

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/15/2016 5:13 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/15/2016 Time: 5:13 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OAK PARK HOSPITAL (140063) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title 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	-169,087	-19,084	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	13,526	-68		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	283	18		0	7.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-155,278	-19,134	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/15/2016 4:23 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00	3.00	4.00	1.00
1.00 Street: 520 SOUTH MAPLE	PO Box:	Zip Code: 60603-	County: COOK	2.00
2.00 City: OAK PARK	State: IL			

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:									
3.00 Hospital	OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	OAK PARK HOSPITAL REHABILITATION UNIT	14T063	16974	5	01/01/1992	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF	SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00

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

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
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.	2,048	736	0	0	230	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	37	21	0	0	11		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/15/2016 4:23 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							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
				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	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		0 118.01
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/15/2016 4:23 pm	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - I PF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N
					1.00
165.00	Multi campus 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
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
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.				N
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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/15/2016 4:23 pm
			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)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/15/2016 4:23 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/01/2016	Y	09/01/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/15/2016 4:23 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELVY	YAP		41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030	ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/15/2016 4:23 pm
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE	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: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	151	55,266	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)		151	55,266	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	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						13.00
14.00 Total (see instructions)		165	60,390	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,176		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,176		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	7,916	2,571	14,148			1.00
2.00 HMO and other (see instructions)	1,706	230				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	11				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)	7,916	2,571	14,148			7.00
8.00 INTENSIVE CARE UNIT	1,508	213	2,921			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)	9,424	2,784	17,069	5.43	734.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	599	58	860	0.00	9.67	17.00
18.00 SUBPROVIDER		0	0	0.00	23.40	18.00
19.00 SKILLED NURSING FACILITY	4,100	0	5,396	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.43	767.77	27.00
28.00 Observation Bed Days		0	1,701			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

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	2,120	173	4,207	1.00
2.00 HMO and other (see instructions)			369	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,120	173	4,207	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	53	2	76	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/15/2016 4:23 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	53,605,330	0	53,605,330	1,574,620.00	34.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		442,552	0	442,552	5,838.00	75.81	3.00
4.00	Physician-Part A - Administrative		222,599	0	222,599	1,768.00	125.90	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		3,573,850	0	3,573,850	27,135.00	131.71	5.00
6.00	Non-physician-Part B		404,047	0	404,047	8,267.00	48.87	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		216,890	0	216,890	11,398.00	19.03	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,300,937	0	1,300,937	48,593.00	26.77	9.00
10.00	Excluded area salaries (see instructions)		8,091,069	0	8,091,069	177,244.00	45.65	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		735,711	0	735,711	25,975.00	28.32	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		158,000	0	158,000	1,134.00	139.33	13.00
14.00	Home office salaries & wage-related costs		625,926	0	625,926	2,080.00	300.93	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,535,580	0	9,535,580			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,783,242	0	1,783,242			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		74,904	0	74,904			21.00
22.00	Physician Part A - Administrative		34,370	0	34,370			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		512,319	0	512,319			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	301,117	0	301,117	12,329.00	24.42	26.00
27.00	Administrative & General	5.00	5,101,709	0	5,101,709	153,434.00	33.25	27.00
28.00	Administrative & General under contract (see inst.)		84,657	0	84,657	325.00	260.48	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	784,008	0	784,008	24,500.00	32.00	30.00
31.00	Laundry & Linen Service	8.00	62,404	0	62,404	4,547.00	13.72	31.00
32.00	Housekeeping	9.00	573,113	0	573,113	40,417.00	14.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	693,732	-436,564	257,168	16,914.00	15.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	436,564	436,564	34,309.00	12.72	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,110,452	0	2,110,452	56,638.00	37.26	38.00
39.00	Central Services and Supply	14.00	372,097	0	372,097	18,171.00	20.48	39.00
40.00	Pharmacy	15.00	1,209,193	0	1,209,193	27,976.00	43.22	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 710,933	0	710,933	27,133.00	26.20	41.00
42.00	Social Service	17.00 631,963	0	631,963	14,712.00	42.96	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part III Date/Time Prepared: 11/15/2016 4:23 pm
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	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)	49,052,648	0	49,052,648	1,522,307.00	32.22	1.00
2.00	Excluded area salaries (see instructions)	9,392,006	0	9,392,006	225,837.00	41.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,660,642	0	39,660,642	1,296,470.00	30.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,519,637	0	1,519,637	29,189.00	52.06	4.00
5.00	Subtotal wage-related costs (see inst.)	9,569,950	0	9,569,950	0.00	24.13	5.00
6.00	Total (sum of lines 3 thru 5)	50,750,229	0	50,750,229	1,325,659.00	38.28	6.00
7.00	Total overhead cost (see instructions)	12,635,378	0	12,635,378	431,405.00	29.29	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/15/2016 4:23 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,029,879	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,674,468	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		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)		4,318,787	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		341,351	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		32,635	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		253,653	14.00
15.00	'Workers' Compensation Insurance		373,680	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,784,983	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		57,404	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		73,575	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,940,415	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: 140063

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

Worksheet S-3
Part V
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	735,711	0	1.00
2.00	Hospital	735,711	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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
11/15/2016 4:23 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				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	0	0	0 4.00
5.00		RVX	0	0	0 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	280	0	280 12.00
13.00		RUB	543	0	543 13.00
14.00		RUA	1,507	0	1,507 14.00
15.00		RVC	229	0	229 15.00
16.00		RVB	209	0	209 16.00
17.00		RVA	903	0	903 17.00
18.00		RHC	63	0	63 18.00
19.00		RHB	58	0	58 19.00
20.00		RHA	190	0	190 20.00
21.00		RMC	27	0	27 21.00
22.00		RMB	17	0	17 22.00
23.00		RMA	13	0	13 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	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	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	3	0	3 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	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	7	0	7 47.00
48.00		CD1	2	0	2 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	6	0	6 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	7	0	7 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	10	0	10 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	3	0	3 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: 140063

