836	1,652,295	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-833	493,840	2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	-14	2,057	2.02
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-46,254	10,100,168	4.00
5.01	00540	NONPATIENT TELEPHONES	-18,816	526,938	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	788,223	5.02
5.03	00570	ADMINISTRATIVE	0	101,137	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,597,315	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-5,418,311	10,743,707	5.05
7.00	00700	OPERATION OF PLANT	-258,483	4,145,103	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	331,182	8.00
9.00	00900	HOUSEKEEPING	-7,303	1,099,357	9.00
10.00	01000	DIETARY	-434,344	1,424,525	10.00
11.00	01100	CAFETERIA	-455,557	-97,472	11.00
13.00	01300	NURSING ADMINISTRATION	-45,482	794,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-181,598	192,721	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-414	853,306	16.00
17.00	01700	SOCIAL SERVICE	0	543,449	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,739,977	3,448,595	30.00
31.00	03100	INTENSIVE CARE UNIT	-243,840	1,198,635	31.00
41.00	04100	SUBPROVIDER - IRF	-48,602	708,313	41.00
43.00	04300	NURSERY	-79,298	354,698	43.00
44.00	04400	SKILLED NURSING FACILITY	-4,895	863,403	44.00
45.00	04500	NURSING FACILITY	-407	64,534	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-652	2,865,589	50.00
51.00	05100	RECOVERY ROOM	0	283,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	890,119	52.00
53.00	05300	ANESTHESIOLOGY	-871,250	47,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,650	2,470,770	54.00
57.00	05700	CT SCAN	0	233,374	57.00
58.00	05800	MRI	0	110,473	58.00
59.00	05900	CARDIAC CATHETERIZATION	-108,333	381,370	59.00
60.00	06000	LABORATORY	-54,212	3,401,450	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	219,590	62.00
64.00	06400	INTRAVENOUS THERAPY	0	381,461	64.00
65.00	06500	RESPIRATORY THERAPY	0	535,866	65.00
66.00	06600	PHYSICAL THERAPY	0	1,065,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	547,316	67.00
68.00	06800	SPEECH PATHOLOGY	0	178,956	68.00
69.00	06900	ELECTROCARDIOLOGY	-40,574	241,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-292,400	83,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,867,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,688,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-45,279	6,871,552	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.02	03951	DIABETES CENTER	0	65,744	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-45,762	411,096	76.03
76.04	03952	PAIN CLINIC	-3,868	145,277	76.04
76.05	03953	WOUND CENTER	0	319,935	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-454,083	1,736,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	57,014	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,439,031	73,064,336	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	326,281	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
193.02	19302	RETAIL PHARMACY	0	304,748	193.02
193.05	19305	EMS	0	54,279	193.05
193.07	19307	SAINT CLARE'S VILLA	0	545,693	193.07
194.00	07950	OTHER PROPERTY	0	685	194.00
194.01	07951	ADULT DAY CARE	0	146,871	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-10,439,031	74,442,941	200.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/24/2017 11:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SHORT TERM DISABILITY					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	799	1.00
2.00	OPERATION OF PLANT	7.00	0	2,297	2.00
3.00	HOUSEKEEPING	9.00	0	1,716	3.00
4.00	CAFETERIA	11.00	0	1,458	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	13,699	5.00
6.00	SUBPROVIDER - IRF	41.00	0	2,145	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	4,594	7.00
8.00	OPERATING ROOM	50.00	0	12,989	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,095	9.00
10.00	LABORATORY	60.00	0	3,508	10.00
11.00	PHYSICAL THERAPY	66.00	0	686	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	517	12.00
13.00	EMERGENCY	91.00	0	5,972	13.00
TOTALS			0	52,475	
B - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	173,233	1.00
2.00		0.00	0	0	2.00
TOTALS			0	173,233	
C - RECLASS OF POST ACUTE ADMIN					
1.00	SKILLED NURSING FACILITY	44.00	21,105	0	1.00
2.00	WOUND CENTER	76.05	21,105	0	2.00
3.00	DIABETES CENTER	76.02	7,341	0	3.00
4.00	ADULT DAY CARE	194.01	21,105	0	4.00
O			70,656	0	
D - RECLASS OF SNF NON-CERT EXPENSE					
1.00	NURSING FACILITY	45.00	64,941	0	1.00
O			64,941	0	
E - TO RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	17,736	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	2,900	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.02	0	607	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.03	0	2,195	4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.04	0	820	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,385	6.00
7.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	2,809	7.00
8.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	48	8.00
9.00		0.00	0	0	9.00
TOTALS			0	33,500	
F - RECLASS OF RECREATIONAL DIRECTOR					
1.00	SKILLED NURSING FACILITY	44.00	16,911	0	1.00
2.00	SUBPROVIDER - IRF	41.00	6,765	0	2.00
O			23,676	0	
G - RECLASS MEDICAL BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,646,490	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
O			0	1,646,490	
H - TO RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,688,347	1.00
2.00	EMERGENCY	91.00	0	26	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
TOTALS			0	1,688,373	
I - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	90,874	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.02	0	48,293	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.03	0	271,185	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.04	0	92,301	4.00
5.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	477,338	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	1,775	6.00
7.00		0.00	0	0	7.00
TOTALS			0	981,766	

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
J - RECLASS OF IMAGING MGR AND SPRVSR					
1.00	ELECTROENCEPHALOGRAPHY	70.00	6,575	0	1.00
2.00	PAIN CLINIC	76.04	13,150	0	2.00
3.00	CT SCAN	57.00	6,575	0	3.00
4.00	MRI	58.00	6,575	0	4.00
	O		32,875	0	
K - RECLASS DRCTOR OF EVS AND FOOD SRVC					
1.00	HOUSEKEEPING	9.00	29,556	0	1.00
2.00	OPERATION OF PLANT	7.00	53,203	0	2.00
3.00	NONPATIENT TELEPHONES	5.01	17,734	0	3.00
	O		100,493	0	
L - RECLASS OF DIABETES MGR					
1.00	DIABETES CENTER	76.02	6,501	0	1.00
	O		6,501	0	
M - RECLASS OF CARDIOLOGY MGR					
1.00	CARDIAC CATHETERIZATION	59.00	52,469	0	1.00
	O		52,469	0	
N - RECLASS OF ICU MGR					
1.00	RESPIRATORY THERAPY	65.00	12,600	0	1.00
	O		12,600	0	
O - RECLASS L&D NRSES SALARIES					
1.00	NURSERY	43.00	328,729	0	1.00
	O		328,729	0	
P - TO RECLASS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	53,087	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	53,087	
500.00	Grand Total: Increases		692,940	4,628,924	500.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS SHORT TERM DISABILITY							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	799	0	0		1.00
2.00	OPERATION OF PLANT	7.00	2,297	0	0		2.00
3.00	HOUSEKEEPING	9.00	1,716	0	0		3.00
4.00	CAFETERIA	11.00	1,458	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	13,699	0	0		5.00
6.00	SUBPROVIDER - IRF	41.00	2,145	0	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	4,594	0	0		7.00
8.00	OPERATING ROOM	50.00	12,989	0	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	2,095	0	0		9.00
10.00	LABORATORY	60.00	3,508	0	0		10.00
11.00	PHYSICAL THERAPY	66.00	686	0	0		11.00
12.00	OCCUPATIONAL THERAPY	67.00	517	0	0		12.00
13.00	EMERGENCY	91.00	5,972	0	0		13.00
TOTALS			52,475	0			
B - TO RECLASS PROPERTY INSURANCE							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	173,233	0		2.00
TOTALS			0	173,233			
C - RECLASS OF POST ACUTE ADMIN							
1.00	SUBPROVIDER - IRF	41.00	70,656	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			70,656	0			
D - RECLASS OF SNF NON-CERT EXPENSE							
1.00	SKILLED NURSING FACILITY	44.00	64,941	0	0		1.00
TOTALS			64,941	0			
E - TO RECLASS INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
9.00	INTEREST EXPENSE	113.00	0	33,500	0		9.00
TOTALS			0	33,500			
F - RECLASS OF RECREATIONAL DIRECTOR							
1.00	OCCUPATIONAL THERAPY	67.00	23,676	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			23,676	0			
G - RECLASS MEDICAL BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,235	0		1.00
2.00	OPERATING ROOM	50.00	0	1,131,919	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	268,749	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	144,403	0		4.00
5.00	EMERGENCY	91.00	0	86,184	0		5.00
TOTALS			0	1,646,490			
H - TO RECLASS IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,781	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	67	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	190	0		3.00
4.00	NURSERY	43.00	0	1	0		4.00
5.00	OPERATING ROOM	50.00	0	1,022,952	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	110	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	646,329	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2,350	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,593	0		9.00
TOTALS			0	1,688,373			
I - RECLASS DEPRECIATION EXPENSE							
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00	CAP REL COSTS-BLDG & FIXT	1.00	0	502,654	9		6.00
7.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	479,112	9		7.00
TOTALS			0	981,766			

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/24/2017 11:52 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - RECLASS OF IMAGING MGR AND SPRVSR						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	32,875	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	O		32,875	0		
K - RECLASS DRCTOR OF EVS AND FOOD SRVC						
1.00	DIETARY	10.00	100,493	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		100,493	0		
L - RECLASS OF DIABETES MGR						
1.00	WOUND CENTER	76.05	6,501	0	0	1.00
	O		6,501	0		
M - RECLASS OF RADIOLOGY MGR						
1.00	ELECTROCARDIOLOGY	69.00	52,469	0	0	1.00
	O		52,469	0		
N - RECLASS OF ICU MGR						
1.00	INTENSIVE CARE UNIT	31.00	12,600	0	0	1.00
	O		12,600	0		
O - RECLASS L&D NRSES SALARIES						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	328,729	0	0	1.00
	O		328,729	0		
P - TO RECLASS DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,445	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	307	0	2.00
3.00	SKILLED NURSING FACILITY	44.00	0	370	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,670	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	4,936	0	6.00
7.00	PAIN CLINIC	76.04	0	2,875	0	7.00
8.00	WOUND CENTER	76.05	0	317	0	8.00
9.00	EMERGENCY	91.00	0	1,141	0	9.00
	TOTALS		0	53,087		
500.00	Grand Total: Decreases		745,415	4,576,449		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/24/2017 11:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,470,000	0	0	0	0	1.00
2.00	Land Improvements	6,838,255	0	0	0	0	2.00
3.00	Buildings and Fixtures	57,512,755	2,245,688	0	2,245,688	600,791	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	7,519,105	223,218	0	223,218	0	5.00
6.00	Movable Equipment	30,384,425	1,372,005	0	1,372,005	513,912	6.00
7.00	HIT designated Assets	1,519,975	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	105,244,515	3,840,911	0	3,840,911	1,114,703	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	105,244,515	3,840,911	0	3,840,911	1,114,703	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,470,000	0				1.00
2.00	Land Improvements	6,838,255	0				2.00
3.00	Buildings and Fixtures	59,157,652	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	7,742,323	0				5.00
6.00	Movable Equipment	31,242,518	0				6.00
7.00	HIT designated Assets	1,519,975	0				7.00
8.00	Subtotal (sum of lines 1-7)	107,970,723	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	107,970,723	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,604,076	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	1,887,170	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	4,491,246	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,604,076	1.00			
1.01	CAP REL COSTS-BLDG & FIXT	0	0	1.01			
1.02	CAP REL COSTS-BLDG & FIXT	0	0	1.02			
1.03	CAP REL COSTS-BLDG & FIXT	0	0	1.03			
1.04	CAP REL COSTS-BLDG & FIXT	0	0	1.04			
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,887,170	2.00			
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	2.01			
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	2.02			
3.00	Total (sum of lines 1-2)	0	4,491,246	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	54,056,436	263,792	53,792,644	0.529432	91,716	1.00
1.01	CAP REL COSTS-BLDG & FIXT	8,796,736	0	8,796,736	0.086578	14,998	1.01
1.02	CAP REL COSTS-BLDG & FIXT	1,842,307	0	1,842,307	0.018132	3,141	1.02
1.03	CAP REL COSTS-BLDG & FIXT	6,655,926	0	6,655,926	0.065508	11,348	1.03
1.04	CAP REL COSTS-BLDG & FIXT	2,487,101	0	2,487,101	0.024478	4,240	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	23,671,425	4,306,704	19,364,721	0.190589	33,016	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	8,890,205	370,630	8,519,575	0.083850	14,526	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	145,622	0	145,622	0.001433	248	2.02
3.00	Total (sum of lines 1-2)	106,545,758	4,941,126	101,604,632	1.000000	173,233	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	CAP REL COSTS-BLDG & FIXT	0	0	91,716	2,387,238	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	14,998	90,874	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	3,141	48,293	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	0	11,348	271,185	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	4,240	92,301	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	33,016	1,614,787	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	14,526	477,338	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	248	1,775	0	2.02
3.00	Total (sum of lines 1-2)	0	0	173,233	4,983,791	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	CAP REL COSTS-BLDG & FIXT	12,478	91,716	0	0	2,491,432	1.00
1.01	CAP REL COSTS-BLDG & FIXT	2,040	14,998	0	0	107,912	1.01
1.02	CAP REL COSTS-BLDG & FIXT	427	3,141	0	0	51,861	1.02
1.03	CAP REL COSTS-BLDG & FIXT	1,544	11,348	0	0	284,077	1.03
1.04	CAP REL COSTS-BLDG & FIXT	577	4,240	0	0	97,118	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	4,492	33,016	0	0	1,652,295	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	1,976	14,526	0	0	493,840	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	34	248	0	0	2,057	2.02
3.00	Total (sum of lines 1-2)	23,568	173,233	0	0	5,180,592	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,258	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-860	CAP REL COSTS-BLDG & FIXT	1.01	11	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-180	CAP REL COSTS-BLDG & FIXT	1.02	11	1.02
1.03 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-651	CAP REL COSTS-BLDG & FIXT	1.03	11	1.03
1.04 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-243	CAP REL COSTS-BLDG & FIXT	1.04	11	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,893	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-833	CAP REL COSTS-MVBLE EQUIP	2.01	11	2.01
2.02 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-14	CAP REL COSTS-MVBLE EQUIP	2.02	11	2.02
3.00 Investment income - other (chapter 2)	B	-91,732	OTHER ADMINISTRATIVE AND GENERAL	5.05	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)	B	-14,162	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,982,587			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	994,913			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-455,557	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	B	-181,598	CENTRAL SERVICES & SUPPLY	14.00	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	-414	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-2,309	OTHER ADMINISTRATIVE AND GENERAL	5.05	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	36,319	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8
Date/Time Prepared:
2/24/2017 11:52 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.04	0	26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
27.02	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.02	0	27.02
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	DIETARY REVENUES	B	-19,053	DIETARY	10.00	0	33.00
33.01	OTHER OPERATING REVENUES - PLANT MAI	B	-248,867	OPERATION OF PLANT	7.00	0	33.01
33.02	OTHER OPERATING REVENUES - COMM VILL	B	-18,816	NONPATIENT TELEPHONES	5.01	0	33.02
33.03	OTHER OPERATING REVENUES - HOUSEKEEP	B	-7,303	HOUSEKEEPING	9.00	0	33.03
33.04	OTHER OPERATING REVENUES - ADMIN AND	B	-965,865	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.04
33.05	OTHER OPERATING REVENUES - INSURANCE	B	-17,467	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.05
33.06	OTHER OPERATING REVENUES - EMP BEN	B	-153,626	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	OTHER OPERATING REVENUES - DIETARY	B	-415,291	DIETARY	10.00	0	33.07
33.08	OTHER OPERATING REVENUES - PAIN MGMT	B	-3,868	PAIN CLINIC	76.04	0	33.08
33.09	OTHER OPERATING REVENUES - NURSERY	B	-655	NURSERY	43.00	0	33.09
33.10	OTHER OPERATING REVENUES - SUPPORT R	B	-65,638	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.10
33.11	OTHER OPERATING REVENUES - NURSING A	B	-104	NURSING ADMINISTRATION	13.00	0	33.11
33.12	OTHER OPERATING REVENUES - PHARMACY	B	-45,279	DRUGS CHARGED TO PATIENTS	73.00	0	33.12
33.13	OTHER OPERATING REVENUES - MED PSYCH	B	-45,762	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0	33.13
33.14	MEDI CAID PROVIDER TAX	A	-4,330,930	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.14
33.15	ADVERTISING - ADMIN	A	-503,554	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.15
33.16	ADVERTISING - EMPLOYEE BENEFITS	A	-2,974	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	ADVERTISING - SNF	A	-7	SKILLED NURSING FACILITY	44.00	0	33.17
33.18	ADVERTISING - OPERATING ROOM	A	-652	OPERATING ROOM	50.00	0	33.18
33.19	TELEPHONE SAL BENEFITS	A	-4,939	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	ENTERTAINMENT	A	-25,555	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	UNEMPLOYMENT COMP	A	188,998	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	LOBBYING DUES	A	-39,615	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.22
33.23	MOONLIGHTING RESIDENTS	A	-4,402	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.23
33.24	MOONLIGHTING RESIDENTS - EB OFFSET	A	-748	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,439,031				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/24/2017 11:52 am