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

Worksheet S-7

Date/Time Prepared:
11/15/2016 4:23 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	4	0	4	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	1	0	1	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	9	0	9	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	9	0	9	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,100	0	4,100	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).	16974	16974	201.00
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		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)	3,994,389			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/15/2016 4:23 pm
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			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)		0.237418	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,162,256	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?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,137,196	5.00	
6.00	Medicaid charges		59,884,010	6.00	
7.00	Medicaid cost (line 1 times line 6)		14,217,542	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)		2,918,090	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (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, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,918,090	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,441,353	292,277	9,733,630	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,241,547	69,392	2,310,939	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,241,547	69,392	2,310,939	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,954,059	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		570,299	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,383,760	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		803,366	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,114,305	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,032,395	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		2,947,524			1,013,829	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0		2,700,674	2,700,674	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	301,117	12,958,929	13,260,046	-3,950	13,256,096	4.00
5.01 00540	NONPATIENT TELEPHONES	0	269,316	269,316	0	269,316	5.01
5.02 00550	DATA PROCESSING	360,492	638,516	999,008	-600	998,408	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	292,436	-17,446	274,990	25,448	300,438	5.03
5.04 00570	ADMINISTRATIVE	795,163	133,909	929,072	-7,108	921,964	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	3,653,618	11,962,908	15,616,526	-60,791	15,555,735	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	784,008	4,699,228	5,483,236	-1,264	5,481,972	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	62,404	36,812	99,216	0	99,216	8.00
9.00 00900	HOUSEKEEPING	573,113	785,189	1,358,302	-288,760	1,069,542	9.00
10.00 01000	DIETARY	693,732	1,341,371	2,035,103	-1,290,585	744,518	10.00
11.00 01100	CAFETERIA	0	0	0	1,280,687	1,280,687	11.00
13.00 01300	NURSING ADMINISTRATION	2,110,452	227,766	2,338,218	-1,240	2,336,978	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	372,097	866,519	1,238,616	-715,322	523,294	14.00
15.00 01500	PHARMACY	1,209,193	3,240,902	4,450,095	-2,779,569	1,670,526	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	710,933	338,557	1,049,490	-4,500	1,044,990	16.00
17.00 01700	SOCIAL SERVICE	631,963	46,227	678,190	0	678,190	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	356,177	356,177	0	356,177	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	6,387,773	724,582	7,112,355	-45,196	7,067,159	30.00
31.00 03100	INTENSIVE CARE UNIT	2,511,045	486,330	2,997,375	-56,752	2,940,623	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	645,457	335,797	981,254	-9,257	971,997	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400	SKILLED NURSING FACILITY	1,300,937	156,539	1,457,476	-31,160	1,426,316	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,249,538	9,907,754	13,157,292	-6,131,550	7,025,742	50.00
50.01 05001	ENDOSCOPY	677,311	444,749	1,122,060	-86,408	1,035,652	50.01
51.00 05100	RECOVERY ROOM	860,735	21,891	882,626	-400	882,226	51.00
53.00 05300	ANESTHESIOLOGY	466,678	425,805	892,483	0	892,483	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,864,153	3,349,715	6,213,868	-585,989	5,627,879	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	524,874	592,217	1,117,091	-25,642	1,091,449	56.00
56.01 05602	ULTRASOUND/VASC LAB	483,938	53,109	537,047	0	537,047	56.01
57.00 05700	CT SCAN	657,436	377,687	1,035,123	0	1,035,123	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	1,775,670	1,399,843	3,175,513	-3,150	3,172,363	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	166,136	280,884	447,020	0	447,020	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	468,377	268,454	736,831	-20,377	716,454	65.00
66.00 06600	PHYSICAL THERAPY	1,024,799	253,891	1,278,690	-2,360	1,276,330	66.00
67.00 06700	OCCUPATIONAL THERAPY	519,307	8,723	528,030	0	528,030	67.00
68.00 06800	SPEECH PATHOLOGY	125,272	2,343	127,615	0	127,615	68.00
69.00 06900	ELECTROCARDIOLOGY	466,279	251,539	717,818	-165	717,653	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	58,002	20,094	78,096	0	78,096	70.00
70.01 07001	SLEEP LAB	0	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	710,130	710,130	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,862,556	6,862,556	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,779,569	2,779,569	73.00
74.00 07400	RENAL DIALYSIS	0	373,112	373,112	0	373,112	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	1,095,487	476,800	1,572,287	-3,350	1,568,937	90.00
90.01 09001	WOUND CARE	488,532	284,460	772,992	-33,412	739,580	90.01
90.02 09002	PULMONARY REHAB	101,649	41,117	142,766	0	142,766	90.02
90.03 09003	SPIRE CENTER	0	0	0	0	0	90.03
90.04 09004	RUSH HEART CENTER	0	193,088	193,088	-1,085	192,003	90.04
91.00 09100	EMERGENCY	6,689,612	1,212,757	7,902,369	-235,427	7,666,942	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,159,718	62,775,684	108,935,402	0	108,935,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,445,612	2,869,442	10,315,054	0	10,315,054	192.00
200.00		TOTAL (SUM OF LINES 118-199)	53,605,330	65,645,126	119,250,456	0	119,250,456	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	294,677	1,308,506	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	437,964	3,138,638	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-410	13,255,686	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	150,378	5.01
5.02	00550	DATA PROCESSING	-150	998,258	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	300,438	5.03
5.04	00570	ADMITTING	0	921,964	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-4,304,523	11,251,212	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,481,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	99,216	8.00
9.00	00900	HOUSEKEEPING	0	1,069,542	9.00
10.00	01000	DIETARY	0	744,518	10.00
11.00	01100	CAFETERIA	-394,594	886,093	11.00
13.00	01300	NURSING ADMINISTRATION	-2,307	2,334,671	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-48,523	474,771	14.00
15.00	01500	PHARMACY	0	1,670,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,044,990	16.00
17.00	01700	SOCIAL SERVICE	0	678,190	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-140,828	215,349	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,067,159	30.00
31.00	03100	INTENSIVE CARE UNIT	-20,000	2,920,623	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-263,052	708,945	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	-9,636	1,416,680	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,777	7,011,965	50.00
50.01	05001	ENDOSCOPY	-70,000	965,652	50.01
51.00	05100	RECOVERY ROOM	0	882,226	51.00
53.00	05300	ANESTHESIOLOGY	-50,000	842,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,738	5,621,141	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-21,758	1,069,691	56.00
56.01	05602	ULTRASOUND/VASC LAB	-76	536,971	56.01
57.00	05700	CT SCAN	0	1,035,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-112,415	3,059,948	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-1,278	445,742	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-39,400	677,054	65.00
66.00	06600	PHYSICAL THERAPY	0	1,276,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	528,030	67.00
68.00	06800	SPEECH PATHOLOGY	-690	126,925	68.00
69.00	06900	ELECTROCARDIOLOGY	-61,255	656,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,100	67,996	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	710,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,862,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,779,569	73.00
74.00	07400	RENAL DIALYSIS	0	373,112	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-694,267	874,670	90.00
90.01	09001	WOUND CARE	-24,000	715,580	90.01
90.02	09002	PULMONARY REHAB	-5,718	137,048	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-192,003	0	90.04
91.00	09100	EMERGENCY	-2,735,219	4,931,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,609,014	100,326,388	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,315,054	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-8,609,014	110,641,442	200.00

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6

Date/Time Prepared:
11/15/2016 4:23 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - POSTAGE						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	29,225	1.00	
	O		0	29,225		
B - CAPITAL RELATED INSURANCE						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,014	1.00	
	O		0	3,014		
C - CLINITRON BEDS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,511	1.00	
	O		0	2,511		
D - CHARGEABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	710,130	1.00	
	O		0	710,130		
E - CAFETERIA						
1.00	CAFETERIA	11.00	436,564	844,123	1.00	
	O		436,564	844,123		
F - RENTALS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	761,454	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	O		0	761,454		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,933,695	1.00	
	O		0	1,933,695		
H - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,779,569	1.00	
	O		0	2,779,569		
I - HEART CENTER RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	1,085	1.00	
	O		0	1,085		
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,862,556	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	
	O		0	6,862,556		
500.00	Grand Total: Increases		436,564	13,927,362	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6

Date/Time Prepared:
11/15/2016 4:23 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - POSTAGE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	29,225	0		1.00
	O		0	29,225			
B - CAPITAL RELATED INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,014	12		1.00
	O		0	3,014			
C - CLINIC BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,511	10		1.00
	O		0	2,511			
D - CHARGEABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	710,130	0		1.00
	O		0	710,130			
E - CAFETERIA							
1.00	DIETARY	10.00	436,564	844,123	0		1.00
	O		436,564	844,123			
F - RENTALS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,950	10		1.00
2.00	DATA PROCESSING	5.02	0	600	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	3,777	0		3.00
4.00	ADMINISTRATIVE	5.04	0	7,108	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,552	0		5.00
6.00	OPERATION OF PLANT	7.00	0	1,264	0		6.00
7.00	HOUSEKEEPING	9.00	0	288,760	0		7.00
8.00	DIETARY	10.00	0	9,898	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	1,240	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,511	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,500	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	45,196	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	56,752	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	9,257	0		14.00
15.00	SKILLED NURSING FACILITY	44.00	0	31,160	0		15.00
16.00	OPERATING ROOM	50.00	0	20,852	0		16.00
17.00	ENDOSCOPY	50.01	0	86,408	0		17.00
18.00	RECOVERY ROOM	51.00	0	400	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,320	0		19.00
20.00	LABORATORY	60.00	0	3,150	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	20,377	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,360	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,250	0		23.00
24.00	CLINIC	90.00	0	3,350	0		24.00
25.00	WOUND CARE	90.01	0	2,390	0		25.00
26.00	EMERGENCY	91.00	0	6,072	0		26.00
	O		0	761,454			
G - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,933,695	9		1.00
	O		0	1,933,695			
H - DRUGS SOLD							
1.00	PHARMACY	15.00	0	2,779,569	0		1.00
	O		0	2,779,569			
I - HEART CENTER RECLASS							
1.00	RUSH HEART CENTER	90.04	0	1,085	0		1.00
	O		0	1,085			
J - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	170	0		1.00
2.00	OPERATING ROOM	50.00	0	6,110,698	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	465,669	0		3.00
4.00	RADIOISOTOPE	56.00	0	25,642	0		4.00
5.00	WOUND CARE	90.01	0	31,022	0		5.00
6.00	EMERGENCY	91.00	0	229,355	0		6.00
	O		0	6,862,556			
500.00	Grand Total: Decreases		436,564	13,927,362			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

		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	11,002,352	0	0	0	2,722,136	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	38,435,759	4,462,516	0	4,462,516	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	35,330,474	2,620,086	0	2,620,086	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	84,768,585	7,082,602	0	7,082,602	2,722,136	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	84,768,585	7,082,602	0	7,082,602	2,722,136	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,280,216	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	42,898,275	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	37,950,560	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,129,051	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	89,129,051	0	0	0	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,947,524	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,947,524	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,947,524				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,947,524				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part III
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	51,178,491	0	51,178,491	0.574207	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	37,950,560	0	37,950,560	0.425793	0	2.00
3.00	Total (sum of lines 1-2)	89,129,051	0	89,129,051	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,308,506	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,371,659	763,965	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,680,165	763,965	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,308,506	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	3,014	0	0	3,138,638	2.00
3.00	Total (sum of lines 1-2)	0	3,014	0	0	4,447,144	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-118,938	0	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,076,081	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-394,594	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	294,677	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	437,964	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

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	
33.00 OTHER MI SC	B	-3,924	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.00
33.01 PHYSICIAN RECRUTING	B	-82,550	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.01
33.02 INFO CENTER	B	-71	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.02
33.03 EMPLOYEE IDS	B	-410	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.05 PRRVIDER ASSESSMENT TAX	B	-2,893,781	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.05
34.00 INTEREST INCOME	B	-17,410	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 34.00
34.01 MEDICAL EXEC INCOME	A	-141,538	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 34.01
35.00 PULMONARY REHAB PROGRAM REVENUE	B	-4,785	PULMONARY REHAB	90.02	0 35.00
36.00 NSGO REVENUE	B	-2,307	NURSING ADMINI STRATION	13.00	0 36.00
38.00 DIABETES ENDOCRINE OPERATING INCOME	B	-2,273	CLINIC	90.00	0 38.00
40.00 BREAST CENTER CLIENT REVENUE	B	-21,113	RADIO SOTOPE	56.00	0 40.00
41.00 LAB CLIENT REVENUE	B	-62,415	LABORATORY	60.00	0 41.00
42.00 BLOOD BANK CLIENT REVENUE	B	-1,278	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 42.00
43.00 SPEECH THERAPY CLIENTE REVENUE	B	-690	SPEECH PATHOLOGY	68.00	0 43.00
44.00 NUCLEAR MED CLIENT REVNUUE	B	-645	RADIO SOTOPE	56.00	0 44.00
45.00 DIAGNOSTIC CLIENT REVENUE	B	-6,738	RADIOLOGY-DIAGNOSTIC	54.00	0 45.00
45.01 ULTRA/VAS CLIENT REVENUE	B	-76	ULTRASOUND/VASC LAB	56.01	0 45.01
45.02 OTHER OPERATING INCOME	B	-404,903	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 45.02
45.03 CPD REVENUE	B	-48,523	CENTRAL SERVICES & SUPPLY	14.00	0 45.03
45.04 GAIN/LOSS ON ASSET DISPOSAL	B	-28,000	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 45.04
45.05 INFORMATION SERVICES OTHER OPERTING	B	-150	DATA PROCESSING	5.02	0 45.05
45.06 RT - CLIENT REVENUE	B	-19,400	RESPIRATORY THERAPY	65.00	0 45.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,609,014			50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:
11/15/2016 4:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	768,266	708,266	60,000	177,200	528	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	170,828	140,828	30,000	177,200	450	2.00
3.00	31.00	INTENSIVE CARE UNIT	20,000	20,000	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	263,052	263,052	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	9,636	9,636	0	0	0	5.00
6.00	50.00	OPERATING ROOM	24,000	0	24,000	177,200	120	6.00
7.00	50.01	ENDOSCOPY	70,000	70,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	50,000	50,000	0	0	0	8.00
9.00	60.00	LABORATORY	50,000	50,000	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	20,000	20,000	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	61,255	61,255	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	10,100	10,100	0	0	0	12.00
13.00	90.00	CLINIC	726,994	691,994	35,000	177,200	520	13.00
14.00	90.01	WOUND CARE	24,000	24,000	0	0	0	14.00
15.00	90.02	PULMONARY REHAB	4,000	0	4,000	177,200	36	15.00
16.00	90.04	RUSH HEART CENTER	192,003	192,003	0	0	0	16.00
17.00	91.00	EMERGENCY	2,841,539	2,653,940	187,599	177,200	1,248	17.00
200.00			5,305,673	4,965,074	340,599		2,902	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	44,982	2,249	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,337	1,917	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	10,223	511	0	0	0	6.00
7.00	50.01	ENDOSCOPY	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	44,300	2,215	0	0	0	13.00
14.00	90.01	WOUND CARE	0	0	0	0	0	14.00
15.00	90.02	PULMONARY REHAB	3,067	153	0	0	0	15.00
16.00	90.04	RUSH HEART CENTER	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	106,320	5,316	0	0	0	17.00
200.00			247,229	12,361	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	44,982	15,018	723,284	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,337	0	140,828	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	20,000	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	263,052	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	9,636	5.00
6.00	50.00	OPERATING ROOM	0	10,223	13,777	13,777	6.00
7.00	50.01	ENDOSCOPY	0	0	0	70,000	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	50,000	8.00
9.00	60.00	LABORATORY	0	0	0	50,000	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	20,000	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	61,255	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	10,100	12.00
13.00	90.00	CLINIC	0	44,300	0	691,994	13.00
14.00	90.01	WOUND CARE	0	0	0	24,000	14.00
15.00	90.02	PULMONARY REHAB	0	3,067	933	933	15.00
16.00	90.04	RUSH HEART CENTER	0	0	0	192,003	16.00
17.00	91.00	EMERGENCY	0	106,320	81,279	2,735,219	17.00
200.00			0	247,229	111,007	5,076,081	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,308,506	1,308,506				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,138,638		3,138,638			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13,255,686	16,803	4,506	13,276,995		4.00
5.01 00540 NONPATIENT TELEPHONES	150,378	1,450	2,525	0	154,353	5.01
5.02 00550 DATA PROCESSING	998,258	13,380	235,399	89,791	3,072	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	300,438	39,565	12,472	72,840	4,096	5.03
5.04 00570 ADMINITTING	921,964	10,096	13,212	198,059	3,328	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	14,968	61,112	0	6,143	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	11,251,212	57,833	91,985	910,043	18,428	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	5,481,972	483,147	76,331	195,281	8,191	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	99,216	5,639	566	15,544	0	8.00
9.00 00900 HOUSEKEEPING	1,069,542	10,425	11,542	142,751	1,024	9.00
10.00 01000 DIETARY	744,518	49,747	19,676	64,055	6,399	10.00
11.00 01100 CAFETERIA	886,093	0	0	108,739	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,334,671	11,838	53,376	525,671	3,328	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	474,771	25,323	48,921	92,682	1,792	14.00
15.00 01500 PHARMACY	1,670,526	7,409	18,562	301,186	2,560	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,044,990	20,004	71,413	177,079	9,215	16.00
17.00 01700 SOCIAL SERVICE	678,190	1,951	323	157,409	768	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	215,349	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,067,159	83,784	116,530	1,591,066	13,055	30.00
31.00 03100 INTENSIVE CARE UNIT	2,920,623	23,048	135,845	625,451	4,864	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	708,945	34,856	18,902	160,770	8,191	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	1,416,680	48,356	19,753	324,037	4,608	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,011,965	61,194	250,937	809,395	7,679	50.00
50.01 05001 ENDOSCOPY	965,652	12,528	93,556	168,705	4,608	50.01
51.00 05100 RECOVERY ROOM	882,226	4,971	10,986	214,392	0	51.00
53.00 05300 ANESTHESIOLOGY	842,483	1,179	56,351	116,240	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,621,141	44,441	533,983	713,403	7,679	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,069,691	43,277	440,615	130,736	6,143	56.00
56.01 05602 ULTRASOUND/VASC LAB	536,971	1,835	97,330	120,539	1,024	56.01
57.00 05700 CT SCAN	1,035,123	1,530	223,677	163,754	768	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,059,948	29,906	89,927	442,284	9,471	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	445,742	1,681	91	41,381	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	677,054	5,140	83,543	116,663	2,560	65.00
66.00 06600 PHYSICAL THERAPY	1,276,330	30,189	14,201	255,257	2,048	66.00
67.00 06700 OCCUPATIONAL THERAPY	528,030	3,971	1,965	129,349	512	67.00
68.00 06800 SPEECH PATHOLOGY	126,925	720	229	31,203	768	68.00
69.00 06900 ELECTROCARDIOLOGY	656,398	3,703	56,722	116,141	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	67,996	748	2,675	14,447	256	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	710,130	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,862,556	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,779,569	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	373,112	0	162	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	874,670	56,190	31,778	272,864	5,887	90.00
90.01 09001 WOUND CARE	715,580	12,962	9,663	121,684	512	90.01
90.02 09002 PULMONARY REHAB	137,048	0	7,732	25,319	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,931,723	28,493	60,429	1,666,249	4,864	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,326,388	1,304,280	3,079,503	11,422,459	153,841	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,241	81	0	512	190.00
190.01	19001	ADC	0	0	12,938	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,315,054	985	46,116	1,854,536	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	110,641,442	1,308,506	3,138,638	13,276,995	154,353	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	1,339,900				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,627	433,038			5.03
5.04	00570	ADMINITTING	12,254	1,504	1,160,417		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,940	0	84,163	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	206,023	3,683	0	0	12,539,207
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	72,324	555	0	0	6,317,801
8.00	00800	LAUNDRY & LINEN SERVICE	1,309	34	0	0	122,308
9.00	00900	HOUSEKEEPING	17,916	33	0	0	1,253,233
10.00	01000	DIETARY	26,843	1,163	0	0	912,401
11.00	01100	CAFETERIA	0	0	0	0	994,832
13.00	01300	NURSING ADMINISTRATION	30,841	537	0	0	2,960,262
14.00	01400	CENTRAL SERVICES & SUPPLY	16,337	36,193	0	0	696,019
15.00	01500	PHARMACY	58,697	10,919	0	0	2,069,859
16.00	01600	MEDICAL RECORDS & LIBRARY	13,843	1,103	0	0	1,337,647
17.00	01700	SOCIAL SERVICE	8,945	65	0	0	847,651
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,698	40	0	0	220,087
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,812	14,355	66,136	4,805	9,050,702
31.00	03100	INTENSIVE CARE UNIT	39,535	6,207	24,632	1,790	3,781,995
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	12,943	2,161	3,499	254	950,521
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	19,224	2,162	11,436	831	1,847,087
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	173,545	179,634	158,099	11,486	8,663,934
50.01	05001	ENDOSCOPY	14,800	12,568	29,975	2,178	1,304,570
51.00	05100	RECOVERY ROOM	11,642	284	23,973	1,742	1,150,216
53.00	05300	ANESTHESIOLOGY	11,772	24,055	48,828	3,547	1,104,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,961	60,253	137,962	10,023	7,210,846
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	14,734	3,174	20,411	1,483	1,730,264
56.01	05602	ULTRASOUND/VASC LAB	7,084	1,365	17,273	1,255	784,676
57.00	05700	CT SCAN	13,653	2,631	73,167	5,316	1,519,619
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	41,885	17,021	176,060	12,646	3,879,148
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,896	694	6,151	447	502,083
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,719	6,564	13,939	1,013	916,195
66.00	06600	PHYSICAL THERAPY	16,866	2,716	19,861	1,443	1,618,911
67.00	06700	OCCUPATIONAL THERAPY	6,965	1,954	8,313	604	681,663
68.00	06800	SPEECH PATHOLOGY	1,683	99	2,350	171	164,148
69.00	06900	ELECTROCARDIOLOGY	9,468	1,876	28,360	2,060	874,728
70.00	07000	ELECTROENCEPHALOGRAPHY	1,030	132	492	36	87,812
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,486	108	711,724
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	62,444	4,537	6,929,537
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	75,804	5,507	2,860,880
74.00	07400	RENAL DIALYSIS	4,921	0	5,771	419	384,385
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	20,738	2,450	10,070	732	1,275,379
90.01	09001	WOUND CARE	10,196	5,934	10,096	734	887,361
90.02	09002	PULMONARY REHAB	1,883	77	1,199	87	173,345
90.03	09003	SPIRE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	104,232	19,136	122,630	8,909	6,946,665
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,203,844	425,271	1,160,417	84,163	98,264,156	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	3,836	190.00
190.01	19001 ADC	0	379	0	0	13,317	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	136,056	7,386	0	0	12,360,133	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,339,900	433,038	1,160,417	84,163	110,641,442	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,539,207				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	807,529	0	7,125,330		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,633	0	59,856	197,797	8.00
9.00	00900	HOUSEKEEPING	160,186	0	110,662	0	1,524,081
10.00	01000	DIETARY	116,621	0	528,056	0	47,294
11.00	01100	CAFETERIA	127,157	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	378,375	0	125,659	0	13,775
14.00	01400	CENTRAL SERVICES & SUPPLY	88,964	0	268,798	2,157	22,958
15.00	01500	PHARMACY	264,565	0	78,643	865	12,009
16.00	01600	MEDICAL RECORDS & LIBRARY	170,975	0	212,340	0	32,318
17.00	01700	SOCIAL SERVICE	108,345	0	20,714	0	3,249
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	28,131	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,156,843	0	889,357	45,198	310,329
31.00	03100	INTENSIVE CARE UNIT	483,407	0	244,653	8,679	77,352
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	121,494	0	369,986	8,968	81,414
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	236,091	0	513,288	12,112	110,200
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,107,407	0	649,566	33,686	185,503
50.01	05001	ENDOSCOPY	166,748	0	132,978	4,969	13,775
51.00	05100	RECOVERY ROOM	147,018	0	52,766	4,083	9,183
53.00	05300	ANESTHESIOLOGY	141,169	0	12,514	0	22,958
54.00	05400	RADIOLOGY-DIAGNOSTIC	921,676	0	471,729	16,245	109,635
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	221,159	0	459,378	2,187	34,967
56.01	05602	ULTRASOUND/VASC LAB	100,296	0	19,473	0	9,183
57.00	05700	CT SCAN	194,235	0	16,238	0	4,592
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	495,825	0	317,448	0	91,833
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,175	0	17,839	0	4,592
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	117,106	0	54,563	0	12,433
66.00	06600	PHYSICAL THERAPY	206,926	0	320,454	5,802	55,100
67.00	06700	OCCUPATIONAL THERAPY	87,129	0	42,148	2,429	15,011
68.00	06800	SPEECH PATHOLOGY	20,981	0	7,645	0	3,249
69.00	06900	ELECTROCARDIOLOGY	111,806	0	39,305	815	55,100
70.00	07000	ELECTROENCEPHALOGRAPHY	11,224	0	7,939	762	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,971	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	885,720	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	365,672	0	0	0	0
74.00	07400	RENAL DIALYSIS	49,131	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	163,016	0	596,440	669	61,599
90.01	09001	WOUND CARE	113,421	0	137,585	694	55,100
90.02	09002	PULMONARY REHAB	22,157	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	887,909	0	302,451	47,477	64,778
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,957,193	0	7,080,471	197,797	1,519,489	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	490	0	34,404	0	4,592	190.00
190.01	19001 ADC	1,702	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,579,822	0	10,455	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,539,207	0	7,125,330	197,797	1,524,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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To 06/30/2016