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	3.00	4.00	5.00

- A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0052
 Period: From 10/01/2015 To 09/30/2016
 Worksheet A-8-1
 Date/Time Prepared: 2/24/2017 11:52 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MGMT SVS-CORP OFFICE	249,497	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME HEALTH MGMT SVS	1,247,143	1,040,414
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE	1,395,965	1,468,930
3.02	7.00	OPERATION OF PLANT	CORP OFFICE	183,969	193,585
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	INTEREST EXP CORP OFFICE	617,363	0
4.02	54.00	RADIOLOGY-DIAGNOSTIC	MRI	1,760	1,564
4.06	54.00	RADIOLOGY-DIAGNOSTIC	MRI	92,364	88,655
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,788,061	2,793,148

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

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

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

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

6.00	B	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/24/2017 11:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	249,497	9		1.00
2.00	206,729	9		2.00
3.00	-72,965	0		3.00
3.02	-9,616	0		3.02
4.00	617,363	0		4.00
4.02	196	9		4.02
4.06	3,709	0		4.06
5.00	994,913			5.00

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

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

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

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

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/24/2017 11:52 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	13.00 NURSING ADMINISTRATION	45,378	45,378	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	1,739,977	1,739,977	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	243,840	243,840	0	0	0
4.00	41.00 SUBPROVIDER - IRF	70,642	48,602	22,040	154,100	327
5.00	43.00 NURSERY	78,643	78,643	0	0	0
6.00	44.00 SKILLED NURSING FACILITY	12,000	0	12,000	154,100	96
7.00	45.00 NURSING FACILITY	1,000	0	1,000	154,100	8
8.00	53.00 ANESTHESIOLOGY	871,250	871,250	0	0	0
9.00	59.00 CARDIAC CATHETERIZATION	108,333	108,333	0	0	0
10.00	60.00 LABORATORY	83,866	41,765	42,101	219,500	281
11.00	69.00 ELECTROCARDIOLOGY	40,574	40,574	0	0	0
12.00	70.00 ELECTROENCEPHALOGRAPHY	292,400	292,400	0	0	0
13.00	91.00 EMERGENCY	454,083	454,083	0	0	0
200.00		4,041,986	3,964,845	77,141		712

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	13.00 NURSING ADMINISTRATION	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	24,226	1,211	0	0	0
5.00	43.00 NURSERY	0	0	0	0	0
6.00	44.00 SKILLED NURSING FACILITY	7,112	356	0	0	0
7.00	45.00 NURSING FACILITY	593	30	0	0	0
8.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
9.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
10.00	60.00 LABORATORY	29,654	1,483	0	0	0
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
13.00	91.00 EMERGENCY	0	0	0	0	0
200.00		61,585	3,080	0	0	0

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	13.00 NURSING ADMINISTRATION	0	0	0	45,378
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,739,977
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	243,840
4.00	41.00 SUBPROVIDER - IRF	0	24,226	0	48,602
5.00	43.00 NURSERY	0	0	0	78,643
6.00	44.00 SKILLED NURSING FACILITY	0	7,112	4,888	4,888
7.00	45.00 NURSING FACILITY	0	593	407	407
8.00	53.00 ANESTHESIOLOGY	0	0	0	871,250
9.00	59.00 CARDIAC CATHETERIZATION	0	0	0	108,333
10.00	60.00 LABORATORY	0	29,654	12,447	54,212
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	40,574
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	292,400
13.00	91.00 EMERGENCY	0	0	0	454,083
200.00		0	61,585	17,742	3,982,587

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,491,432	2,491,432			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	107,912	0	107,912		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	51,861	0	0	51,861	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	284,077	0	0	0	284,077
1.04	00104	CAP REL COSTS-BLDG & FIXT	97,118	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,652,295				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	493,840				2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	2,057				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,100,168	12,294	642	0	0
5.01	00540	NONPATIENT TELEPHONES	526,938	5,905	147	0	0
5.02	00560	PURCHASING RECEIVING AND STORES	788,223	52,696	337	0	0
5.03	00570	ADMINISTRATIVE	101,137	22,886	0	0	0
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,597,315	10,760	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	10,743,707	275,322	18,132	51,861	0
7.00	00700	OPERATION OF PLANT	4,145,103	213,999	7,668	0	2,080
8.00	00800	LAUNDRY & LINEN SERVICE	331,182	16,098	815	0	0
9.00	00900	HOUSEKEEPING	1,099,357	69,004	3,097	0	2,453
10.00	01000	DIETARY	1,424,525	88,012	1,281	0	0
11.00	01100	CAFETERIA	-97,472	42,871	1,776	0	0
13.00	01300	NURSING ADMINISTRATION	794,578	13,818	724	0	806
14.00	01400	CENTRAL SERVICES & SUPPLY	192,721	60,398	3,983	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	853,306	29,705	282	0	0
17.00	01700	SOCIAL SERVICE	543,449	6,326	1,059	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,448,595	484,863	0	0	0
31.00	03100	INTENSIVE CARE UNIT	1,198,635	159,696	0	0	0
41.00	04100	SUBPROVIDER - IRF	708,313	0	8,257	0	0
43.00	04300	NURSERY	354,698	13,324	0	0	0
44.00	04400	SKILLED NURSING FACILITY	863,403	0	2,058	0	0
45.00	04500	NURSING FACILITY	64,534	0	544	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,865,589	257,890	17,850	0	0
51.00	05100	RECOVERY ROOM	283,738	10,424	819	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	890,119	139,721	0	0	0
53.00	05300	ANESTHESIOLOGY	47,842	1,051	153	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,470,770	106,380	10,826	0	0
57.00	05700	CT SCAN	233,374	9,835	0	0	0
58.00	05800	MRI	110,473	8,459	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	381,370	23,380	0	0	0
60.00	06000	LABORATORY	3,401,450	105,129	3,376	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	219,590	683	306	0	0
64.00	06400	INTRAVENOUS THERAPY	381,461	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	535,866	22,896	717	0	0
66.00	06600	PHYSICAL THERAPY	1,065,796	9,930	3,418	0	0
67.00	06700	OCCUPATIONAL THERAPY	547,316	2,280	5,592	0	0
68.00	06800	SPEECH PATHOLOGY	178,956	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	241,304	31,828	616	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	83,209	5,979	381	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,867,675	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,688,347	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,871,552	22,287	936	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	65,744	0	842	0	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	411,096	0	0	0	0
76.04	03952	PAIN CLINIC	145,277	5,327	0	0	0
76.05	03953	WOUND CENTER	319,935	0	3,085	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,736,466	138,754	4,369	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	57,014	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,064,336	2,480,210	104,088	51,861	5,339