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,604,372					10.00
11.00	01100	0	1,121,989				11.00
13.00	01300	0	48,910	3,526,981			13.00
14.00	01400	0	15,687	0	1,094,583		14.00
15.00	01500	0	24,267	0	0	2,450,208	15.00
16.00	01600	0	23,387	0	0	0	16.00
17.00	01700	0	12,905	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,038,143	191,314	1,052,746	30,645	0	30.00
31.00	03100	107,180	62,479	343,918	15,031	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	63,105	17,320	95,352	4,715	0	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	395,944	41,946	230,836	4,559	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	78,095	429,466	318,714	0	50.00
50.01	05001	0	16,531	0	33,676	0	50.01
51.00	05100	0	17,626	97,036	718	0	51.00
53.00	05300	0	7,862	43,168	65,158	0	53.00
54.00	05400	0	76,515	0	152,060	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	13,408	0	6,440	0	56.00
56.01	05602	0	10,608	0	3,587	0	56.01
57.00	05700	0	15,041	0	6,673	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	59,572	0	39,048	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	4,649	0	1,916	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	13,838	0	17,642	0	65.00
66.00	06600	0	24,338	133,933	6,274	0	66.00
67.00	06700	0	11,954	65,660	5,086	0	67.00
68.00	06800	0	2,531	13,902	195	0	68.00
69.00	06900	0	13,156	72,632	4,489	0	69.00
70.00	07000	0	897	0	262	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	99,182	0	71.00
72.00	07200	0	0	0	179,180	0	72.00
73.00	07300	0	0	0	27,005	2,450,208	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	28,000	154,443	3,187	0	90.00
90.01	09001	0	12,438	68,529	15,343	0	90.01
90.02	09002	0	2,818	15,458	195	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	128,656	709,902	44,924	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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To 06/30/2016

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,604,372	976,748	3,526,981	1,085,904	2,450,208	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ADC	0	0	0	91	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	145,241	0	8,588	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,604,372	1,121,989	3,526,981	1,094,583	2,450,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,776,667				16.00
17.00 01700 SOCIAL SERVICE	0	992,864			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		248,218	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	101,249	935,970	0	248,218	15,050,714 30.00
31.00 03100 INTENSIVE CARE UNIT	37,709	0	0	0	5,162,403 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	5,356	56,894	0	0	1,775,125 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400 SKILLED NURSING FACILITY	17,507	0	0	0	3,409,570 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	242,035	0	0	0	11,708,406 50.00
50.01 05001 ENDOSCOPY	45,890	0	0	0	1,719,137 50.01
51.00 05100 RECOVERY ROOM	36,701	0	0	0	1,515,347 51.00
53.00 05300 ANESTHESIOLOGY	74,752	0	0	0	1,472,036 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	211,207	0	0	0	9,169,913 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	31,247	0	0	0	2,499,050 56.00
56.01 05602 ULTRASOUND/VASC LAB	26,443	0	0	0	954,266 56.01
57.00 05700 CT SCAN	112,012	0	0	0	1,868,410 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	269,704	0	0	0	5,152,578 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,416	0	0	0	604,670 62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	21,339	0	0	0	1,153,116 65.00
66.00 06600 PHYSICAL THERAPY	30,405	0	0	0	2,402,143 66.00
67.00 06700 OCCUPATIONAL THERAPY	12,726	0	0	0	923,806 67.00
68.00 06800 SPEECH PATHOLOGY	3,598	0	0	0	216,249 68.00
69.00 06900 ELECTROCARDIOLOGY	43,417	0	0	0	1,215,448 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	754	0	0	0	109,650 70.00
70.01 07001 SLEEP LAB	0	0	0	0	0 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,276	0	0	0	904,153 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	95,596	0	0	0	8,090,033 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	116,049	0	0	0	5,819,814 73.00
74.00 07400 RENAL DIALYSIS	8,835	0	0	0	442,351 74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	15,416	0	0	0	2,298,149 90.00
90.01 09001 WOUND CARE	15,457	0	0	0	1,305,928 90.01
90.02 09002 PULMONARY REHAB	1,836	0	0	0	215,809 90.02
90.03 09003 SPINE CENTER	0	0	0	0	0 90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100 EMERGENCY	187,735	0	0	0	9,320,497 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,776,667	992,864	0	248,218	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43,322	190.00
190.01 19001	ADC	0	0	0	15,110	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	14,104,239	192.00
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,776,667	992,864	0	248,218	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-248,218	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-248,218	96,230,553	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,322	190.00
190.01	19001	ADC	0	15,110	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,104,239	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-248,218	110,393,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,803	4,506	21,309	21,309 4.00
5.01 00540	NONPATIENT TELEPHONES	0	1,450	2,525	3,975	0 5.01
5.02 00550	DATA PROCESSING	0	13,380	235,399	248,779	144 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	39,565	12,472	52,037	117 5.03
5.04 00570	ADMITTING	0	10,096	13,212	23,308	318 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,968	61,112	76,080	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	57,833	91,985	149,818	1,461 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	483,147	76,331	559,478	314 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,639	566	6,205	25 8.00
9.00 00900	HOUSEKEEPING	0	10,425	11,542	21,967	229 9.00
10.00 01000	DIETARY	0	49,747	19,676	69,423	103 10.00
11.00 01100	CAFETERIA	0	0	0	0	175 11.00
13.00 01300	NURSING ADMINISTRATION	0	11,838	53,376	65,214	844 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	25,323	48,921	74,244	149 14.00
15.00 01500	PHARMACY	0	7,409	18,562	25,971	484 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	20,004	71,413	91,417	284 16.00
17.00 01700	SOCIAL SERVICE	0	1,951	323	2,274	253 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	83,784	116,530	200,314	2,555 30.00
31.00 03100	INTENSIVE CARE UNIT	0	23,048	135,845	158,893	1,004 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	34,856	18,902	53,758	258 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	0	48,356	19,753	68,109	520 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	61,194	250,937	312,131	1,300 50.00
50.01 05001	ENDOSCOPY	0	12,528	93,556	106,084	271 50.01
51.00 05100	RECOVERY ROOM	0	4,971	10,986	15,957	344 51.00
53.00 05300	ANESTHESIOLOGY	0	1,179	56,351	57,530	187 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	44,441	533,983	578,424	1,146 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	43,277	440,615	483,892	210 56.00
56.01 05602	ULTRASOUND/VASC LAB	0	1,835	97,330	99,165	194 56.01
57.00 05700	CT SCAN	0	1,530	223,677	225,207	263 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	29,906	89,927	119,833	710 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,681	91	1,772	66 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	5,140	83,543	88,683	187 65.00
66.00 06600	PHYSICAL THERAPY	0	30,189	14,201	44,390	410 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,971	1,965	5,936	208 67.00
68.00 06800	SPEECH PATHOLOGY	0	720	229	949	50 68.00
69.00 06900	ELECTROCARDIOLOGY	0	3,703	56,722	60,425	187 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	748	2,675	3,423	23 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	162	162	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	56,190	31,778	87,968	438 90.00
90.01 09001	WOUND CARE	0	12,962	9,663	22,625	195 90.01
90.02 09002	PULMONARY REHAB	0	0	7,732	7,732	41 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	0	28,493	60,429	88,922	2,676 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,304,280	3,079,503	4,383,783	18,343 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,241	81	3,322	0 190.00
190.01 19001	ADC	0	0	12,938	12,938	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	985	46,116	47,101	2,966 192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,308,506	3,138,638	4,447,144	21,309 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	3,975					5.01
5.02	00550	DATA PROCESSING	79	249,002				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	105	674	52,933			5.03
5.04	00570	ADMINISTRATIVE	86	2,277	184	26,173		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	158	0	237	0	76,475	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	474	38,305	450	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	211	13,439	68	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	243	4	0	0	8.00
9.00	00900	HOUSEKEEPING	26	3,329	4	0	0	9.00
10.00	01000	DIETARY	165	4,988	142	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	86	5,731	66	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	3,036	4,424	0	0	14.00
15.00	01500	PHARMACY	66	10,907	1,335	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	237	2,572	135	0	0	16.00
17.00	01700	SOCIAL SERVICE	20	1,662	8	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	873	5	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	336	17,432	1,755	1,502	4,366	30.00
31.00	03100	INTENSIVE CARE UNIT	125	7,347	759	559	1,626	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	211	2,405	264	79	231	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	119	3,572	264	260	755	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	198	32,249	21,959	3,589	10,437	50.00
50.01	05001	ENDOSCOPY	119	2,750	1,536	681	1,979	50.01
51.00	05100	RECOVERY ROOM	0	2,163	35	544	1,583	51.00
53.00	05300	ANESTHESIOLOGY	0	2,187	2,940	1,109	3,223	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198	15,230	7,365	3,132	9,107	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	158	2,738	388	463	1,347	56.00
56.01	05602	ULTRASOUND/VASC LAB	26	1,316	167	392	1,140	56.01
57.00	05700	CT SCAN	20	2,537	322	1,661	4,830	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	244	7,783	2,081	3,825	11,494	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,096	85	140	406	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	66	1,806	802	316	920	65.00
66.00	06600	PHYSICAL THERAPY	53	3,134	332	451	1,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	13	1,294	239	189	549	67.00
68.00	06800	SPEECH PATHOLOGY	20	313	12	53	155	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,759	229	644	1,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	191	16	11	33	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34	98	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,418	4,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,721	5,004	73.00
74.00	07400	RENAL DIALYSIS	0	914	0	131	381	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	152	3,854	299	229	665	90.00
90.01	09001	WOUND CARE	13	1,895	725	229	667	90.01
90.02	09002	PULMONARY REHAB	0	350	9	27	79	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	125	19,369	2,339	2,784	8,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE												
		5.01	5.02	5.03	5.04	5.05												
118.00		SUBTOTALS (SUM OF LINES 1-117)					3,962	223,720	51,984	26,173	76,475	118.00						
NONREIMBURSABLE COST CENTERS																		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN										13	0	0	0	0	0	190.00
190.01	19001	ADC										0	0	46	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES										0	25,282	903	0	0	0	192.00
200.00	Cross Foot Adjustments																	200.00
201.00	Negative Cost Centers											0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)											3,975	249,002	52,933	26,173	76,475	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm				
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00570	ADMINITTING				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	190,508			5.06		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	12,269	0	585,779	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	238	0	4,921	11,636	8.00	
9.00	00900	HOUSEKEEPING	2,434	0	9,098	0	37,087	9.00
10.00	01000	DIETARY	1,772	0	43,412	0	1,151	10.00
11.00	01100	CAFETERIA	1,932	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,749	0	10,331	0	335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,352	0	22,098	127	559	14.00
15.00	01500	PHARMACY	4,020	0	6,465	51	292	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,598	0	17,457	0	786	16.00
17.00	01700	SOCIAL SERVICE	1,646	0	1,703	0	79	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	427	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,576	0	73,111	2,659	7,551	30.00
31.00	03100	INTENSIVE CARE UNIT	7,345	0	20,113	511	1,882	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,846	0	30,417	528	1,981	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	3,587	0	42,198	712	2,682	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,825	0	53,401	1,982	4,514	50.00
50.01	05001	ENDOSCOPY	2,533	0	10,932	292	335	50.01
51.00	05100	RECOVERY ROOM	2,234	0	4,338	240	223	51.00
53.00	05300	ANESTHESIOLOGY	2,145	0	1,029	0	559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,003	0	38,781	956	2,668	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,360	0	37,766	129	851	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,524	0	1,601	0	223	56.01
57.00	05700	CT SCAN	2,951	0	1,335	0	112	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,533	0	26,098	0	2,235	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	975	0	1,467	0	112	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,779	0	4,486	0	303	65.00
66.00	06600	PHYSICAL THERAPY	3,144	0	26,345	341	1,341	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,324	0	3,465	143	365	67.00
68.00	06800	SPEECH PATHOLOGY	319	0	629	0	79	68.00
69.00	06900	ELECTROCARDIOLOGY	1,699	0	3,231	48	1,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171	0	653	45	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,382	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,457	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,556	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	746	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,477	0	49,034	39	1,499	90.00
90.01	09001	WOUND CARE	1,723	0	11,311	41	1,341	90.01
90.02	09002	PULMONARY REHAB	337	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	13,490	0	24,865	2,792	1,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	166,478	0	582,091	11,636	36,975	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	0	2,828	0	112	190.00
190.01	19001 ADC	26	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	23,997	0	860	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	190,508	0	585,779	11,636	37,087	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	121,156					10.00
11.00	01100	CAFETERIA	0	2,107				11.00
13.00	01300	NURSING ADMINISTRATION	0	92	88,448			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29	0	106,064		14.00
15.00	01500	PHARMACY	0	46	0	0	49,637	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	24	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,397	357	26,398	2,970	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,094	117	8,625	1,456	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,765	33	2,391	457	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	29,900	79	5,789	442	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	147	10,770	30,881	0	50.00
50.01	05001	ENDOSCOPY	0	31	0	3,263	0	50.01
51.00	05100	RECOVERY ROOM	0	33	2,433	70	0	51.00
53.00	05300	ANESTHESIOLOGY	0	15	1,083	6,314	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	144	0	14,734	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	25	0	624	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	20	0	348	0	56.01
57.00	05700	CT SCAN	0	28	0	647	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	112	0	3,784	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9	0	186	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	26	0	1,709	0	65.00
66.00	06600	PHYSICAL THERAPY	0	46	3,359	608	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22	1,647	493	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5	349	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	1,821	435	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	25	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,611	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,617	49,637	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	53	3,873	309	0	90.00
90.01	09001	WOUND CARE	0	23	1,719	1,487	0	90.01
90.02	09002	PULMONARY REHAB	0	5	388	19	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	242	17,803	4,353	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	121,156	1,834	88,448	105,223	49,637	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ADC	0	0	0	9	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	273	0	832	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	121,156	2,107	88,448	106,064	49,637	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	115,530			16.00
17.00 01700	SOCIAL SERVICE	0	7,669		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,305	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	6,584	7,230		451,093
31.00 03100	INTENSIVE CARE UNIT	2,452	0		220,908
40.00 04000	SUBPROVIDER - IPF	0	0		0
41.00 04100	SUBPROVIDER - IRF	348	439		100,411
42.00 04200	SUBPROVIDER	0	0		0
44.00 04400	SKILLED NURSING FACILITY	1,138	0		160,126
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	15,738	0		516,121
50.01 05001	ENDOSCOPY	2,984	0		133,790
51.00 05100	RECOVERY ROOM	2,386	0		32,583
53.00 05300	ANESTHESIOLOGY	4,861	0		83,182
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,734	0		699,622
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0
56.00 05600	RADIOISOTOPE	2,032	0		533,983
56.01 05602	ULTRASOUND/VASC LAB	1,719	0		107,835
57.00 05700	CT SCAN	7,283	0		247,196
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0
59.00 05900	CARDIAC CATHETERIZATION	0	0		0
60.00 06000	LABORATORY	17,543	0		203,275