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
		1.00	1.01	1.02	1.03		
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48	9,583	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	326,281	0	0	0	278,738	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02 19302	RETAIL PHARMACY	304,748	0	0	0	0	193.02
193.05 19305	EMS	54,279	1,639	0	0	0	193.05
193.07 19307	SAINT CLARE'S VILLA	545,693	0	0	0	0	193.07
194.00 07950	OTHER PROPERTY	685	0	0	0	0	194.00
194.01 07951	ADULT DAY CARE	146,871	0	3,824	0	0	194.01
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)	74,442,941	2,491,432	107,912	51,861	284,077	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	4.00
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	97,118				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,652,295			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	493,840		2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP		0	0	2,057	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,165	8,132	5,466	0	10,128,867
5.01	00540	NONPATIENT TELEPHONES	0	3,906	534	0	97,455
5.02	00560	PURCHASING RECEIVING AND STORES	0	34,855	1,223	0	53,176
5.03	00570	ADMITTING	0	15,137	0	0	12,088
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,942	7,117	4,262	0	27,538
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	20,276	182,108	95,213	2,057	1,038,177
7.00	00700	OPERATION OF PLANT	13,368	143,250	47,205	0	459,539
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,648	2,958	0	19,378
9.00	00900	HOUSEKEEPING	0	47,650	11,245	0	307,643
10.00	01000	DIETARY	307	58,214	4,651	0	254,996
11.00	01100	CAFETERIA	0	28,357	6,895	0	153,308
13.00	01300	NURSING ADMINISTRATION	0	9,800	2,627	0	270,496
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,949	14,462	0	95,633
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,648	1,023	0	262,687
17.00	01700	SOCIAL SERVICE	0	4,184	3,845	0	6,326
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	320,708	0	0	1,034,965
31.00	03100	INTENSIVE CARE UNIT	0	105,628	0	0	365,993
41.00	04100	SUBPROVIDER - IRF	0	0	29,980	0	229,861
43.00	04300	NURSERY	0	8,813	0	0	118,101
44.00	04400	SKILLED NURSING FACILITY	0	0	7,473	0	281,788
45.00	04500	NURSING FACILITY	0	0	1,974	0	31,927
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	170,578	64,814	0	707,755
51.00	05100	RECOVERY ROOM	0	6,895	2,975	0	91,435
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,416	0	0	292,696
53.00	05300	ANESTHESIOLOGY	0	695	556	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,363	39,310	0	549,031
57.00	05700	CT SCAN	0	6,505	0	0	56,219
58.00	05800	MRI	0	5,595	0	0	31,637
59.00	05900	CARDIAC CATHETERIZATION	0	15,464	0	0	124,219
60.00	06000	LABORATORY	0	69,536	12,260	0	664,625
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	452	1,112	0	0
64.00	06400	INTRAVENOUS THERAPY	10,574	0	15,315	0	126,249
65.00	06500	RESPIRATORY THERAPY	0	15,144	2,602	0	178,197
66.00	06600	PHYSICAL THERAPY	8,272	6,568	24,392	0	373,676
67.00	06700	OCCUPATIONAL THERAPY	0	1,508	20,305	0	195,223
68.00	06800	SPEECH PATHOLOGY	2,088	0	3,025	0	63,220
69.00	06900	ELECTROCARDIOLOGY	0	21,052	2,238	0	80,247
70.00	07000	ELECTROENCEPHALOGRAPHY	6,163	3,955	10,311	0	28,092
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,741	3,397	0	345,581
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	0	0	3,058	0	23,426
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,269	0	6,183	0	160,766
76.04	03952	PAIN CLINIC	0	3,524	0	0	41,174
76.05	03953	WOUND CENTER	0	0	11,201	0	88,500
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	91,777	15,866	0	551,960
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,424	1,644,872	479,956	2,057	9,895,003
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,339	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
			1.04	2.00	2.01	2.02		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,694	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	0	0	0	0	193.02
193.05	19305	EMS	0	1,084	0	0	13,305	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	172,998	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	13,884	0	47,561	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	97,118	1,652,295	493,840	2,057	10,128,867	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			Subtotal	NONPATIENT TELEPHONES	Subtotal	PURCHASING RECEIVING AND STORES	Subtotal	
			4A	5.01	5A.01	5.02	5A.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	634,885	634,885				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	930,510	8,004	938,514	938,514		5.02
5.03	00570	ADMINISTRATIVE	151,248	1,301	152,549	1,948	154,497	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,649,934	22,795	2,672,729	34,125	2,706,854	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,426,853	106,884	12,533,737	160,038	12,693,775	5.05
7.00	00700	OPERATION OF PLANT	5,032,212	43,287	5,075,499	64,804	5,140,303	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	381,079	3,278	384,357	4,907	389,264	8.00
9.00	00900	HOUSEKEEPING	1,540,449	13,251	1,553,700	19,838	1,573,538	9.00
10.00	01000	DIETARY	1,831,986	15,759	1,847,745	23,592	1,871,337	10.00
11.00	01100	CAFETERIA	135,735	1,168	136,903	1,748	138,651	11.00
13.00	01300	NURSING ADMINISTRATION	1,092,849	9,401	1,102,250	14,074	1,116,324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	407,146	3,502	410,648	5,243	415,891	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,166,651	10,036	1,176,687	15,024	1,191,711	16.00
17.00	01700	SOCIAL SERVICE	565,189	4,862	570,051	7,278	577,329	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,289,131	45,497	5,334,628	68,113	5,402,741	30.00
31.00	03100	INTENSIVE CARE UNIT	1,829,952	15,741	1,845,693	23,566	1,869,259	31.00
41.00	04100	SUBPROVIDER - IRF	976,411	8,399	984,810	12,574	997,384	41.00
43.00	04300	NURSERY	494,936	4,257	499,193	6,374	505,567	43.00
44.00	04400	SKILLED NURSING FACILITY	1,154,722	9,933	1,164,655	14,870	1,179,525	44.00
45.00	04500	NURSING FACILITY	98,979	851	99,830	1,275	101,105	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,084,476	35,135	4,119,611	52,599	4,172,210	50.00
51.00	05100	RECOVERY ROOM	396,286	3,409	399,695	5,103	404,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,952	12,171	1,427,123	18,222	1,445,345	52.00
53.00	05300	ANESTHESIOLOGY	50,297	433	50,730	648	51,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,246,680	27,928	3,274,608	41,810	3,316,418	54.00
57.00	05700	CT SCAN	305,933	2,632	308,565	3,940	312,505	57.00
58.00	05800	MRI	156,164	1,343	157,507	2,011	159,518	58.00
59.00	05900	CARDIAC CATHETERIZATION	544,433	4,683	549,116	7,011	556,127	59.00
60.00	06000	LABORATORY	4,256,376	36,613	4,292,989	54,813	4,347,802	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	222,143	1,911	224,054	2,861	226,915	62.00
64.00	06400	INTRAVENOUS THERAPY	533,599	4,590	538,189	6,872	545,061	64.00
65.00	06500	RESPIRATORY THERAPY	755,422	6,498	761,920	9,728	771,648	65.00
66.00	06600	PHYSICAL THERAPY	1,492,052	12,835	1,504,887	19,214	1,524,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	772,224	6,643	778,867	9,945	788,812	67.00
68.00	06800	SPEECH PATHOLOGY	247,289	2,127	249,416	3,185	252,601	68.00
69.00	06900	ELECTROCARDIOLOGY	377,285	3,245	380,530	4,859	385,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,090	1,188	139,278	1,778	141,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,867,675	16,066	1,883,741	24,052	1,907,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,688,347	14,523	1,702,870	21,742	1,724,612	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,258,494	62,438	7,320,932	93,474	7,414,406	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	93,070	801	93,871	1,199	95,070	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	582,314	5,009	587,323	7,499	594,822	76.03
76.04	03952	PAIN CLINIC	195,302	1,680	196,982	2,515	199,497	76.04
76.05	03953	WOUND CENTER	422,721	3,636	426,357	5,444	431,801	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,539,192	21,842	2,561,034	32,699	2,593,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	57,014	490	57,504	734	58,238	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,488,687	618,075	72,471,877	913,348	72,446,711	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,970	137	16,107	206	16,313	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	631,713	5,434	637,147	8,135	645,282	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		Subtotal	NONPATIENT TELEPHONES	Subtotal	PURCHASING RECEIVING AND STORES	Subtotal		
		4A	5.01	5A.01	5.02	5A.02		
193.02	19302	RETAIL PHARMACY	304,748	2,621	307,369	3,924	311,293	193.02
193.05	19305	EMS	70,307	605	70,912	905	71,817	193.05
193.07	19307	SAINT CLARE'S VILLA	718,691	6,182	724,873	9,255	734,128	193.07
194.00	07950	OTHER PROPERTY	685	6	691	9	700	194.00
194.01	07951	ADULT DAY CARE	212,140	1,825	213,965	2,732	216,697	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	74,442,941	634,885	74,442,941	938,514	74,442,941	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
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Cost Center Description			ADMITTING	Subtotal	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5A.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING	154,497					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,630	2,712,484	2,712,484			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,382	12,720,157	481,007	13,201,164	13,201,164	5.05
7.00	00700	OPERATION OF PLANT	10,692	5,150,995	194,785	5,345,780	1,152,326	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	810	390,074	14,751	404,825	87,263	8.00
9.00	00900	HOUSEKEEPING	3,273	1,576,811	59,627	1,636,438	352,747	9.00
10.00	01000	DIETARY	3,892	1,875,229	70,912	1,946,141	419,506	10.00
11.00	01100	CAFETERIA	288	138,939	5,254	144,193	31,082	11.00
13.00	01300	NURSING ADMINISTRATION	2,322	1,118,646	42,302	1,160,948	250,252	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865	416,756	15,760	432,516	93,232	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,479	1,194,190	45,158	1,239,348	267,151	16.00
17.00	01700	SOCIAL SERVICE	1,201	578,530	21,877	600,407	129,423	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,238	5,413,979	204,730	5,618,709	1,211,158	30.00
31.00	03100	INTENSIVE CARE UNIT	3,888	1,873,147	70,833	1,943,980	419,040	31.00
41.00	04100	SUBPROVIDER - IIRF	2,075	999,459	37,795	1,037,254	223,588	41.00
43.00	04300	NURSERY	1,052	506,619	19,158	525,777	113,335	43.00
44.00	04400	SKILLED NURSING FACILITY	2,453	1,181,978	44,696	1,226,674	264,419	44.00
45.00	04500	NURSING FACILITY	210	101,315	3,831	105,146	22,665	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,678	4,180,888	158,100	4,338,988	935,304	50.00
51.00	05100	RECOVERY ROOM	842	405,640	15,339	420,979	90,745	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,006	1,448,351	54,769	1,503,120	324,010	52.00
53.00	05300	ANESTHESIOLOGY	107	51,485	1,947	53,432	11,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,898	3,323,316	125,671	3,448,987	743,457	54.00
57.00	05700	CT SCAN	650	313,155	11,842	324,997	70,056	57.00
58.00	05800	MRI	332	159,850	6,045	165,895	35,760	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,157	557,284	21,074	578,358	124,670	59.00
60.00	06000	LABORATORY	9,043	4,356,845	164,754	4,521,599	974,667	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	472	227,387	8,599	235,986	50,869	62.00
64.00	06400	INTRAVENOUS THERAPY	1,134	546,195	20,654	566,849	122,189	64.00
65.00	06500	RESPIRATORY THERAPY	1,605	773,253	29,241	802,494	172,984	65.00
66.00	06600	PHYSICAL THERAPY	3,170	1,527,271	57,754	1,585,025	341,665	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,641	790,453	29,891	820,344	176,832	67.00
68.00	06800	SPEECH PATHOLOGY	525	253,126	9,572	262,698	56,627	68.00
69.00	06900	ELECTROCARDIOLOGY	802	386,191	14,604	400,795	86,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	293	141,349	5,345	146,694	31,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,968	1,911,761	72,293	1,984,054	427,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,587	1,728,199	65,352	1,793,551	386,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,422	7,429,828	280,959	7,710,787	1,662,130	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	198	95,268	3,603	98,871	21,312	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,237	596,059	22,540	618,599	133,344	76.03
76.04	03952	PAIN CLINIC	415	199,912	7,560	207,472	44,722	76.04
76.05	03953	WOUND CENTER	898	432,699	16,363	449,062	96,799	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,395	2,599,128	98,286	2,697,414	581,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	121	58,359	2,207	60,566	13,055	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,346	72,442,560	2,636,840	72,366,916	12,753,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34	16,347	618	16,965	3,657	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,342	646,624	24,452	671,076	144,656	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		ADMITTING	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.03	5A.03	5.04	5A.04	5.05		
193.02	19302	RETAIL PHARMACY	647	311,940	11,796	323,736	69,784	193.02
193.05	19305	EMS	149	71,966	2,721	74,687	16,099	193.05
193.07	19307	SAINT CLARE'S VILLA	1,527	735,655	27,819	763,474	164,573	193.07
194.00	07950	OTHER PROPERTY	1	701	27	728	157	194.00
194.01	07951	ADULT DAY CARE	451	217,148	8,211	225,359	48,578	194.01
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	154,497	74,442,941	2,712,484	74,442,941	13,201,164	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	6,498,106				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,198	540,286			8.00
9.00	00900	HOUSEKEEPING	202,392	0	2,191,577		9.00
10.00	01000	DIETARY	186,574	0	65,448	2,617,669	10.00
11.00	01100	CAFETERIA	121,796	0	42,725	0	339,796
13.00	01300	NURSING ADMINISTRATION	43,724	0	15,338	0	8,707
14.00	01400	CENTRAL SERVICES & SUPPLY	203,302	0	71,317	0	3,614
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	59,320	0	20,809	0	14,306
17.00	01700	SOCIAL SERVICE	36,854	0	12,928	0	785
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	856,727	159,923	300,533	1,159,086	49,276
31.00	03100	INTENSIVE CARE UNIT	282,172	34,753	98,984	182,407	14,770
41.00	04100	SUBPROVIDER - IIRF	200,220	26,032	70,236	319,275	12,896
43.00	04300	NURSERY	23,542	6,835	8,258	0	4,315
44.00	04400	SKILLED NURSING FACILITY	49,906	45,969	17,507	582,160	17,101
45.00	04500	NURSING FACILITY	13,182	3,830	4,624	48,513	1,402
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	888,532	73,824	311,686	31,085	29,009
51.00	05100	RECOVERY ROOM	38,284	0	13,430	0	3,868
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,877	19,976	86,603	94,890	10,742
53.00	05300	ANESTHESIOLOGY	5,570	0	1,954	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	450,495	40,668	158,030	0	23,697
57.00	05700	CT SCAN	17,378	0	6,096	0	2,348
58.00	05800	MRI	14,946	0	5,243	0	1,073
59.00	05900	CARDIAC CATHETERIZATION	41,310	19,350	14,491	0	4,577
60.00	06000	LABORATORY	267,634	0	93,884	0	32,801
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,633	0	3,029	0	0
64.00	06400	INTRAVENOUS THERAPY	102,282	3,498	35,880	0	6,030
65.00	06500	RESPIRATORY THERAPY	57,834	0	20,288	0	8,116
66.00	06600	PHYSICAL THERAPY	180,447	17,702	63,299	0	15,252
67.00	06700	OCCUPATIONAL THERAPY	139,638	0	48,984	0	7,398
68.00	06800	SPEECH PATHOLOGY	20,200	0	7,086	0	1,925
69.00	06900	ELECTROCARDIOLOGY	71,184	0	24,971	0	2,593
70.00	07000	ELECTROENCEPHALOGRAPHY	79,427	211	27,862	0	1,039
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	62,067	0	21,773	0	8,107
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	20,423	0	7,164	0	1,022
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,292	0	14,485	0	5,971
76.04	03952	PAIN CLINIC	9,413	0	3,302	0	1,875
76.05	03953	WOUND CENTER	74,804	3,378	26,241	0	3,758
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	351,128	79,949	123,173	33,054	24,812
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,517,707	535,898	1,847,661	2,450,470	323,185
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,933	0	5,940	46,167	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	867,849	0	304,434	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.02	19302	RETAIL PHARMACY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
193.05	19305	EMS	2,896	4,388	1,016	0	557	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	13,487	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	92,721	0	32,526	121,032	2,567	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,498,106	540,286	2,191,577	2,617,669	339,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/24/2017 11:52 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,478,969					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	803,981				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	0	1,600,935		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	780,397	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	405,751	19,828	0	973,266	462,907	30.00
31.00	03100	INTENSIVE CARE UNIT	101,407	7,358	0	48,893	25,870	31.00
41.00	04100	SUBPROVIDER - IRF	96,908	1,264	0	60,594	72,513	41.00
43.00	04300	NURSERY	0	913	0	14,626	0	43.00
44.00	04400	SKILLED NURSING FACILITY	138,830	2,031	0	26,327	47,427	44.00
45.00	04500	NURSING FACILITY	11,571	169	0	2,089	3,920	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	232,138	0	0	207,273	0	50.00
51.00	05100	RECOVERY ROOM	32,880	2,978	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,998	3,807	0	17,551	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,825	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699	70,132	0	68,116	0	54.00
57.00	05700	CT SCAN	573	10,432	0	0	0	57.00
58.00	05800	MRI	0	1,214	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,165	63	0	0	0	59.00
60.00	06000	LABORATORY	0	21,475	0	27,163	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	30,928	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	28,622	2,811	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,331	0	836	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	145	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,354	1,438	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	569	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	316,722	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	290,237	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,799	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	5,866	54	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13	0	0	0	76.03
76.04	03952	PAIN CLINIC	7,686	3,584	0	0	0	76.04
76.05	03953	WOUND CENTER	19,096	4,357	0	19,641	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	160,187	0	0	134,560	167,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,405,731	803,496	0	1,600,935	780,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
193.02	19302	RETAIL PHARMACY	0	0	0	0	0
193.05	19305	EMS	0	436	0	0	0
193.07	19307	SAINT CLARE'S VILLA	73,238	34	0	0	0
194.00	07950	OTHER PROPERTY	0	0	0	0	0
194.01	07951	ADULT DAY CARE	0	7	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,478,969	803,981	0	1,600,935	780,397