60.01 06001	BLOOD LABORATORY	0	0		0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	612	0		6,926
64.00 06400	INTRAVENOUS THERAPY	0	0		0
65.00 06500	RESPIRATORY THERAPY	1,388	0		102,471
66.00 06600	PHYSICAL THERAPY	1,977	0		87,242
67.00 06700	OCCUPATIONAL THERAPY	828	0		16,715
68.00 06800	SPEECH PATHOLOGY	234	0		3,186
69.00 06900	ELECTROCARDIOLOGY	2,823	0		76,539
70.00 07000	ELECTROENCEPHALOGRAPHY	49	0		4,649
70.01 07001	SLEEP LAB	0	0		0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	148	0		11,273
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,216	0		42,575
73.00 07300	DRUGS CHARGED TO PATIENTS	7,546	0		72,081
74.00 07400	RENAL DIALYSIS	574	0		2,908
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0		0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0
90.00 09000	CLINIC	1,002	0		151,891
90.01 09001	WOUND CARE	1,005	0		44,999
90.02 09002	PULMONARY REHAB	119	0		9,106
90.03 09003	SPINE CENTER	0	0		0
90.04 09004	RUSH HEART CENTER	0	0		0
91.00 09100	EMERGENCY	12,207	0		201,638
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0		0
SPECIAL PURPOSE COST CENTERS					
109.00 10900	PANCREAS ACQUISITION	0	0		0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	0	0			0	110.00
111.00 11100	0	0			0	111.00
118.00	115,530	7,669	0	0	4,324,324	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0			6,282	190.00
190.01 19001	0	0			13,019	190.01
192.00 19200	0	0			102,214	192.00
200.00			0	1,305	1,305	200.00
201.00	0	0	0	0	0	201.00
202.00	115,530	7,669	0	1,305	4,447,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/15/2016 4:23 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	451,093	30.00
31.00	03100	INTENSIVE CARE UNIT	0	220,908	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	100,411	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	160,126	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	516,121	50.00
50.01	05001	ENDOSCOPY	0	133,790	50.01
51.00	05100	RECOVERY ROOM	0	32,583	51.00
53.00	05300	ANESTHESIOLOGY	0	83,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	699,622	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	533,983	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	107,835	56.01
57.00	05700	CT SCAN	0	247,196	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	203,275	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,926	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	102,471	65.00
66.00	06600	PHYSICAL THERAPY	0	87,242	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,715	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,186	68.00
69.00	06900	ELECTROCARDIOLOGY	0	76,539	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,649	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,273	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	72,081	73.00
74.00	07400	RENAL DIALYSIS	0	2,908	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	151,891	90.00
90.01	09001	WOUND CARE	0	44,999	90.01
90.02	09002	PULMONARY REHAB	0	9,106	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	201,638	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,324,324	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,282	190.00
190.01	19001	ADC	0	13,019	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	102,214	192.00
200.00		Cross Foot Adjustments	0	1,305	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,447,144	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	425,111				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	53,304,213		4.00
5.01	00540	NONPATIENT TELEPHONES	471	1,530	0	603	5.01
5.02	00550	DATA PROCESSING	4,347	142,657	360,492	12	101,581,463
5.03	00560	PURCHASING RECEIVING AND STORES	12,854	7,558	292,436	16	274,990
5.04	00570	ADMINISTRATIVE	3,280	8,007	795,163	13	929,071
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	3,653,618	72	15,616,525
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	156,966	46,258	784,008	32	5,483,235
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	62,404	8	99,216
9.00	00900	HOUSEKEEPING	3,387	6,995	573,113	4	1,358,301
10.00	01000	DIETARY	16,162	11,924	257,168	25	2,035,103
11.00	01100	CAFETERIA	0	0	436,564	0	0
13.00	01300	NURSING ADMINISTRATION	3,846	32,347	2,110,452	13	2,338,218
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	372,097	7	1,238,616
15.00	01500	PHARMACY	2,407	11,249	1,209,193	10	4,450,094
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	710,933	36	1,049,490
17.00	01700	SOCIAL SERVICE	634	196	631,963	3	678,190
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	356,177
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,220	70,620	6,387,773	51	7,112,354
31.00	03100	INTENSIVE CARE UNIT	7,488	82,325	2,511,045	19	2,997,375
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,324	11,455	645,457	32	981,255
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	15,710	11,971	1,300,937	18	1,457,475
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,881	152,073	3,249,538	30	13,157,293
50.01	05001	ENDOSCOPY	4,070	56,697	677,311	18	1,122,060
51.00	05100	RECOVERY ROOM	1,615	6,658	860,735	0	882,626
53.00	05300	ANESTHESIOLOGY	383	34,150	466,678	0	892,483
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	2,864,153	30	6,213,868
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	14,060	267,022	524,874	24	1,117,091
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	483,938	4	537,046
57.00	05700	CT SCAN	497	135,553	657,436	3	1,035,122
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,716	54,498	1,775,670	37	3,175,512
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	166,136	0	447,020
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,670	50,629	468,377	10	736,831
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,024,799	8	1,278,690
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	519,307	2	528,029
68.00	06800	SPEECH PATHOLOGY	234	139	125,272	3	127,616
69.00	06900	ELECTROCARDIOLOGY	1,203	34,375	466,279	0	717,817
70.00	07000	ELECTROENCEPHALOGRAPHY	243	1,621	58,002	1	78,096
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	98	0	0	373,112
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	18,255	19,258	1,095,487	23	1,572,287
90.01	09001	WOUND CARE	4,211	5,856	488,532	2	772,991
90.02	09002	PULMONARY REHAB	0	4,686	101,649	0	142,766
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	9,257	36,621	6,689,612	19	7,902,369
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	45,858,601	601	91,266,410	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	7,445,612	0	10,315,053	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,308,506	3,138,638	13,276,995	154,353	1,339,900	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.078034	1.650106	0.249080	255.975124	0.013190	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,309	3,975	249,002	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000400	6.592040	0.002451	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00570	ADMITTING	15,115	405,321,020			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	405,321,020		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,006	0	0	-12,539,207	98,102,235
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	6,317,801
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	122,308
9.00	00900	HOUSEKEEPING	330	0	0	0	1,253,233
10.00	01000	DIETARY	11,690	0	0	0	912,401
11.00	01100	CAFETERIA	0	0	0	0	994,832
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	2,960,262
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	696,019
15.00	01500	PHARMACY	109,723	0	0	0	2,069,859
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,337,647
17.00	01700	SOCIAL SERVICE	652	0	0	0	847,651
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	220,087
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144,260	23,100,330	23,100,330	0	9,050,702
31.00	03100	INTENSIVE CARE UNIT	62,380	8,603,411	8,603,411	0	3,781,995
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	21,717	1,222,060	1,222,060	0	950,521
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	21,726	3,994,389	3,994,389	0	1,847,087
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,805,163	55,221,306	55,221,306	0	8,663,934
50.01	05001	ENDOSCOPY	126,302	10,469,909	10,469,909	0	1,304,570
51.00	05100	RECOVERY ROOM	2,852	8,373,418	8,373,418	0	1,150,216
53.00	05300	ANESTHESIOLOGY	241,735	17,054,896	17,054,896	0	1,104,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	48,187,817	48,187,817	0	7,210,846
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,892	7,129,191	7,129,191	0	1,730,264
56.01	05602	ULTRASOUND/VASC LAB	13,715	6,033,028	6,033,028	0	784,676
57.00	05700	CT SCAN	26,435	25,556,087	25,556,087	0	1,519,619
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	171,045	61,500,867	61,500,867	0	3,879,148
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,148,324	2,148,324	0	502,083
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,959	4,868,593	4,868,593	0	916,195
66.00	06600	PHYSICAL THERAPY	27,292	6,937,041	6,937,041	0	1,618,911
67.00	06700	OCCUPATIONAL THERAPY	19,641	2,903,599	2,903,599	0	681,663
68.00	06800	SPEECH PATHOLOGY	999	820,959	820,959	0	164,148
69.00	06900	ELECTROCARDIOLOGY	18,854	9,905,864	9,905,864	0	874,728
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	172,007	172,007	0	87,812
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	519,204	519,204	0	711,724
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,810,644	21,810,644	0	6,929,537
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,477,030	26,477,030	0	2,860,880
74.00	07400	RENAL DIALYSIS	0	2,015,776	2,015,776	0	384,385
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,619	3,517,238	3,517,238	0	1,275,379
90.01	09001	WOUND CARE	59,627	3,526,474	3,526,474	0	887,361
90.02	09002	PULMONARY REHAB	774	418,922	418,922	0	173,345
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	192,301	42,832,636	42,832,636	0	6,946,665
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,273,584	405,321,020	405,321,020	-12,539,207	85,724,949	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	0	3,836	190.00
190.01	19001	ADC	3,813	0	0	0	13,317	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,224	0	0	0	12,360,133	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	433,038	1,160,417	84,163		12,539,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.099511	0.002863	0.000208		0.127818	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,933	26,173	76,475		190,508	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012164	0.000065	0.000189		0.001942	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT		218,082			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,832	548,585		8.00
9.00	00900	HOUSEKEEPING	0	3,387	0	43,150	9.00
10.00	01000	DIETARY	0	16,162	0	1,339	65,594
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,846	0	390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227	5,982	650	0
15.00	01500	PHARMACY	0	2,407	2,399	340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,499	0	915	0
17.00	01700	SOCIAL SERVICE	0	634	0	92	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	27,220	125,356	8,786	42,444
31.00	03100	INTENSIVE CARE UNIT	0	7,488	24,072	2,190	4,382
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	11,324	24,872	2,305	2,580
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	15,710	33,591	3,120	16,188
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,881	93,426	5,252	0
50.01	05001	ENDOSCOPY	0	4,070	13,782	390	0
51.00	05100	RECOVERY ROOM	0	1,615	11,324	260	0
53.00	05300	ANESTHESIOLOGY	0	383	0	650	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,438	45,055	3,104	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	14,060	6,066	990	0
56.01	05602	ULTRASOUND/VASC LAB	0	596	0	260	0
57.00	05700	CT SCAN	0	497	0	130	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,716	0	2,600	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	546	0	130	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	352	0
66.00	06600	PHYSICAL THERAPY	0	9,808	16,093	1,560	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	6,736	425	0
68.00	06800	SPEECH PATHOLOGY	0	234	0	92	0
69.00	06900	ELECTROCARDIOLOGY	0	1,203	2,260	1,560	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	243	2,113	0	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	18,255	1,855	1,744	0
90.01	09001	WOUND CARE	0	4,211	1,926	1,560	0
90.02	09002	PULMONARY REHAB	0	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	9,257	131,677	1,834	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100						
		0	0	0	0	0	111.00
118.00		0	216,709	548,585	43,020	65,594	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		1,053	0	130	0	190.00
		0	0	0	0	0	190.01
190.01	19001						
		0	320	0	0	0	192.00
192.00	19200						
		0					200.00
200.00							
		0					201.00
201.00							
		0	7,125,330	197,797	1,524,081	1,604,372	202.00
202.00							
		0.000000	32.672710	0.360559	35.320533	24.459127	203.00
203.00							
		0	585,779	11,636	37,087	121,156	204.00
204.00							
		0.000000	2.686049	0.021211	0.859490	1.847059	205.00
205.00							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	62,511					11.00
13.00	01300	2,725	743,590				13.00
14.00	01400	874	0	3,983,910			14.00
15.00	01500	1,352	0	0	1,000		15.00
16.00	01600	1,303	0	0	0	405,321,020	16.00
17.00	01700	719	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,659	221,949	111,539	0	23,100,330	30.00
31.00	03100	3,481	72,508	54,708	0	8,603,411	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	965	20,103	17,162	0	1,222,060	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	2,337	48,667	16,595	0	3,994,389	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,351	90,544	1,160,014	0	55,221,306	50.00
50.01	05001	921	0	122,569	0	10,469,909	50.01
51.00	05100	982	20,458	2,614	0	8,373,418	51.00
53.00	05300	438	9,101	237,153	0	17,054,896	53.00
54.00	05400	4,263	0	553,448	0	48,187,817	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	747	0	23,441	0	7,129,191	56.00
56.01	05602	591	0	13,054	0	6,033,028	56.01
57.00	05700	838	0	24,288	0	25,556,087	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,319	0	142,121	0	61,500,867	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	259	0	6,973	0	2,148,324	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	771	0	64,211	0	4,868,593	65.00
66.00	06600	1,356	28,237	22,835	0	6,937,041	66.00
67.00	06700	666	13,843	18,511	0	2,903,599	67.00
68.00	06800	141	2,931	710	0	820,959	68.00
69.00	06900	733	15,313	16,337	0	9,905,864	69.00
70.00	07000	50	0	952	0	172,007	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	519,204	71.00
72.00	07200	0	0	652,153	0	21,810,644	72.00
73.00	07300	0	0	98,288	1,000	26,477,030	73.00
74.00	07400	0	0	0	0	2,015,776	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,560	32,561	11,599	0	3,517,238	90.00
90.01	09001	693	14,448	55,844	0	3,526,474	90.01
90.02	09002	157	3,259	708	0	418,922	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	7,168	149,668	163,507	0	42,832,636	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		54,419	743,590	3,952,322	1,000	405,321,020	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	8,092	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,121,989	3,526,981	1,094,583	2,450,208	1,776,667	202.00
203.00		17.948665	4.743180	0.274751	2,450.208000	0.004383	203.00
204.00		2,107	88,448	106,064	49,637	115,530	204.00
205.00		0.033706	0.118947	0.026623	49.637000	0.000285	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	15,008				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	14,148	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	860	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01 07001 SLEEP LAB	0	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
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					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,008	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ADC	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	992,864	0	248,218	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	66.155650	0.000000	2,482.180000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,669	0	1,305	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.510994	0.000000	13.050000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