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
2.00	00200				2.00
2.01	00201				2.01
2.02	00202				2.02
4.00	00400				4.00
5.01	00540				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
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
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	11,217,164	0	11,217,164	30.00
31.00	03100	3,159,634	0	3,159,634	31.00
41.00	04100	2,120,780	0	2,120,780	41.00
43.00	04300	697,601	0	697,601	43.00
44.00	04400	2,418,351	0	2,418,351	44.00
45.00	04500	217,111	0	217,111	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	7,047,839	0	7,047,839	50.00
51.00	05100	603,164	0	603,164	51.00
52.00	05200	2,439,574	0	2,439,574	52.00
53.00	05300	79,299	0	79,299	53.00
54.00	05400	5,008,281	0	5,008,281	54.00
57.00	05700	431,880	0	431,880	57.00
58.00	05800	224,131	0	224,131	58.00
59.00	05900	798,984	0	798,984	59.00
60.00	06000	5,939,223	0	5,939,223	60.00
60.01	06001	0	0	0	60.01
62.00	06200	329,445	0	329,445	62.00
64.00	06400	868,161	0	868,161	64.00
65.00	06500	1,061,716	0	1,061,716	65.00
66.00	06600	2,206,557	0	2,206,557	66.00
67.00	06700	1,193,341	0	1,193,341	67.00
68.00	06800	348,554	0	348,554	68.00
69.00	06900	598,730	0	598,730	69.00
70.00	07000	287,423	0	287,423	70.00
71.00	07100	2,728,455	0	2,728,455	71.00
72.00	07200	2,470,402	0	2,470,402	72.00
73.00	07300	9,466,663	0	9,466,663	73.00
76.00	03950	0	0	0	76.00
76.02	03951	154,712	0	154,712	76.02
76.03	03550	813,704	0	813,704	76.03
76.04	03952	278,054	0	278,054	76.04
76.05	03953	697,136	0	697,136	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	4,353,486	0	4,353,486	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	73,621	0	73,621	95.00
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	0	0	0	116.00
118.00		70,333,176	0	70,333,176	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	89,670	0	89,670	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,988,015	0	1,988,015	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	393,520	0	393,520	193.02
193.05	19305	EMS	100,079	0	100,079	193.05
193.07	19307	SAINT CLARE'S VILLA	1,014,806	0	1,014,806	193.07
194.00	07950	OTHER PROPERTY	885	0	885	194.00
194.01	07951	ADULT DAY CARE	522,790	0	522,790	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	74,442,941	0	74,442,941	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0					
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400	56	12,294	642	0	0	4.00
5.01	00540	2,952	5,905	147	0	0	5.01
5.02	00560	155,007	52,696	337	0	0	5.02
5.03	00570	352	22,886	0	0	0	5.03
5.04	00580	0	10,760	0	0	0	5.04
5.05	00590	138,514	275,322	18,132	51,861	0	5.05
7.00	00700	1,705	213,999	7,668	0	2,080	7.00
8.00	00800	0	16,098	815	0	0	8.00
9.00	00900	3,779	69,004	3,097	0	2,453	9.00
10.00	01000	249	88,012	1,281	0	0	10.00
11.00	01100	252	42,871	1,776	0	0	11.00
13.00	01300	251	13,818	724	0	806	13.00
14.00	01400	28,095	60,398	3,983	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	29,705	282	0	0	16.00
17.00	01700	19	6,326	1,059	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,647	484,863	0	0	0	30.00
31.00	03100	1,698	159,696	0	0	0	31.00
41.00	04100	2,021	0	8,257	0	0	41.00
43.00	04300	0	13,324	0	0	0	43.00
44.00	04400	7,892	0	2,058	0	0	44.00
45.00	04500	658	0	544	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	157,512	257,890	17,850	0	0	50.00
51.00	05100	312	10,424	819	0	0	51.00
52.00	05200	0	139,721	0	0	0	52.00
53.00	05300	0	1,051	153	0	0	53.00
54.00	05400	1,131	106,380	10,826	0	0	54.00
57.00	05700	217	9,835	0	0	0	57.00
58.00	05800	121	8,459	0	0	0	58.00
59.00	05900	538	23,380	0	0	0	59.00
60.00	06000	10,343	105,129	3,376	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	683	306	0	0	62.00
64.00	06400	282	0	0	0	0	64.00
65.00	06500	2,385	22,896	717	0	0	65.00
66.00	06600	1,594	9,930	3,418	0	0	66.00
67.00	06700	209	2,280	5,592	0	0	67.00
68.00	06800	75	0	0	0	0	68.00
69.00	06900	336	31,828	616	0	0	69.00
70.00	07000	0	5,979	381	0	0	70.00
71.00	07100	3,437	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	290	22,287	936	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.02	03951	0	0	842	0	0	76.02
76.03	03550	152	0	0	0	0	76.03
76.04	03952	0	5,327	0	0	0	76.04
76.05	03953	0	0	3,085	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	223	138,754	4,369	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00							118.00
		542,304	2,480,210	104,088	51,861	5,339	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,583	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	137,610	0	0	0	278,738	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.02 19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.05 19305 EMS	115	1,639	0	0	0	193.05
193.07 19307 SAINT CLARE'S VILLA	0	0	0	0	0	193.07
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	3,824	0	0	194.01
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)	680,029	2,491,432	107,912	51,861	284,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal 2A		
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP			
		1.04	2.00	2.01	2.02			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,165	8,132	5,466	0	28,755	4.00
5.01	00540	NONPATIENT TELEPHONES	0	3,906	534	0	13,444	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	34,855	1,223	0	244,118	5.02
5.03	00570	ADMINISTRATIVE	0	15,137	0	0	38,375	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,942	7,117	4,262	0	25,081	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	20,276	182,108	95,213	2,057	783,483	5.05
7.00	00700	OPERATION OF PLANT	13,368	143,250	47,205	0	429,275	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,648	2,958	0	30,519	8.00
9.00	00900	HOUSEKEEPING	0	47,650	11,245	0	137,228	9.00
10.00	01000	DIETARY	307	58,214	4,651	0	152,714	10.00
11.00	01100	CAFETERIA	0	28,357	6,895	0	80,151	11.00
13.00	01300	NURSING ADMINISTRATION	0	9,800	2,627	0	28,026	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,949	14,462	0	146,887	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,648	1,023	0	50,658	16.00
17.00	01700	SOCIAL SERVICE	0	4,184	3,845	0	15,433	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	320,708	0	0	825,218	30.00
31.00	03100	INTENSIVE CARE UNIT	0	105,628	0	0	267,022	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	29,980	0	40,258	41.00
43.00	04300	NURSERY	0	8,813	0	0	22,137	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	7,473	0	17,423	44.00
45.00	04500	NURSING FACILITY	0	0	1,974	0	3,176	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	170,578	64,814	0	668,644	50.00
51.00	05100	RECOVERY ROOM	0	6,895	2,975	0	21,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,416	0	0	232,137	52.00
53.00	05300	ANESTHESIOLOGY	0	695	556	0	2,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,363	39,310	0	228,010	54.00
57.00	05700	CT SCAN	0	6,505	0	0	16,557	57.00
58.00	05800	MRI	0	5,595	0	0	14,175	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,464	0	0	39,382	59.00
60.00	06000	LABORATORY	0	69,536	12,260	0	200,644	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	452	1,112	0	2,553	62.00
64.00	06400	INTRAVENOUS THERAPY	10,574	0	15,315	0	26,171	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,144	2,602	0	43,744	65.00
66.00	06600	PHYSICAL THERAPY	8,272	6,568	24,392	0	54,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,508	20,305	0	29,894	67.00
68.00	06800	SPEECH PATHOLOGY	2,088	0	3,025	0	5,188	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,052	2,238	0	56,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,163	3,955	10,311	0	26,789	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,437	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	14,741	3,397	0	41,651	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	3,058	0	3,900	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,269	0	6,183	0	10,604	76.03
76.04	03952	PAIN CLINIC	0	3,524	0	0	8,851	76.04
76.05	03953	WOUND CENTER	0	0	11,201	0	14,286	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	91,777	15,866	0	250,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,424	1,644,872	479,956	2,057	5,381,111	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,339	0	0	15,922	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,694	0	0	0	443,042	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
193.02 19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.05 19305 EMS	0	1,084	0	0	2,838	193.05
193.07 19307 SAINT CLARE'S VILLA	0	0	0	0	0	193.07
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	13,884	0	17,708	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	97,118	1,652,295	493,840	2,057	5,860,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/24/2017 11:52 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,755					4.00
5.01	00540	NONPATIENT TELEPHONES	277	13,721				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	151	173	244,442			5.02
5.03	00570	ADMINING	34	28	507	38,944		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	78	493	8,889	1,418	35,959	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,945	2,304	41,656	6,665	6,395	5.05
7.00	00700	OPERATION OF PLANT	1,305	936	16,881	2,694	2,581	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55	71	1,278	204	195	8.00
9.00	00900	HOUSEKEEPING	873	287	5,168	825	790	9.00
10.00	01000	DIETARY	724	341	6,146	981	939	10.00
11.00	01100	CAFETERIA	435	25	455	73	70	11.00
13.00	01300	NURSING ADMINISTRATION	768	203	3,666	585	560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	272	76	1,366	218	209	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	746	217	3,914	624	598	16.00
17.00	01700	SOCIAL SERVICE	18	105	1,896	303	290	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,938	984	17,743	2,831	2,712	30.00
31.00	03100	INTENSIVE CARE UNIT	1,039	340	6,139	979	938	31.00
41.00	04100	SUBPROVIDER - I R F	653	182	3,275	523	501	41.00
43.00	04300	NURSERY	335	92	1,660	265	254	43.00
44.00	04400	SKILLED NURSING FACILITY	800	215	3,874	618	592	44.00
45.00	04500	NURSING FACILITY	91	18	332	53	51	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,009	760	13,702	2,186	2,095	50.00
51.00	05100	RECOVERY ROOM	260	74	1,329	212	203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	831	263	4,747	757	726	52.00
53.00	05300	ANESTHESIOLOGY	0	9	169	27	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,559	604	10,891	1,738	1,665	54.00
57.00	05700	CT SCAN	160	57	1,026	164	157	57.00
58.00	05800	MRI	90	29	524	84	80	58.00
59.00	05900	CARDIAC CATHETERIZATION	353	101	1,826	291	279	59.00
60.00	06000	LABORATORY	1,887	792	14,278	2,278	2,183	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	41	745	119	114	62.00
64.00	06400	INTRAVENOUS THERAPY	358	99	1,790	286	274	64.00
65.00	06500	RESPIRATORY THERAPY	506	141	2,534	404	387	65.00
66.00	06600	PHYSICAL THERAPY	1,061	278	5,005	799	765	66.00
67.00	06700	OCCUPATIONAL THERAPY	554	144	2,591	413	396	67.00
68.00	06800	SPEECH PATHOLOGY	179	46	830	132	127	68.00
69.00	06900	ELECTROCARDIOLOGY	228	70	1,266	202	193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80	26	463	74	71	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	347	6,265	1,000	958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	314	5,664	904	866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	981	1,350	24,349	3,885	3,722	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	67	17	312	50	48	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	456	108	1,953	312	299	76.03
76.04	03952	PAIN CLINIC	117	36	655	105	100	76.04
76.05	03953	WOUND CENTER	251	79	1,418	226	217	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,567	472	8,518	1,359	1,302	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11	191	31	29	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,091	13,358	237,886	37,897	34,957	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	54	9	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	117	2,119	338	324	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING AND STORES 5.02	ADMINISTRATIVE 5.03	CASHIERING/ACCOUNTS RECEIVABLE 5.04		
193.02	19302	RETAIL PHARMACY	0	57	1,022	163	156	193.02
193.05	19305	EMS	38	13	236	38	36	193.05
193.07	19307	SAINT CLARE'S VILLA	491	134	2,411	385	369	193.07
194.00	07950	OTHER PROPERTY	0	0	2	0	0	194.00
194.01	07951	ADULT DAY CARE	135	39	712	114	109	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	28,755	13,721	244,442	38,944	35,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/24/2017 11:52 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.05	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	843,448					5.05
7.00	00700	OPERATION OF PLANT	73,622	527,294				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,575	3,911	41,808			8.00
9.00	00900	HOUSEKEEPING	22,537	16,423	0	184,131		9.00
10.00	01000	DIETARY	26,802	15,140	0	5,499	209,286	10.00
11.00	01100	CAFETERIA	1,986	9,883	0	3,590	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,989	3,548	0	1,289	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,957	16,497	0	5,992	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,068	4,814	0	1,748	0	16.00
17.00	01700	SOCIAL SERVICE	8,269	2,991	0	1,086	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,381	69,520	12,375	25,250	92,670	30.00
31.00	03100	INTENSIVE CARE UNIT	26,772	22,897	2,689	8,316	14,584	31.00
41.00	04100	SUBPROVIDER - IRF	14,285	16,247	2,014	5,901	25,526	41.00
43.00	04300	NURSERY	7,241	1,910	529	694	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,894	4,050	3,557	1,471	46,544	44.00
45.00	04500	NURSING FACILITY	1,448	1,070	296	389	3,879	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,757	72,099	5,713	26,188	2,485	50.00
51.00	05100	RECOVERY ROOM	5,798	3,107	0	1,128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,701	20,033	1,546	7,276	7,587	52.00
53.00	05300	ANESTHESIOLOGY	736	452	0	164	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,499	36,556	3,147	13,277	0	54.00
57.00	05700	CT SCAN	4,476	1,410	0	512	0	57.00
58.00	05800	MRI	2,285	1,213	0	440	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,965	3,352	1,497	1,218	0	59.00
60.00	06000	LABORATORY	62,271	21,717	0	7,888	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,250	701	0	254	0	62.00
64.00	06400	INTRAVENOUS THERAPY	7,807	8,300	271	3,015	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,052	4,693	0	1,705	0	65.00
66.00	06600	PHYSICAL THERAPY	21,829	14,642	1,370	5,318	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,298	11,331	0	4,115	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,618	1,639	0	595	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,520	5,776	0	2,098	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,020	6,445	16	2,341	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,324	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,701	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,218	5,037	0	1,829	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	1,362	1,657	0	602	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,519	3,351	0	1,217	0	76.03
76.04	03952	PAIN CLINIC	2,857	764	0	277	0	76.04
76.05	03953	WOUND CENTER	6,184	6,070	261	2,205	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	37,149	28,493	6,187	10,349	2,643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	834	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	814,856	447,739	41,468	155,236	195,918	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	234	1,374	0	499	3,691	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,242	70,422	0	25,578	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
193.02	19302 RETAIL PHARMACY	4,458	0	0	0	0	193.02
193.05	19305 EMS	1,029	235	340	85	0	193.05
193.07	19307 SAINT CLARE'S VILLA	10,515	0	0	0	0	193.07
194.00	07950 OTHER PROPERTY	10	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	3,104	7,524	0	2,733	9,677	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	843,448	527,294	41,808	184,131	209,286	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/24/2017 11:52 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	75,120					11.00
13.00	01300	NURSING ADMINISTRATION	1,925	56,559				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	799	0	178,273			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,163	0	0	0	83,550	16.00
17.00	01700	SOCIAL SERVICE	174	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,893	15,518	4,397	0	50,793	30.00
31.00	03100	INTENSIVE CARE UNIT	3,265	3,878	1,631	0	2,552	31.00
41.00	04100	SUBPROVIDER - IRF	2,851	3,706	280	0	3,162	41.00
43.00	04300	NURSERY	954	0	202	0	763	43.00
44.00	04400	SKILLED NURSING FACILITY	3,781	5,309	450	0	1,374	44.00
45.00	04500	NURSING FACILITY	310	442	38	0	109	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,413	8,877	0	0	10,817	50.00
51.00	05100	RECOVERY ROOM	855	1,257	660	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,375	5,048	844	0	916	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,513	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,239	180	15,551	0	3,555	54.00
57.00	05700	CT SCAN	519	22	2,313	0	0	57.00
58.00	05800	MRI	237	0	269	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,012	618	14	0	0	59.00
60.00	06000	LABORATORY	7,251	0	4,762	0	1,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	6,858	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,333	1,095	623	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,794	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,372	0	517	0	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,635	0	32	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	426	0	4	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	573	434	319	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230	0	126	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	70,231	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	64,356	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,792	0	399	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	226	224	12	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,320	0	3	0	0	76.03
76.04	03952	PAIN CLINIC	414	294	795	0	0	76.04
76.05	03953	WOUND CENTER	831	730	966	0	1,025	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,485	6,126	0	0	7,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,447	53,758	178,165	0	83,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
193.02	19302	0	0	0	0	0	193.02
193.05	19305	123	0	97	0	0	193.05
193.07	19307	2,982	2,801	8	0	0	193.07
194.00	07950	0	0	0	0	0	194.00
194.01	07951	568	0	1	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)		96,668	56,559	178,273	0	83,550

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/24/2017 11:52 am
Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT				1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT				1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT				1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT				1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP				2.01
2.02 00202	CAP REL COSTS-MVBLE EQUIP				2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00560	PURCHASING RECEIVING AND STORES				5.02
5.03 00570	ADMITTING				5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	30,565			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	18,130	1,229,353	0	1,229,353
31.00 03100	INTENSIVE CARE UNIT	1,013	364,054	0	364,054
41.00 04100	SUBPROVIDER - IRF	2,840	122,204	0	122,204
43.00 04300	NURSERY	0	37,036	0	37,036
44.00 04400	SKILLED NURSING FACILITY	1,858	108,810	0	108,810
45.00 04500	NURSING FACILITY	154	11,856	0	11,856
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	881,745	0	881,745
51.00 05100	RECOVERY ROOM	0	36,308	0	36,308
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	305,787	0	305,787
53.00 05300	ANESTHESIOLOGY	0	5,551	0	5,551
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	369,471	0	369,471
57.00 05700	CT SCAN	0	27,373	0	27,373
58.00 05800	MRI	0	19,426	0	19,426
59.00 05900	CARDIAC CATHETERIZATION	0	57,908	0	57,908
60.00 06000	LABORATORY	0	327,369	0	327,369
60.01 06001	BLOOD LABORATORY	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,635	0	14,635
64.00 06400	INTRAVENOUS THERAPY	0	51,422	0	51,422
65.00 06500	RESPIRATORY THERAPY	0	66,960	0	66,960
66.00 06600	PHYSICAL THERAPY	0	109,174	0	109,174
67.00 06700	OCCUPATIONAL THERAPY	0	62,403	0	62,403
68.00 06800	SPEECH PATHOLOGY	0	12,784	0	12,784
69.00 06900	ELECTROCARDIOLOGY	0	72,749	0	72,749
70.00 07000	ELECTROENCEPHALOGRAPHY	0	38,681	0	38,681
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	109,562	0	109,562
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	96,805	0	96,805
73.00 07300	DRUGS CHARGED TO PATIENTS	0	191,213	0	191,213
76.00 03950	THERAPEUTIC ACTIVITIES	0	0	0	0
76.02 03951	DIABETES CENTER	0	8,477	0	8,477
76.03 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	28,142	0	28,142
76.04 03952	PAIN CLINIC	0	15,265	0	15,265
76.05 03953	WOUND CENTER	0	34,749	0	34,749
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	6,570	374,231	0	374,231
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	1,096	0	1,096
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	30,565	5,192,599	0	5,192,599
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,796	0	21,796

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
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Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	551,182	0	551,182		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.02	19302	RETAIL PHARMACY	0	5,856	0	5,856		193.02
193.05	19305	EMS	0	5,108	0	5,108		193.05
193.07	19307	SAINT CLARE'S VILLA	0	20,096	0	20,096		193.07
194.00	07950	OTHER PROPERTY	0	12	0	12		194.00
194.01	07951	ADULT DAY CARE	0	42,424	0	42,424		194.01
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	21,548	0	21,548		201.00
202.00		TOTAL (sum lines 118-201)	30,565	5,860,621	0	5,860,621		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	237,106				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	140,945			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	0	36,641		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	0	0	0	33,464	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	0	0	0	0	50,600
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,170	838	0	0	1,128
5.01	00540	NONPATIENT TELEPHONES	562	192	0	0	0
5.02	00560	PURCHASING RECEIVING AND STORES	5,015	440	0	0	0
5.03	00570	ADMINISTRATIVE	2,178	0	0	0	0
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,024	0	0	0	1,533
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,202	23,685	36,641	0	10,564
7.00	00700	OPERATION OF PLANT	20,366	10,015	0	245	6,965
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	0	0
9.00	00900	HOUSEKEEPING	6,567	4,045	0	289	0
10.00	01000	DIETARY	8,376	1,673	0	0	160
11.00	01100	CAFETERIA	4,080	2,320	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,315	945	0	95	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	0	0
17.00	01700	SOCIAL SERVICE	602	1,383	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,144	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	10,784	0	0	0
43.00	04300	NURSERY	1,268	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	2,688	0	0	0
45.00	04500	NURSING FACILITY	0	710	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,543	23,314	0	0	0
51.00	05100	RECOVERY ROOM	992	1,070	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	0	0
53.00	05300	ANESTHESIOLOGY	100	200	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,124	14,140	0	0	0
57.00	05700	CT SCAN	936	0	0	0	0
58.00	05800	MRI	805	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	0	0
60.00	06000	LABORATORY	10,005	4,410	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	400	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,509
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	0	0
66.00	06600	PHYSICAL THERAPY	945	4,464	0	0	4,310
67.00	06700	OCCUPATIONAL THERAPY	217	7,304	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,088
69.00	06900	ELECTROCARDIOLOGY	3,029	805	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	569	498	0	0	3,211
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,121	1,222	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	0	1,100	0	0	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,224
76.04	03952	PAIN CLINIC	507	0	0	0	0
76.05	03953	WOUND CENTER	0	4,029	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,205	5,707	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,038	135,951	36,641	629	36,692
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	32,835	13,908

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	0	0	0	0	193.02
193.05	19305	EMS	156	0	0	0	0	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	0	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	4,994	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,491,432	107,912	51,861	284,077	97,118	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.507672	0.765632	1.415382	8.489033	1.919328	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		2.00	2.01	2.02	4.00	5A.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	237,735				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	0	177,637			2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	0	0	36,641		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,170	1,966	0	28,193,219	4.00
5.01	00540	NONPATIENT TELEPHONES	562	192	0	271,262	-634,885
5.02	00560	PURCHASING RECEIVING AND STORES	5,015	440	0	148,014	0
5.03	00570	ADMINISTRATIVE	2,178	0	0	33,645	0
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,024	1,533	0	76,650	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,202	34,249	36,641	2,889,714	0
7.00	00700	OPERATION OF PLANT	20,611	16,980	0	1,279,104	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	53,937	0
9.00	00900	HOUSEKEEPING	6,856	4,045	0	856,309	0
10.00	01000	DIETARY	8,376	1,673	0	709,768	0
11.00	01100	CAFETERIA	4,080	2,480	0	426,726	0
13.00	01300	NURSING ADMINISTRATION	1,410	945	0	752,912	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	266,191	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	731,176	0
17.00	01700	SOCIAL SERVICE	602	1,383	0	17,609	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,144	0	0	2,880,776	0
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	1,018,725	0
41.00	04100	SUBPROVIDER - IRF	0	10,784	0	639,808	0
43.00	04300	NURSERY	1,268	0	0	328,729	0
44.00	04400	SKILLED NURSING FACILITY	0	2,688	0	784,344	0
45.00	04500	NURSING FACILITY	0	710	0	88,867	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,543	23,314	0	1,970,002	0
51.00	05100	RECOVERY ROOM	992	1,070	0	254,505	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	814,706	0
53.00	05300	ANESTHESIOLOGY	100	200	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,124	14,140	0	1,528,201	0
57.00	05700	CT SCAN	936	0	0	156,482	0
58.00	05800	MRI	805	0	0	88,060	0
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	345,759	0
60.00	06000	LABORATORY	10,005	4,410	0	1,849,952	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	400	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	5,509	0	351,408	0
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	496,004	0
66.00	06600	PHYSICAL THERAPY	945	8,774	0	1,040,110	0
67.00	06700	OCCUPATIONAL THERAPY	217	7,304	0	543,395	0
68.00	06800	SPEECH PATHOLOGY	0	1,088	0	175,970	0
69.00	06900	ELECTROCARDIOLOGY	3,029	805	0	223,363	0
70.00	07000	ELECTROENCEPHALOGRAPHY	569	3,709	0	78,193	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,121	1,222	0	961,909	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	0	1,100	0	65,204	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,224	0	447,484	0
76.04	03952	PAIN CLINIC	507	0	0	114,607	0
76.05	03953	WOUND CENTER	0	4,029	0	246,335	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,205	5,707	0	1,536,354	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,667	172,643	36,641	27,542,269	-634,885

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation		
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	2.00	2.01	2.02				
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	0	0	0	193.02
193.05	19305	EMS	156	0	0	37,034	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	481,531	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	4,994	0	132,385	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,652,295	493,840	2,057	10,128,867	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.950155	2.780051	0.056139	0.359266	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				28,755	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001020	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		NONPATIENT TELEPHONES (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	Reconciliation	ADMINISTRATIVE (ACCUM. COST)	
		5.01	5A.02	5.02	5A.03	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	73,808,056				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	930,510	-938,514	73,504,427		5.02
5.03	00570	ADMINISTRATIVE	151,248	0	152,549	-154,497	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,649,934	0	2,672,729	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,426,853	0	12,533,737	0	5.05
7.00	00700	OPERATION OF PLANT	5,032,212	0	5,075,499	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	381,079	0	384,357	0	8.00
9.00	00900	HOUSEKEEPING	1,540,449	0	1,553,700	0	9.00
10.00	01000	DIETARY	1,831,986	0	1,847,745	0	10.00
11.00	01100	CAFETERIA	135,735	0	136,903	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,092,849	0	1,102,250	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	407,146	0	410,648	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,166,651	0	1,176,687	0	16.00
17.00	01700	SOCIAL SERVICE	565,189	0	570,051	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,289,131	0	5,334,628	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,829,952	0	1,845,693	0	31.00
41.00	04100	SUBPROVIDER - I RF	976,411	0	984,810	0	41.00
43.00	04300	NURSERY	494,936	0	499,193	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,154,722	0	1,164,655	0	44.00
45.00	04500	NURSING FACILITY	98,979	0	99,830	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,084,476	0	4,119,611	0	50.00
51.00	05100	RECOVERY ROOM	396,286	0	399,695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,414,952	0	1,427,123	0	52.00
53.00	05300	ANESTHESIOLOGY	50,297	0	50,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,246,680	0	3,274,608	0	54.00
57.00	05700	CT SCAN	305,933	0	308,565	0	57.00
58.00	05800	MRI	156,164	0	157,507	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	544,433	0	549,116	0	59.00
60.00	06000	LABORATORY	4,256,376	0	4,292,989	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	222,143	0	224,054	0	62.00
64.00	06400	INTRAVENOUS THERAPY	533,599	0	538,189	0	64.00
65.00	06500	RESPIRATORY THERAPY	755,422	0	761,920	0	65.00
66.00	06600	PHYSICAL THERAPY	1,492,052	0	1,504,887	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	772,224	0	778,867	0	67.00
68.00	06800	SPEECH PATHOLOGY	247,289	0	249,416	0	68.00
69.00	06900	ELECTROCARDIOLOGY	377,285	0	380,530	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,090	0	139,278	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,867,675	0	1,883,741	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,688,347	0	1,702,870	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,258,494	0	7,320,932	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	93,070	0	93,871	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	582,314	0	587,323	0	76.03
76.04	03952	PAIN CLINIC	195,302	0	196,982	0	76.04
76.05	03953	WOUND CENTER	422,721	0	426,357	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,539,192	0	2,561,034	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	57,014	0	57,504	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,853,802	-938,514	71,533,363	-154,497	72,292,214
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,970	0	16,107	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	631,713	0	637,147	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			NONPATIENT TELEPHONES (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	Reconciliation	ADMINISTRATIVE (ACCUM. COST)	
			5.01	5A.02	5.02	5A.03	5.03	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	304,748	0	307,369	0	311,293	193.02
193.05	19305	EMS	70,307	0	70,912	0	71,817	193.05
193.07	19307	SAINT CLARE'S VILLA	718,691	0	724,873	0	734,128	193.07
194.00	07950	OTHER PROPERTY	685	0	691	0	700	194.00
194.01	07951	ADULT DAY CARE	212,140	0	213,965	0	216,697	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	634,885		938,514		154,497	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008602		0.012768		0.002080	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,721		244,442		38,944	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000186		0.003326		0.000524	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.04	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580	-2,712,484	71,730,457				5.04
5.05	00590	0	12,720,157	-13,201,164	61,241,777		5.05
7.00	00700	0	5,150,995	0	5,345,780	349,993	7.00
8.00	00800	0	390,074	0	404,825	2,596	8.00
9.00	00900	0	1,576,811	0	1,636,438	10,901	9.00
10.00	01000	0	1,875,229	0	1,946,141	10,049	10.00
11.00	01100	0	138,939	0	144,193	6,540	11.00
13.00	01300	0	1,118,646	0	1,160,948	2,355	13.00
14.00	01400	0	416,756	0	432,516	10,950	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	1,194,190	0	1,239,348	3,195	16.00
17.00	01700	0	578,530	0	600,407	1,985	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	5,413,979	0	5,618,709	46,144	30.00
31.00	03100	0	1,873,147	0	1,943,980	15,198	31.00
41.00	04100	0	999,459	0	1,037,254	10,784	41.00
43.00	04300	0	506,619	0	525,777	1,268	43.00
44.00	04400	0	1,181,978	0	1,226,674	2,688	44.00
45.00	04500	0	101,315	0	105,146	710	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,180,888	0	4,338,988	47,857	50.00
51.00	05100	0	405,640	0	420,979	2,062	51.00
52.00	05200	0	1,448,351	0	1,503,120	13,297	52.00
53.00	05300	0	51,485	0	53,432	300	53.00
54.00	05400	0	3,323,316	0	3,448,987	24,264	54.00
57.00	05700	0	313,155	0	324,997	936	57.00
58.00	05800	0	159,850	0	165,895	805	58.00
59.00	05900	0	557,284	0	578,358	2,225	59.00
60.00	06000	0	4,356,845	0	4,521,599	14,415	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	227,387	0	235,986	465	62.00
64.00	06400	0	546,195	0	566,849	5,509	64.00
65.00	06500	0	773,253	0	802,494	3,115	65.00
66.00	06600	0	1,527,271	0	1,585,025	9,719	66.00
67.00	06700	0	790,453	0	820,344	7,521	67.00
68.00	06800	0	253,126	0	262,698	1,088	68.00
69.00	06900	0	386,191	0	400,795	3,834	69.00
70.00	07000	0	141,349	0	146,694	4,278	70.00
71.00	07100	0	1,911,761	0	1,984,054	0	71.00
72.00	07200	0	1,728,199	0	1,793,551	0	72.00
73.00	07300	0	7,429,828	0	7,710,787	3,343	73.00
76.00	03950	0	0	0	0	0	76.00
76.02	03951	0	95,268	0	98,871	1,100	76.02
76.03	03550	0	596,059	0	618,599	2,224	76.03
76.04	03952	0	199,912	0	207,472	507	76.04
76.05	03953	0	432,699	0	449,062	4,029	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	2,599,128	0	2,697,414	18,912	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	58,359	0	60,566	0	95.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		-2,712,484	69,730,076	-13,201,164	59,165,752	297,188	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	16,347	0	16,965	912	190.00
192.00	19200	0	646,624	0	671,076	46,743	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.04	5.04	5A.05	5.05	7.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	311,940	0	323,736	0	193.02
193.05	19305	EMS	0	71,966	0	74,687	156	193.05
193.07	19307	SAINT CLARE'S VILLA	0	735,655	0	763,474	0	193.07
194.00	07950	OTHER PROPERTY	0	701	0	728	0	194.00
194.01	07951	ADULT DAY CARE	0	217,148	0	225,359	4,994	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		2,712,484		13,201,164	6,498,106	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.037815		0.215558	18.566388	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		35,959		843,448	527,294	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000501		0.013772	1.506584	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	447,411					8.00
9.00	00900	HOUSEKEEPING	0	336,496				9.00
10.00	01000	DIETARY	0	10,049	62,483			10.00
11.00	01100	CAFETERIA	0	6,560	0	40,236		11.00
13.00	01300	NURSING ADMINISTRATION	0	2,355	0	1,031	368,886	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,950	0	428	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,195	0	1,694	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,985	0	93	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,431	46,144	27,667	5,835	101,203	30.00
31.00	03100	INTENSIVE CARE UNIT	28,779	15,198	4,354	1,749	25,293	31.00
41.00	04100	SUBPROVIDER - IRF	21,557	10,784	7,621	1,527	24,171	41.00
43.00	04300	NURSERY	5,660	1,268	0	511	0	43.00
44.00	04400	SKILLED NURSING FACILITY	38,067	2,688	13,896	2,025	34,627	44.00
45.00	04500	NURSING FACILITY	3,172	710	1,158	166	2,886	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,134	47,857	742	3,435	57,900	50.00
51.00	05100	RECOVERY ROOM	0	2,062	0	458	8,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,542	13,297	2,265	1,272	32,923	52.00
53.00	05300	ANESTHESIOLOGY	0	300	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,677	24,264	0	2,806	1,172	54.00
57.00	05700	CT SCAN	0	936	0	278	143	57.00
58.00	05800	MRI	0	805	0	127	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,024	2,225	0	542	4,032	59.00
60.00	06000	LABORATORY	0	14,415	0	3,884	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	465	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,897	5,509	0	714	7,139	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,115	0	961	0	65.00
66.00	06600	PHYSICAL THERAPY	14,659	9,719	0	1,806	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,521	0	876	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,088	0	228	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,834	0	307	2,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175	4,278	0	123	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,343	0	960	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	1,100	0	121	1,463	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,224	0	707	0	76.03
76.04	03952	PAIN CLINIC	0	507	0	222	1,917	76.04
76.05	03953	WOUND CENTER	2,797	4,029	0	445	4,763	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	66,206	18,912	789	2,938	39,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	443,777	283,691	58,492	38,269	350,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	912	1,102	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	46,743	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	RETAIL PHARMACY	0	0	0	0	0	193.02
193.05	19305	EMS	3,634	156	0	66	0	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	1,597	18,267	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	4,994	2,889	304	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	540,286	2,191,577	2,617,669	339,796	1,478,969	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.207583	6.512936	41.894099	8.445074	4.009285	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,808	184,131	209,286	96,668	56,559	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.093444	0.547201	3.349487	1.866985	0.153324	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
1.03	00103					1.03
1.04	00104					1.04
2.00	00200					2.00
2.01	00201					2.01
2.02	00202					2.02
4.00	00400					4.00
5.01	00540					5.01
5.02	00560					5.02
5.03	00570					5.03
5.04	00580					5.04
5.05	00590					5.05
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
13.00	01300					13.00
14.00	01400	4,676,856				14.00
15.00	01500	0	0			15.00
16.00	01600	8	0	3,831		16.00
17.00	01700	0	0	0	1,991	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	115,343	0	2,329	1,181	30.00
31.00	03100	42,801	0	117	66	31.00
41.00	04100	7,351	0	145	185	41.00
43.00	04300	5,310	0	35	0	43.00
44.00	04400	11,813	0	63	121	44.00
45.00	04500	984	0	5	10	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	496	0	50.00
51.00	05100	17,326	0	0	0	51.00
52.00	05200	22,146	0	42	0	52.00
53.00	05300	39,700	0	0	0	53.00
54.00	05400	407,966	0	163	0	54.00
57.00	05700	60,686	0	0	0	57.00
58.00	05800	7,063	0	0	0	58.00
59.00	05900	369	0	0	0	59.00
60.00	06000	124,921	0	65	0	60.00
60.01	06001	0	0	0	0	60.01
62.00	06200	179,913	0	0	0	62.00
64.00	06400	16,353	0	0	0	64.00
65.00	06500	0	0	0	0	65.00
66.00	06600	13,557	0	2	0	66.00
67.00	06700	842	0	0	0	67.00
68.00	06800	106	0	0	0	68.00
69.00	06900	8,365	0	0	0	69.00
70.00	07000	3,310	0	0	0	70.00
71.00	07100	1,842,403	0	0	0	71.00
72.00	07200	1,688,347	0	0	0	72.00
73.00	07300	10,463	0	0	0	73.00
76.00	03950	0	0	0	0	76.00
76.02	03951	317	0	0	0	76.02
76.03	03550	77	0	0	0	76.03
76.04	03952	20,850	0	0	0	76.04
76.05	03953	25,346	0	47	0	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	0	0	322	428	91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	0	0	0	95.00
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
116.00	11600	0	0	0	0	116.00
118.00		4,674,036	0	3,831	1,991	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	47	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.02	19302	RETAIL PHARMACY	0	0	0	0		193.02
193.05	19305	EMS	2,534	0	0	0		193.05
193.07	19307	SAINT CLARE'S VILLA	200	0	0	0		193.07
194.00	07950	OTHER PROPERTY	0	0	0	0		194.00
194.01	07951	ADULT DAY CARE	39	0	0	0		194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	803,981	0	1,600,935	780,397		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.171906	0.000000	417.889585	391.962330		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	178,273	0	83,550	30,565		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.038118	0.000000	21.808927	15.351582		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/24/2017 11:52 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	11,217,164		11,217,164	0	11,217,164	30.00
31.00	03100 INTENSIVE CARE UNIT	3,159,634		3,159,634	0	3,159,634	31.00
41.00	04100 SUBPROVIDER - I RF	2,120,780		2,120,780	0	2,120,780	41.00
43.00	04300 NURSERY	697,601		697,601	0	697,601	43.00
44.00	04400 SKILLED NURSING FACILITY	2,418,351		2,418,351	4,888	2,423,239	44.00
45.00	04500 NURSING FACILITY	217,111		217,111	407	217,518	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,047,839		7,047,839	0	7,047,839	50.00
51.00	05100 RECOVERY ROOM	603,164		603,164	0	603,164	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,439,574		2,439,574	0	2,439,574	52.00
53.00	05300 ANESTHESIOLOGY	79,299		79,299	0	79,299	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,008,281		5,008,281	0	5,008,281	54.00
57.00	05700 CT SCAN	431,880		431,880	0	431,880	57.00
58.00	05800 MRI	224,131		224,131	0	224,131	58.00
59.00	05900 CARDIAC CATHETERIZATION	798,984		798,984	0	798,984	59.00
60.00	06000 LABORATORY	5,939,223		5,939,223	12,447	5,951,670	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	329,445		329,445	0	329,445	62.00
64.00	06400 INTRAVENOUS THERAPY	868,161		868,161	0	868,161	64.00
65.00	06500 RESPIRATORY THERAPY	1,061,716	0	1,061,716	0	1,061,716	65.00
66.00	06600 PHYSICAL THERAPY	2,206,557	0	2,206,557	0	2,206,557	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,193,341	0	1,193,341	0	1,193,341	67.00
68.00	06800 SPEECH PATHOLOGY	348,554	0	348,554	0	348,554	68.00
69.00	06900 ELECTROCARDIOLOGY	598,730		598,730	0	598,730	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	287,423		287,423	0	287,423	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,728,455		2,728,455	0	2,728,455	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,470,402		2,470,402	0	2,470,402	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,466,663		9,466,663	0	9,466,663	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0		0	0	0	76.00
76.02	03951 DIABETES CENTER	154,712		154,712	0	154,712	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	813,704		813,704	0	813,704	76.03
76.04	03952 PAIN CLINIC	278,054		278,054	0	278,054	76.04
76.05	03953 WOUND CENTER	697,136		697,136	0	697,136	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,353,486		4,353,486	0	4,353,486	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,265,361		1,265,361		1,265,361	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	73,621		73,621	0	73,621	95.00
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	71,598,537	0	71,598,537	17,742	71,616,279	200.00
201.00	Less Observation Beds	1,265,361		1,265,361		1,265,361	201.00
202.00	Total (see instructions)	70,333,176	0	70,333,176	17,742	70,350,918	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/24/2017 11:52 am