		Title XVII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		14,802,496		0	14,802,496	30.00
31.00	03100 INTENSIVE CARE UNIT		5,162,403		0	5,162,403	31.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		1,775,125		0	1,775,125	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
44.00	04400 SKILLED NURSING FACILITY		3,409,570		0	3,409,570	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		11,708,406		13,777	11,722,183	50.00
50.01	05001 ENDOSCOPY		1,719,137		0	1,719,137	50.01
51.00	05100 RECOVERY ROOM		1,515,347		0	1,515,347	51.00
53.00	05300 ANESTHESIOLOGY		1,472,036		0	1,472,036	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,169,913		0	9,169,913	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIOISOTOPE		2,499,050		0	2,499,050	56.00
56.01	05602 ULTRASOUND/VASC LAB		954,266		0	954,266	56.01
57.00	05700 CT SCAN		1,868,410		0	1,868,410	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		5,152,578		0	5,152,578	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		604,670		0	604,670	62.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,153,116	0	0	1,153,116	65.00
66.00	06600 PHYSICAL THERAPY	0	2,402,143	0	0	2,402,143	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	923,806	0	0	923,806	67.00
68.00	06800 SPEECH PATHOLOGY	0	216,249	0	0	216,249	68.00
69.00	06900 ELECTROCARDIOLOGY		1,215,448		0	1,215,448	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		109,650		0	109,650	70.00
70.01	07001 SLEEP LAB		0		0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		904,153		0	904,153	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,090,033		0	8,090,033	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,819,814		0	5,819,814	73.00
74.00	07400 RENAL DIALYSIS		442,351		0	442,351	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		2,298,149		0	2,298,149	90.00
90.01	09001 WOUND CARE		1,305,928		0	1,305,928	90.01
90.02	09002 PULMONARY REHAB		215,809		933	216,742	90.02
90.03	09003 SPINE CENTER		0		0	0	90.03
90.04	09004 RUSH HEART CENTER		0		0	0	90.04
91.00	09100 EMERGENCY		9,320,497		81,279	9,401,776	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,588,683		0	1,588,683	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
200.00	Subtotal (see instructions)		97,819,236	0	95,989	97,915,225	200.00
201.00	Less Observation Beds		1,588,683		0	1,588,683	201.00
202.00	Total (see instructions)		96,230,553	0	95,989	96,326,542	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,967,305		20,967,305		30.00
31.00	03100	INTENSIVE CARE UNIT	8,603,411		8,603,411		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,222,060		1,222,060		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,994,389		3,994,389		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,425,512	42,795,794	55,221,306	0.212027	50.00
50.01	05001	ENDOSCOPY	1,538,497	8,931,412	10,469,909	0.164198	50.01
51.00	05100	RECOVERY ROOM	1,499,365	6,874,053	8,373,418	0.180971	51.00
53.00	05300	ANESTHESIOLOGY	3,436,709	13,618,187	17,054,896	0.086312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,078,427	36,109,390	48,187,817	0.190295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	856,843	6,272,348	7,129,191	0.350538	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,597,415	4,435,613	6,033,028	0.158174	56.01
57.00	05700	CT SCAN	6,082,436	19,473,651	25,556,087	0.073110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	20,274,923	41,225,944	61,500,867	0.083781	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,362,205	786,119	2,148,324	0.281461	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,378,886	489,707	4,868,593	0.236848	65.00
66.00	06600	PHYSICAL THERAPY	3,680,845	3,256,196	6,937,041	0.346278	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,409,685	493,914	2,903,599	0.318159	67.00
68.00	06800	SPEECH PATHOLOGY	729,808	91,151	820,959	0.263410	68.00
69.00	06900	ELECTROCARDIOLOGY	3,891,382	6,014,482	9,905,864	0.122700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,370	79,637	172,007	0.637474	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	452,814	66,390	519,204	1.741421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,912,905	12,897,739	21,810,644	0.370921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,000,556	8,476,474	26,477,030	0.219806	73.00
74.00	07400	RENAL DIALYSIS	2,015,776	0	2,015,776	0.219445	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	4,200	3,513,038	3,517,238	0.653396	90.00
90.01	09001	WOUND CARE	53,233	3,473,241	3,526,474	0.370321	90.01
90.02	09002	PULMONARY REHAB	10	418,912	418,922	0.515153	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	8,416,572	34,416,064	42,832,636	0.217603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	370,446	1,762,579	2,133,025	0.744803	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	149,348,985	255,972,035	405,321,020		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	149,348,985	255,972,035	405,321,020		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/15/2016 4:23 pm
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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.212276		50.00
50.01	05001 ENDOSCOPY	0.164198		50.01
51.00	05100 RECOVERY ROOM	0.180971		51.00
53.00	05300 ANESTHESIOLOGY	0.086312		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190295		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.350538		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158174		56.01
57.00	05700 CT SCAN	0.073110		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.083781		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.236848		65.00
66.00	06600 PHYSICAL THERAPY	0.346278		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.318159		67.00
68.00	06800 SPEECH PATHOLOGY	0.263410		68.00
69.00	06900 ELECTROCARDIOLOGY	0.122700		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.637474		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219806		73.00
74.00	07400 RENAL DIALYSIS	0.219445		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.653396		90.00
90.01	09001 WOUND CARE	0.370321		90.01
90.02	09002 PULMONARY REHAB	0.517380		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.219500		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063