		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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,330,907		8,330,907		30.00
31.00	03100	INTENSIVE CARE UNIT	3,871,853		3,871,853		31.00
41.00	04100	SUBPROVIDER - IRF	2,436,182		2,436,182		41.00
43.00	04300	NURSERY	682,730		682,730		43.00
44.00	04400	SKILLED NURSING FACILITY	3,493,251		3,493,251		44.00
45.00	04500	NURSING FACILITY	291,105		291,105		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,794,890	28,650,644	36,445,534	0.193380	50.00
51.00	05100	RECOVERY ROOM	1,312,986	4,401,810	5,714,796	0.105544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,824,481	514,104	3,338,585	0.730721	52.00
53.00	05300	ANESTHESIOLOGY	1,048,340	2,812,865	3,861,205	0.020537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,030,349	29,736,795	34,767,144	0.144052	54.00
57.00	05700	CT SCAN	7,838,952	26,466,436	34,305,388	0.012589	57.00
58.00	05800	MRI	1,321,058	5,309,930	6,630,988	0.033801	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,418,356	4,184,081	7,602,437	0.105096	59.00
60.00	06000	LABORATORY	12,606,517	25,375,038	37,981,555	0.156371	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	542,017	209,987	752,004	0.438089	62.00
64.00	06400	INTRAVENOUS THERAPY	9,549	2,394,339	2,403,888	0.361149	64.00
65.00	06500	RESPIRATORY THERAPY	3,995,379	1,396,517	5,391,896	0.196910	65.00
66.00	06600	PHYSICAL THERAPY	5,378,445	9,393,590	14,772,035	0.149374	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,506,652	1,390,379	6,897,031	0.173022	67.00
68.00	06800	SPEECH PATHOLOGY	779,970	284,774	1,064,744	0.327359	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,320	7,580,464	12,468,784	0.048018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175,367	6,563,883	6,739,250	0.042649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,069,372	10,189,784	18,259,156	0.149429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,211,625	4,078,497	9,290,122	0.265917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,496,799	31,797,717	48,294,516	0.196019	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	76.00
76.02	03951	DIABETES CENTER	0	85,641	85,641	1.806518	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,319	1,097,624	1,131,943	0.718856	76.03
76.04	03952	PAIN CLINIC	8,338	1,696,670	1,705,008	0.163081	76.04
76.05	03953	WOUND CENTER	14,096	1,887,760	1,901,856	0.366556	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,623,851	23,731,099	28,354,950	0.153535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	405,343	1,228,482	1,633,825	0.774478	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,152	1,104	6,256	11.768063	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	118,446,551	232,460,014	350,906,565		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	118,446,551	232,460,014	350,906,565		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/24/2017 11:52 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.193380		50.00
51.00	05100 RECOVERY ROOM	0.105544		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.730721		52.00
53.00	05300 ANESTHESIOLOGY	0.020537		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144052		54.00
57.00	05700 CT SCAN	0.012589		57.00
58.00	05800 MRI	0.033801		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105096		59.00
60.00	06000 LABORATORY	0.156699		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089		62.00
64.00	06400 INTRAVENOUS THERAPY	0.361149		64.00
65.00	06500 RESPIRATORY THERAPY	0.196910		65.00
66.00	06600 PHYSICAL THERAPY	0.149374		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.173022		67.00
68.00	06800 SPEECH PATHOLOGY	0.327359		68.00
69.00	06900 ELECTROCARDIOLOGY	0.048018		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.042649		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.265917		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196019		73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000		76.00
76.02	03951 DIABETES CENTER	1.806518		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856		76.03
76.04	03952 PAIN CLINIC	0.163081		76.04
76.05	03953 WOUND CENTER	0.366556		76.05
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.153535		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.774478		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	11.768063		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/24/2017 11:52 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		11,217,164	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		3,159,634	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		2,120,780	0	0	41.00
43.00	04300 NURSERY		697,601	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		2,418,351	0	0	44.00
45.00	04500 NURSING FACILITY		217,111	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		7,047,839	0	0	50.00
51.00	05100 RECOVERY ROOM		603,164	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,439,574	0	0	52.00
53.00	05300 ANESTHESIOLOGY		79,299	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,008,281	0	0	54.00
57.00	05700 CT SCAN		431,880	0	0	57.00
58.00	05800 MRI		224,131	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		798,984	0	0	59.00
60.00	06000 LABORATORY		5,939,223	0	0	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		329,445	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY		868,161	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,061,716	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,206,557	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,193,341	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	348,554	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		598,730	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		287,423	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,728,455	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,470,402	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,466,663	0	0	73.00
76.00	03950 THERAPEUTIC ACTIVITIES		0	0	0	76.00
76.02	03951 DIABETES CENTER		154,712	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		813,704	0	0	76.03
76.04	03952 PAIN CLINIC		278,054	0	0	76.04
76.05	03953 WOUND CENTER		697,136	0	0	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		4,353,486	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		73,621	0	0	95.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		0	0	0	116.00
200.00	Subtotal (see instructions)		70,333,176	0	0	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		70,333,176	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/24/2017 11:52 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,330,907		8,330,907		30.00
31.00	03100	INTENSIVE CARE UNIT	3,871,853		3,871,853		31.00
41.00	04100	SUBPROVIDER - IRF	2,436,182		2,436,182		41.00
43.00	04300	NURSERY	682,730		682,730		43.00
44.00	04400	SKILLED NURSING FACILITY	3,493,251		3,493,251		44.00
45.00	04500	NURSING FACILITY	291,105		291,105		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,794,890	28,650,644	36,445,534	0.193380	50.00
51.00	05100	RECOVERY ROOM	1,312,986	4,401,810	5,714,796	0.105544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,824,481	514,104	3,338,585	0.730721	52.00
53.00	05300	ANESTHESIOLOGY	1,048,340	2,812,865	3,861,205	0.020537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,030,349	29,736,795	34,767,144	0.144052	54.00
57.00	05700	CT SCAN	7,838,952	26,466,436	34,305,388	0.012589	57.00
58.00	05800	MRI	1,321,058	5,309,930	6,630,988	0.033801	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,418,356	4,184,081	7,602,437	0.105096	59.00
60.00	06000	LABORATORY	12,606,517	25,375,038	37,981,555	0.156371	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	542,017	209,987	752,004	0.438089	62.00
64.00	06400	INTRAVENOUS THERAPY	9,549	2,394,339	2,403,888	0.361149	64.00
65.00	06500	RESPIRATORY THERAPY	3,995,379	1,396,517	5,391,896	0.196910	65.00
66.00	06600	PHYSICAL THERAPY	5,378,445	9,393,590	14,772,035	0.149374	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,506,652	1,390,379	6,897,031	0.173022	67.00
68.00	06800	SPEECH PATHOLOGY	779,970	284,774	1,064,744	0.327359	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,320	7,580,464	12,468,784	0.048018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175,367	6,563,883	6,739,250	0.042649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,069,372	10,189,784	18,259,156	0.149429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,211,625	4,078,497	9,290,122	0.265917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,496,799	31,797,717	48,294,516	0.196019	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	76.00
76.02	03951	DIABETES CENTER	0	85,641	85,641	1.806518	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,319	1,097,624	1,131,943	0.718856	76.03
76.04	03952	PAIN CLINIC	8,338	1,696,670	1,705,008	0.163081	76.04
76.05	03953	WOUND CENTER	14,096	1,887,760	1,901,856	0.366556	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,623,851	23,731,099	28,354,950	0.153535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	405,343	1,228,482	1,633,825	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,152	1,104	6,256	11.768063	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	118,446,551	232,460,014	350,906,565		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	118,446,551	232,460,014	350,906,565		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/24/2017 11:52 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
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
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000		76.00
76.02	03951 DIABETES CENTER	0.000000		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 WOUND CENTER	0.000000		76.05
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,229,353	0	1,229,353	10,097	121.75	30.00
31.00	INTENSIVE CARE UNIT	364,054		364,054	1,725	211.05	31.00
41.00	SUBPROVIDER - IRF	122,204	0	122,204	2,645	46.20	41.00
43.00	NURSERY	37,036		37,036	636	58.23	43.00
44.00	SKILLED NURSING FACILITY	108,810		108,810	4,142	26.27	44.00
45.00	NURSING FACILITY	11,856		11,856	345	34.37	45.00
200.00	Total (Lines 30-199)	1,873,313		1,873,313	19,590		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	4,526	551,041				
31.00	INTENSIVE CARE UNIT	521	109,957				
41.00	SUBPROVIDER - IRF	1,735	80,157				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	2,771	72,794				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	9,553	813,949				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part II
Date/Time Prepared:
2/24/2017 11:52 am

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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	881,745	36,445,534	0.024193	3,387,212	81,947	50.00
51.00	05100	RECOVERY ROOM	36,308	5,714,796	0.006353	574,501	3,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	305,787	3,338,585	0.091592	4,158	381	52.00
53.00	05300	ANESTHESIOLOGY	5,551	3,861,205	0.001438	428,021	615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	369,471	34,767,144	0.010627	2,518,196	26,761	54.00
57.00	05700	CT SCAN	27,373	34,305,388	0.000798	3,522,398	2,811	57.00
58.00	05800	MRI	19,426	6,630,988	0.002930	591,777	1,734	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,908	7,602,437	0.007617	1,131,193	8,616	59.00
60.00	06000	LABORATORY	327,369	37,981,555	0.008619	5,560,880	47,929	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,635	752,004	0.019461	262,659	5,112	62.00
64.00	06400	INTRAVENOUS THERAPY	51,422	2,403,888	0.021391	6,250	134	64.00
65.00	06500	RESPIRATORY THERAPY	66,960	5,391,896	0.012419	1,784,577	22,163	65.00
66.00	06600	PHYSICAL THERAPY	109,174	14,772,035	0.007391	487,230	3,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,403	6,897,031	0.009048	584,613	5,290	67.00
68.00	06800	SPEECH PATHOLOGY	12,784	1,064,744	0.012007	99,501	1,195	68.00
69.00	06900	ELECTROCARDIOLOGY	72,749	12,468,784	0.005834	2,694,813	15,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,681	6,739,250	0.005740	66,015	379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	109,562	18,259,156	0.006000	3,644,254	21,866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	96,805	9,290,122	0.010420	2,585,755	26,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,213	48,294,516	0.003959	6,282,520	24,872	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.02	03951	DIABETES CENTER	8,477	85,641	0.098983	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,142	1,131,943	0.024862	0	0	76.03
76.04	03952	PAIN CLINIC	15,265	1,705,008	0.008953	0	0	76.04
76.05	03953	WOUND CENTER	34,749	1,901,856	0.018271	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	374,231	28,354,950	0.013198	2,719,212	35,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	138,679	1,633,825	0.084880	178,404	15,143	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	3,456,869	331,794,281		39,114,139	352,753	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description	Title XVIII				Hospital	PPS
	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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,097	0.00	4,526	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,725	0.00	521	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,645	0.00	1,735	0	41.00
43.00	04300	NURSERY	636	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,142	0.00	2,771	0	44.00
45.00	04500	NURSING FACILITY	345	0.00	0	0	45.00
200.00		Total (lines 30-199)	19,590		9,553	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/24/2017 11:52 am

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
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
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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 Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	36,445,534	0.000000	0.000000	3,387,212	50.00
51.00	05100 RECOVERY ROOM	0	5,714,796	0.000000	0.000000	574,501	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,338,585	0.000000	0.000000	4,158	52.00
53.00	05300 ANESTHESIOLOGY	0	3,861,205	0.000000	0.000000	428,021	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	34,767,144	0.000000	0.000000	2,518,196	54.00
57.00	05700 CT SCAN	0	34,305,388	0.000000	0.000000	3,522,398	57.00
58.00	05800 MRI	0	6,630,988	0.000000	0.000000	591,777	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,602,437	0.000000	0.000000	1,131,193	59.00
60.00	06000 LABORATORY	0	37,981,555	0.000000	0.000000	5,560,880	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	752,004	0.000000	0.000000	262,659	62.00
64.00	06400 INTRAVENOUS THERAPY	0	2,403,888	0.000000	0.000000	6,250	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,391,896	0.000000	0.000000	1,784,577	65.00
66.00	06600 PHYSICAL THERAPY	0	14,772,035	0.000000	0.000000	487,230	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,897,031	0.000000	0.000000	584,613	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,064,744	0.000000	0.000000	99,501	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,468,784	0.000000	0.000000	2,694,813	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,739,250	0.000000	0.000000	66,015	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,259,156	0.000000	0.000000	3,644,254	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,290,122	0.000000	0.000000	2,585,755	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,294,516	0.000000	0.000000	6,282,520	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.02	03951 DIABETES CENTER	0	85,641	0.000000	0.000000	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,131,943	0.000000	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0	1,705,008	0.000000	0.000000	0	76.04
76.05	03953 WOUND CENTER	0	1,901,856	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	28,354,950	0.000000	0.000000	2,719,212	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,825	0.000000	0.000000	178,404	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	331,794,281			39,114,139	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
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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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	7,991,356	0		50.00
51.00	05100 RECOVERY ROOM	0	1,294,520	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	66,280	0		52.00
53.00	05300 ANESTHESIOLOGY	0	778,759	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,566,885	0		54.00
57.00	05700 CT SCAN	0	6,997,983	0		57.00
58.00	05800 MRI	0	1,384,279	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,633,658	0		59.00
60.00	06000 LABORATORY	0	4,229,216	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	78,151	0		62.00
64.00	06400 INTRAVENOUS THERAPY	0	912,065	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,175,753	0		65.00
66.00	06600 PHYSICAL THERAPY	0	19,636	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	19,016	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	1,952	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,850,696	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,633,643	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,894,903	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,671,659	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,429,544	0		73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0		76.00
76.02	03951 DIABETES CENTER	0	0	0		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	322,022	0		76.03
76.04	03952 PAIN CLINIC	0	374,863	0		76.04
76.05	03953 WOUND CENTER	0	155,505	0		76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	4,996,957	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	303,234	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	63,782,535	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
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	0.193380	7,991,356	0	0	1,545,368	50.00
51.00	05100	RECOVERY ROOM	0.105544	1,294,520	0	0	136,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730721	66,280	0	0	48,432	52.00
53.00	05300	ANESTHESIOLOGY	0.020537	778,759	0	0	15,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144052	9,566,885	0	0	1,378,129	54.00
57.00	05700	CT SCAN	0.012589	6,997,983	0	0	88,098	57.00
58.00	05800	MRI	0.033801	1,384,279	0	0	46,790	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105096	1,633,658	0	0	171,691	59.00
60.00	06000	LABORATORY	0.156371	4,229,216	13,157	0	661,327	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	78,151	0	0	34,237	62.00
64.00	06400	INTRAVENOUS THERAPY	0.361149	912,065	0	0	329,391	64.00
65.00	06500	RESPIRATORY THERAPY	0.196910	1,175,753	0	0	231,518	65.00
66.00	06600	PHYSICAL THERAPY	0.149374	19,636	0	0	2,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.173022	19,016	0	0	3,290	67.00
68.00	06800	SPEECH PATHOLOGY	0.327359	1,952	0	0	639	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048018	2,850,696	0	0	136,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.042649	1,633,643	0	0	69,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	2,894,903	0	0	432,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.265917	1,671,659	0	0	444,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196019	12,429,544	0	228,138	2,436,427	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	1.806518	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	322,022	0	0	231,487	76.03
76.04	03952	PAIN CLINIC	0.163081	374,863	0	0	61,133	76.04
76.05	03953	WOUND CENTER	0.366556	155,505	0	0	57,001	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.153535	4,996,957	0	0	767,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.774478	303,234	0	0	234,848	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11.768063		0			95.00
200.00		Subtotal (see instructions)		63,782,535	13,157	228,138	9,566,232	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		63,782,535	13,157	228,138	9,566,232	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
		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
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
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	2,057	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	44,719	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	76.00
76.02	03951 DIABETES CENTER	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	76.04
76.05	03953 WOUND CENTER	0	0	76.05
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	2,057	44,719	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	2,057	44,719	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	881,745	36,445,534	0.024193	0	0	50.00
51.00	05100 RECOVERY ROOM	36,308	5,714,796	0.006353	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	305,787	3,338,585	0.091592	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,551	3,861,205	0.001438	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	369,471	34,767,144	0.010627	40,483	430	54.00
57.00	05700 CT SCAN	27,373	34,305,388	0.000798	17,231	14	57.00
58.00	05800 MRI	19,426	6,630,988	0.002930	8,270	24	58.00
59.00	05900 CARDIAC CATHETERIZATION	57,908	7,602,437	0.007617	0	0	59.00
60.00	06000 LABORATORY	327,369	37,981,555	0.008619	362,105	3,121	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	14,635	752,004	0.019461	1,822	35	62.00
64.00	06400 INTRAVENOUS THERAPY	51,422	2,403,888	0.021391	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	66,960	5,391,896	0.012419	1,124	14	65.00
66.00	06600 PHYSICAL THERAPY	109,174	14,772,035	0.007391	1,331,032	9,838	66.00
67.00	06700 OCCUPATIONAL THERAPY	62,403	6,897,031	0.009048	1,332,906	12,060	67.00
68.00	06800 SPEECH PATHOLOGY	12,784	1,064,744	0.012007	215,364	2,586	68.00
69.00	06900 ELECTROCARDIOLOGY	72,749	12,468,784	0.005834	3,372	20	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	38,681	6,739,250	0.005740	2,445	14	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	109,562	18,259,156	0.006000	57,909	347	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	96,805	9,290,122	0.010420	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	191,213	48,294,516	0.003959	648,339	2,567	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.02	03951 DIABETES CENTER	8,477	85,641	0.098983	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,142	1,131,943	0.024862	17,708	440	76.03
76.04	03952 PAIN CLINIC	15,265	1,705,008	0.008953	0	0	76.04
76.05	03953 WOUND CENTER	34,749	1,901,856	0.018271	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	374,231	28,354,950	0.013198	7,613	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,633,825	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,318,190	331,794,281		4,047,723	31,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951 DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	36,445,534	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	5,714,796	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,338,585	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	3,861,205	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	34,767,144	0.000000	0.000000	40,483 54.00
57.00 05700 CT SCAN	0	34,305,388	0.000000	0.000000	17,231 57.00
58.00 05800 MRI	0	6,630,988	0.000000	0.000000	8,270 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	7,602,437	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	37,981,555	0.000000	0.000000	362,105 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	752,004	0.000000	0.000000	1,822 62.00
64.00 06400 INTRAVENOUS THERAPY	0	2,403,888	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	5,391,896	0.000000	0.000000	1,124 65.00
66.00 06600 PHYSICAL THERAPY	0	14,772,035	0.000000	0.000000	1,331,032 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,897,031	0.000000	0.000000	1,332,906 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,064,744	0.000000	0.000000	215,364 68.00
69.00 06900 ELECTROCARDIOLOGY	0	12,468,784	0.000000	0.000000	3,372 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,739,250	0.000000	0.000000	2,445 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,259,156	0.000000	0.000000	57,909 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,290,122	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	48,294,516	0.000000	0.000000	648,339 73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0 76.00
76.02 03951 DIABETES CENTER	0	85,641	0.000000	0.000000	0 76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,131,943	0.000000	0.000000	17,708 76.03
76.04 03952 PAIN CLINIC	0	1,705,008	0.000000	0.000000	0 76.04
76.05 03953 WOUND CENTER	0	1,901,856	0.000000	0.000000	0 76.05
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	28,354,950	0.000000	0.000000	7,613 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,825	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	331,794,281			4,047,723 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
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 PATIENT	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
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.02	03951 DIABETES CENTER	0	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 WOUND CENTER	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	93	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	93	0	95.00
200.00	Total (lines 50-199)	0	93	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.193380	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.105544	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.730721	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.020537	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.144052	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0.012589	0	0	0	0	0	57.00
58.00 05800 MRI	0.033801	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.105096	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.156371	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.361149	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.196910	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.149374	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.173022	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.327359	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.048018	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.042649	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.265917	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.196019	0	0	0	650	0	73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	0	76.00
76.02 03951 DIABETES CENTER	1.806518	0	0	0	0	0	76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	0	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0.163081	0	0	0	0	0	76.04
76.05 03953 WOUND CENTER	0.366556	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0.153535	93	0	0	0	14	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.774478	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	11.768063		0	0	0		95.00
200.00	Subtotal (see instructions)		93	0	650	14	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		93	0	650	14	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
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
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	127		73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0		76.00
76.02 03951 DIABETES CENTER	0	0		76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 WOUND CENTER	0	0		76.05
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	127		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	127		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951 DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	36,445,534	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	5,714,796	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,338,585	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,861,205	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	34,767,144	0.000000	0.000000	60,589	54.00
57.00	05700 CT SCAN	0	34,305,388	0.000000	0.000000	16,964	57.00
58.00	05800 MRI	0	6,630,988	0.000000	0.000000	2,806	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,602,437	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	37,981,555	0.000000	0.000000	393,744	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	752,004	0.000000	0.000000	1,290	62.00
64.00	06400 INTRAVENOUS THERAPY	0	2,403,888	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,391,896	0.000000	0.000000	178	65.00
66.00	06600 PHYSICAL THERAPY	0	14,772,035	0.000000	0.000000	1,511,612	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,897,031	0.000000	0.000000	1,480,655	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,064,744	0.000000	0.000000	196,132	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,468,784	0.000000	0.000000	669	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,739,250	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,259,156	0.000000	0.000000	41,859	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,290,122	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,294,516	0.000000	0.000000	1,172,211	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.02	03951 DIABETES CENTER	0	85,641	0.000000	0.000000	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,131,943	0.000000	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0	1,705,008	0.000000	0.000000	0	76.04
76.05	03953 WOUND CENTER	0	1,901,856	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	28,354,950	0.000000	0.000000	220	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,825	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0					95.00
200.00	Total (lines 50-199)	0	331,794,281			4,878,929	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
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 PATIENT	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
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.02	03951 DIABETES CENTER	0	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 WOUND CENTER	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS 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					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.193380	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.105544	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730721	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020537	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144052	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0.012589	0	0	0	0	0	57.00
58.00	05800	MRI	0.033801	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105096	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.156371	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.361149	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.196910	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.149374	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.173022	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.327359	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048018	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.042649	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.265917	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196019	0	0	30	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	1.806518	0	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.163081	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0.366556	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.153535	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.774478	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	11.768063	0	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	30	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	30	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/24/2017 11:52 am
Title XVIII		Skilled Nursing Facility	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
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
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6	73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	76.00
76.02 03951 DIABETES CENTER	0	0	76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	76.04
76.05 03953 WOUND CENTER	0	0	76.05
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		Title XIX			Hospital	Cost
		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	1,229,353	0	1,229,353	10,097	121.75
31.00	INTENSIVE CARE UNIT	364,054		364,054	1,725	211.05
41.00	SUBPROVIDER - IRF	122,204	0	122,204	2,645	46.20
43.00	NURSERY	37,036		37,036	636	58.23
44.00	SKILLED NURSING FACILITY	108,810		108,810	4,142	26.27
45.00	NURSING FACILITY	11,856		11,856	345	34.37
200.00	Total (Lines 30-199)	1,873,313		1,873,313	19,590	
INPATIENT ROUTINE SERVICE COST CENTERS						
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	408	49,674			
31.00	INTENSIVE CARE UNIT	79	16,673			
41.00	SUBPROVIDER - IRF	77	3,557			
43.00	NURSERY	29	1,689			
44.00	SKILLED NURSING FACILITY	0	0			
45.00	NURSING FACILITY	0	0			
200.00	Total (Lines 30-199)	593	71,593			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		Title XIX			Hospital	Cost
		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	881,745	36,445,534	0.024193	0	0 50.00
51.00	05100 RECOVERY ROOM	36,308	5,714,796	0.006353	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	305,787	3,338,585	0.091592	0	0 52.00
53.00	05300 ANESTHESIOLOGY	5,551	3,861,205	0.001438	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	369,471	34,767,144	0.010627	0	0 54.00
57.00	05700 CT SCAN	27,373	34,305,388	0.000798	0	0 57.00
58.00	05800 MRI	19,426	6,630,988	0.002930	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	57,908	7,602,437	0.007617	0	0 59.00
60.00	06000 LABORATORY	327,369	37,981,555	0.008619	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	14,635	752,004	0.019461	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	51,422	2,403,888	0.021391	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	66,960	5,391,896	0.012419	0	0 65.00
66.00	06600 PHYSICAL THERAPY	109,174	14,772,035	0.007391	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	62,403	6,897,031	0.009048	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	12,784	1,064,744	0.012007	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	72,749	12,468,784	0.005834	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	38,681	6,739,250	0.005740	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	109,562	18,259,156	0.006000	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	96,805	9,290,122	0.010420	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	191,213	48,294,516	0.003959	0	0 73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0 76.00
76.02	03951 DIABETES CENTER	8,477	85,641	0.098983	0	0 76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,142	1,131,943	0.024862	0	0 76.03
76.04	03952 PAIN CLINIC	15,265	1,705,008	0.008953	0	0 76.04
76.05	03953 WOUND CENTER	34,749	1,901,856	0.018271	0	0 76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	374,231	28,354,950	0.013198	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,825	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	3,318,190	331,794,281		0	0,200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description			Title XIX				Hospital		Cost	
			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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00	
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	10,097	0.00	408	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	1,725	0.00	79	0			31.00	
41.00	04100	SUBPROVIDER - IRF	2,645	0.00	77	0			41.00	
43.00	04300	NURSERY	636	0.00	29	0			43.00	
44.00	04400	SKILLED NURSING FACILITY	4,142	0.00	0	0			44.00	
45.00	04500	NURSING FACILITY	345	0.00	0	0			45.00	
200.00		Total (lines 30-199)	19,590		593	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/24/2017 11:52 am
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Cost Center Description		Title XIX			Hospital		Inpatient Program Charges	Cost
		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)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,445,534	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	5,714,796	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,338,585	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,861,205	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,767,144	0.000000	0.000000	0	54.00
57.00	05700	CT SCAN	0	34,305,388	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	6,630,988	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,602,437	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	37,981,555	0.000000	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	752,004	0.000000	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,403,888	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,391,896	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,772,035	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,897,031	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,064,744	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,468,784	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,739,250	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,259,156	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,290,122	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,294,516	0.000000	0.000000	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.02	03951	DIABETES CENTER	0	85,641	0.000000	0.000000	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,131,943	0.000000	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	1,705,008	0.000000	0.000000	0	76.04
76.05	03953	WOUND CENTER	0	1,901,856	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	28,354,950	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,825	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	331,794,281			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/24/2017 11:52 am

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)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
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
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
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 PATIENT	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
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0		76.00
76.02	03951 DIABETES CENTER	0	0	0		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.03
76.04	03952 PAIN CLINIC	0	0	0		76.04
76.05	03953 WOUND CENTER	0	0	0		76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,097	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,958	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)		4,526	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)		11,217,164	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)		11,217,164	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)		11,217,164	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)		1,110.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,028,114	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,028,114	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	3,159,634	1,725	1,831.67	521	954,300	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,971,601	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,954,015	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)					660,998	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					352,753	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,013,751	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,940,264	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,139	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,110.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,265,361	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,229,353	11,217,164	0.109596	1,265,361	138,679	90.00
91.00	Nursing School cost	0	11,217,164	0.000000	1,265,361	0	91.00
92.00	Allied health cost	0	11,217,164	0.000000	1,265,361	0	92.00
93.00	All other Medical Education	0	11,217,164	0.000000	1,265,361	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1
		Component CCN: 14-T052		Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,645	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,645	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)		2,645	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,735	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,120,780	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,120,780	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,120,780	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)		801.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,391,140	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,391,140	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Component CCN: 14-T052				Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					713,939		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,105,079		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)					80,157		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,610		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					111,767		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,993,312		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-T052		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	122,204	2,120,780	0.057622	0	0	90.00
91.00	Nursing School cost	0	2,120,780	0.000000	0	0	91.00
92.00	Allied health cost	0	2,120,780	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,120,780	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,142	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,142	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)		4,142	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,771	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,423,239	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,423,239	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,423,239	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am		
		Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							54.00
55.00	Target amount per discharge							55.00
56.00	Target amount (line 54 x line 55)							56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00
58.00	Bonus payment (see instructions)							58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61.00
62.00	Relief payment (see instructions)							62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							2,423,239 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							585.04 71.00
72.00	Program routine service cost (line 9 x line 71)							1,621,146 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							1,621,146 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)							0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0 80.00
81.00	Inpatient routine service cost per diem limitation							0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)							1,621,146 83.00
84.00	Program inpatient ancillary services (see instructions)							853,492 84.00
85.00	Utilization review - physician compensation (see instructions)							0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							2,474,638 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)							0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/24/2017 11:52 am	
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		4,111,450	30.00
31.00	03100	INTENSIVE CARE UNIT		1,542,457	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.193380	3,387,212	50.00
51.00	05100	RECOVERY ROOM	0.105544	574,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730721	4,158	52.00
53.00	05300	ANESTHESIOLOGY	0.020537	428,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144052	2,518,196	54.00
57.00	05700	CT SCAN	0.012589	3,522,398	57.00
58.00	05800	MRI	0.033801	591,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105096	1,131,193	59.00
60.00	06000	LABORATORY	0.156699	5,560,880	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	262,659	62.00
64.00	06400	INTRAVENOUS THERAPY	0.361149	6,250	64.00
65.00	06500	RESPIRATORY THERAPY	0.196910	1,784,577	65.00
66.00	06600	PHYSICAL THERAPY	0.149374	487,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.173022	584,613	67.00
68.00	06800	SPEECH PATHOLOGY	0.327359	99,501	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048018	2,694,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.042649	66,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	3,644,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.265917	2,585,755	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196019	6,282,520	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.02	03951	DIABETES CENTER	1.806518	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	0	76.03
76.04	03952	PAIN CLINIC	0.163081	0	76.04
76.05	03953	WOUND CENTER	0.366556	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.153535	2,719,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.774478	178,404	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		39,114,139	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)		39,114,139	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		1,599,124		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.193380	0	0	50.00
51.00	05100 RECOVERY ROOM	0.105544	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.730721	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020537	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144052	40,483	5,832	54.00
57.00	05700 CT SCAN	0.012589	17,231	217	57.00
58.00	05800 MRI	0.033801	8,270	280	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105096	0	0	59.00
60.00	06000 LABORATORY	0.156699	362,105	56,741	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	1,822	798	62.00
64.00	06400 INTRAVENOUS THERAPY	0.361149	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.196910	1,124	221	65.00
66.00	06600 PHYSICAL THERAPY	0.149374	1,331,032	198,822	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.173022	1,332,906	230,622	67.00
68.00	06800 SPEECH PATHOLOGY	0.327359	215,364	70,501	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048018	3,372	162	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.042649	2,445	104	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	57,909	8,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.265917	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196019	648,339	127,087	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.02	03951 DIABETES CENTER	1.806518	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	17,708	12,730	76.03
76.04	03952 PAIN CLINIC	0.163081	0	0	76.04
76.05	03953 WOUND CENTER	0.366556	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.153535	7,613	1,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.774478	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,047,723	713,939	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,047,723		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.193380	0	50.00
51.00	05100	RECOVERY ROOM	0.105544	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730721	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020537	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144052	60,589	54.00
57.00	05700	CT SCAN	0.012589	16,964	57.00
58.00	05800	MRI	0.033801	2,806	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105096	0	59.00
60.00	06000	LABORATORY	0.156371	393,744	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.438089	1,290	62.00
64.00	06400	INTRAVENOUS THERAPY	0.361149	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.196910	178	65.00
66.00	06600	PHYSICAL THERAPY	0.149374	1,511,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.173022	1,480,655	67.00
68.00	06800	SPEECH PATHOLOGY	0.327359	196,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048018	669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.042649	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.149429	41,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.265917	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196019	1,172,211	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.02	03951	DIABETES CENTER	1.806518	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.718856	0	76.03
76.04	03952	PAIN CLINIC	0.163081	0	76.04
76.05	03953	WOUND CENTER	0.366556	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.153535	220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.774478	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,878,929	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,878,929	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,448,896	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)		58,141	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		2,539,452	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		86.89	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.63	31.00
32.00	Sum of lines 30 and 31		31.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.87	33.00
34.00	Disproportionate share adjustment (see instructions)		351,263	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000069676	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	446,355	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	446,355	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		446,355		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
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		10,304,655		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)			10,304,655	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			755,109	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see 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)			11,059,764	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			11,059,764	61.00
62.00	Deductibles billed to program beneficiaries			1,067,948	62.00
63.00	Coinurance billed to program beneficiaries			8,995	63.00
64.00	Allowable bad debts (see instructions)			558,456	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			362,996	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			481,084	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,345,817	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)			107,101	70.93
70.94	HRR adjustment amount (see instructions)			-164,411	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,288,507	71.00
71.01	Sequestration adjustment (see instructions)			205,770	71.01
72.00	Interim payments			9,591,915	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)			490,822	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			253,065	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	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)			0.9826	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		46,776	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,566,232	2.00
3.00	PPS payments		7,948,294	3.00
4.00	Outlier payment (see instructions)		20,464	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)		46,776	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		241,295	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)		241,295	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)		241,295	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		194,519	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)		46,776	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)		7,968,758	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,674,640	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)		6,340,894	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)		6,340,894	30.00
31.00	Primary payer payments		1,214	31.00
32.00	Subtotal (line 30 minus line 31)		6,339,680	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)		507,709	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		330,011	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		389,894	36.00
37.00	Subtotal (see instructions)		6,669,691	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			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)		6,669,691	40.00
40.01	Sequestration adjustment (see instructions)		133,394	40.01
41.00	Interim payments		6,298,772	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		237,525	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: 10/01/2015	Worksheet E
		Component CCN: 14-T052	To 09/30/2016	Part B
				Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		127	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14	2.00
3.00	PPS payments		89	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)		127	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		650	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)		650	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)		650	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		523	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)		127	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)		89	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		216	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)		216	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		216	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)		216	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)		216	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
41.00	Interim payments		224	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-12	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30	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)		30	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)		30	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24	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)		6	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		6	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)		6	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6	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)		6	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		6	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/24/2017 11:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,591,915		6,298,772	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,591,915		6,298,772	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		490,822		237,525	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,082,737		6,536,297	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet E-1 Part I Date/Time Prepared: 2/24/2017 11:52 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				224 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		1,956,529		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)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,956,529		224 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		47,506		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		12 6.02
7.00	Total Medicare program liability (see instructions)		2,004,035		212 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0052
Component CCN: 14-5314

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/24/2017 11:52 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					6 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		1,127,931			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,127,931			6 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		1,127,931			6 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
2/24/2017 11:52 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			3,458 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			5,047 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,548 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			10,683 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			350,906,565 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			4,845,023 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)			770,544 8.00
9.00	Sequestration adjustment amount (see instructions)			15,411 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			755,133 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			755,133 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part III Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,984,810 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0319 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			94,874 3.00
4.00	Outlier Payments			3,904 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.226776 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,083,588 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)			2,083,588 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,083,588 19.00
20.00	Deductibles			37,044 20.00
21.00	Subtotal (line 19 minus line 20)			2,046,544 21.00
22.00	Coinsurance			1,610 22.00
23.00	Subtotal (line 21 minus line 22)			2,044,934 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)			2,044,934 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)			2,044,934 32.00
32.01	Sequestration adjustment (see instructions)			40,899 32.01
33.00	Interim payments			1,956,529 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)			47,506 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			3,904 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,278,066	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,278,066	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		127,116	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,150,950	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,150,950	15.00
15.01	Sequestration adjustment (see instructions)		23,019	15.01
16.00	Interim payments		1,127,931	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet G
Date/Time Prepared:
2/24/2017 11:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,700,401	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	72,027,436	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,105,774	0	0	0	6.00
7.00	Inventory	2,368,093	0	0	0	7.00
8.00	Prepaid expenses	190,617	0	0	0	8.00
9.00	Other current assets	2,881,779	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)	21,062,552	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,470,000	0	0	0	12.00
13.00	Land improvements	6,838,255	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	59,157,651	0	0	0	15.00
16.00	Accumulated depreciation	-46,083,292	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-6,524,228	0	0	0	18.00
19.00	Fixed equipment	0	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	40,371,165	0	0	0	23.00
24.00	Accumulated depreciation	-34,950,010	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	178,688	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	20,458,229	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,057,231	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	7,649,906	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,707,137	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	55,227,918	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,012,927	0	0	0	37.00
38.00	Salaries, wages, and fees payable	165,250	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	24,833,621	0	0	0	40.00
41.00	Deferred income	62,901	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,951,624	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,026,323	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	55,342	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	39,138,619	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,193,961	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	76,220,284	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-20,992,366	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)	-20,992,366	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	55,227,918	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/24/2017 11:52 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-6,574,290		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-14,039,711			2.00
3.00	Total (sum of line 1 and line 2)		-20,614,001		0	3.00
4.00	OTHER	-388,351		0		4.00
5.00	INCREASE IN TEMP RESTRICTED ASSETS	9,623		0		5.00
6.00	INCREASE IN RESTRICTED ASSETS	363		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)		-378,365		0	10.00
11.00	Subtotal (line 3 plus line 10)		-20,992,366		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-20,992,366		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	OTHER		0			4.00
5.00	INCREASE IN TEMP RESTRICTED ASSETS		0			5.00
6.00	INCREASE IN RESTRICTED ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2017 11:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,013,637		9,013,637	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,436,182		2,436,182	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,493,251		3,493,251	7.00
8.00	NURSING FACILITY	291,105		291,105	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	15,234,175		15,234,175	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,871,853		3,871,853	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,871,853		3,871,853	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	19,106,028		19,106,028	17.00
18.00	Ancillary services	99,278,617	227,691,215	326,969,832	18.00
19.00	Outpatient services	56,753	4,767,695	4,824,448	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	0	22.00
23.00	AMBULANCE SERVICES	5,152	1,104	6,256	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROFESSIONAL FEES	46,116	931,575	977,691	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	118,492,666	233,391,589	351,884,255	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,881,972		29.00
30.00	OPERATING EXPENSES - OTHER	49,699			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)		49,699		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)		84,931,671		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-3

Date/Time Prepared:
2/24/2017 11:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	351,884,255	1.00
2.00	Less contractual allowances and discounts on patients' accounts	279,027,398	2.00
3.00	Net patient revenues (line 1 minus line 2)	72,856,857	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,931,671	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,074,814	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	419,415	6.00
7.00	Income from investments	306,129	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	474,610	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	45,762	17.00
18.00	Revenue from sale of medical records and abstracts	414	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	288,303	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	1,719,522	24.00
24.01	EHR	959,705	24.01
25.00	Total other income (sum of lines 6-24)	4,213,860	25.00
26.00	Total (line 5 plus line 25)	-7,860,954	26.00
27.00	MINORITY INTEREST	6,178,757	27.00
27.01	FOUNDATION ASSETS RELEASED	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	6,178,757	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-14,039,711	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0052	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/24/2017 11:52 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		752,194	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,915	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)		29.40	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		755,109	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