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

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		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	14,802,496		14,802,496	0	14,802,496	30.00
31.00	03100 INTENSIVE CARE UNIT	5,162,403		5,162,403	0	5,162,403	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	1,775,125		1,775,125	0	1,775,125	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	3,409,570		3,409,570	0	3,409,570	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,708,406		11,708,406	13,777	11,722,183	50.00
50.01	05001 ENDOSCOPY	1,719,137		1,719,137	0	1,719,137	50.01
51.00	05100 RECOVERY ROOM	1,515,347		1,515,347	0	1,515,347	51.00
53.00	05300 ANESTHESIOLOGY	1,472,036		1,472,036	0	1,472,036	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,169,913		9,169,913	0	9,169,913	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	2,499,050		2,499,050	0	2,499,050	56.00
56.01	05602 ULTRASOUND/VASC LAB	954,266		954,266	0	954,266	56.01
57.00	05700 CT SCAN	1,868,410		1,868,410	0	1,868,410	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	5,152,578		5,152,578	0	5,152,578	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	604,670		604,670	0	604,670	62.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,153,116	0	1,153,116	0	1,153,116	65.00
66.00	06600 PHYSICAL THERAPY	2,402,143	0	2,402,143	0	2,402,143	66.00
67.00	06700 OCCUPATIONAL THERAPY	923,806	0	923,806	0	923,806	67.00
68.00	06800 SPEECH PATHOLOGY	216,249	0	216,249	0	216,249	68.00
69.00	06900 ELECTROCARDIOLOGY	1,215,448		1,215,448	0	1,215,448	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	109,650		109,650	0	109,650	70.00
70.01	07001 SLEEP LAB	0		0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	904,153		904,153	0	904,153	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,090,033		8,090,033	0	8,090,033	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,819,814		5,819,814	0	5,819,814	73.00
74.00	07400 RENAL DIALYSIS	442,351		442,351	0	442,351	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,298,149		2,298,149	0	2,298,149	90.00
90.01	09001 WOUND CARE	1,305,928		1,305,928	0	1,305,928	90.01
90.02	09002 PULMONARY REHAB	215,809		215,809	933	216,742	90.02
90.03	09003 SPINE CENTER	0		0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0		0	0	0	90.04
91.00	09100 EMERGENCY	9,320,497		9,320,497	81,279	9,401,776	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,588,683		1,588,683	0	1,588,683	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	97,819,236	0	97,819,236	95,989	97,915,225	200.00
201.00	Less Observation Beds	1,588,683		1,588,683	0	1,588,683	201.00
202.00	Total (see instructions)	96,230,553	0	96,230,553	95,989	96,326,542	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,967,305		20,967,305		30.00
31.00	03100	INTENSIVE CARE UNIT	8,603,411		8,603,411		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,222,060		1,222,060		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,994,389		3,994,389		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,425,512	42,795,794	55,221,306	0.212027	50.00
50.01	05001	ENDOSCOPY	1,538,497	8,931,412	10,469,909	0.164198	50.01
51.00	05100	RECOVERY ROOM	1,499,365	6,874,053	8,373,418	0.180971	51.00
53.00	05300	ANESTHESIOLOGY	3,436,709	13,618,187	17,054,896	0.086312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,078,427	36,109,390	48,187,817	0.190295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	856,843	6,272,348	7,129,191	0.350538	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,597,415	4,435,613	6,033,028	0.158174	56.01
57.00	05700	CT SCAN	6,082,436	19,473,651	25,556,087	0.073110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	20,274,923	41,225,944	61,500,867	0.083781	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,362,205	786,119	2,148,324	0.281461	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,378,886	489,707	4,868,593	0.236848	65.00
66.00	06600	PHYSICAL THERAPY	3,680,845	3,256,196	6,937,041	0.346278	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,409,685	493,914	2,903,599	0.318159	67.00
68.00	06800	SPEECH PATHOLOGY	729,808	91,151	820,959	0.263410	68.00
69.00	06900	ELECTROCARDIOLOGY	3,891,382	6,014,482	9,905,864	0.122700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,370	79,637	172,007	0.637474	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	452,814	66,390	519,204	1.741421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,912,905	12,897,739	21,810,644	0.370921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,000,556	8,476,474	26,477,030	0.219806	73.00
74.00	07400	RENAL DIALYSIS	2,015,776	0	2,015,776	0.219445	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	4,200	3,513,038	3,517,238	0.653396	90.00
90.01	09001	WOUND CARE	53,233	3,473,241	3,526,474	0.370321	90.01
90.02	09002	PULMONARY REHAB	10	418,912	418,922	0.515153	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	8,416,572	34,416,064	42,832,636	0.217603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	370,446	1,762,579	2,133,025	0.744803	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	149,348,985	255,972,035	405,321,020		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	149,348,985	255,972,035	405,321,020		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/15/2016 4:23 pm
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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	0.000000		90.01
90.02	09002 PULMONARY REHAB	0.000000		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	451,093	0	451,093	15,849	28.46	30.00
31.00	INTENSIVE CARE UNIT	220,908		220,908	2,921	75.63	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	100,411	0	100,411	860	116.76	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
44.00	SKILLED NURSING FACILITY	160,126		160,126	5,396	29.67	44.00
200.00	Total (lines 30-199)	932,538		932,538	25,026		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	7,916	225,289				
31.00	INTENSIVE CARE UNIT	1,508	114,050				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	599	69,939				
42.00	SUBPROVIDER	0	0				
44.00	SKILLED NURSING FACILITY	4,100	121,647				
200.00	Total (lines 30-199)	14,123	530,925				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/15/2016 4:23 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	516,121	55,221,306	0.009346	5,318,021	49,702	50.00
50.01	05001 ENDOSCOPY	133,790	10,469,909	0.012779	818,965	10,466	50.01
51.00	05100 RECOVERY ROOM	32,583	8,373,418	0.003891	652,861	2,540	51.00
53.00	05300 ANESTHESIOLOGY	83,182	17,054,896	0.004877	1,526,056	7,443	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	699,622	48,187,817	0.014519	6,723,000	97,611	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	533,983	7,129,191	0.074901	472,215	35,369	56.00
56.01	05602 ULTRASOUND/VASC LAB	107,835	6,033,028	0.017874	811,644	14,507	56.01
57.00	05700 CT SCAN	247,196	25,556,087	0.009673	3,059,507	29,595	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	203,275	61,500,867	0.003305	10,129,602	33,478	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,926	2,148,324	0.003224	738,260	2,380	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	102,471	4,868,593	0.021047	2,292,176	48,243	65.00
66.00	06600 PHYSICAL THERAPY	87,242	6,937,041	0.012576	573,773	7,216	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,715	2,903,599	0.005757	110,389	636	67.00
68.00	06800 SPEECH PATHOLOGY	3,186	820,959	0.003881	245,700	954	68.00
69.00	06900 ELECTROCARDIOLOGY	76,539	9,905,864	0.007727	2,111,158	16,313	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,649	172,007	0.027028	52,994	1,432	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,273	519,204	0.021712	231,551	5,027	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	42,575	21,810,644	0.001952	3,853,446	7,522	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,081	26,477,030	0.002722	8,670,474	23,601	73.00
74.00	07400 RENAL DIALYSIS	2,908	2,015,776	0.001443	1,444,905	2,085	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	151,891	3,517,238	0.043185	2,924	126	90.00
90.01	09001 WOUND CARE	44,999	3,526,474	0.012760	43,854	560	90.01
90.02	09002 PULMONARY REHAB	9,106	418,922	0.021737	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	201,638	42,832,636	0.004708	4,264,559	20,078	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	48,414	2,133,025	0.022697	224,305	5,091	92.00
200.00	Total (lines 50-199)	3,440,200	370,533,855		54,372,339	421,975	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/15/2016 4:23 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	15,849	0.00	7,916	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,921	0.00	1,508	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	860	0.00	599	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
44.00	04400	SKILLED NURSING FACILITY	5,396	0.00	4,100	0		44.00
200.00		Total (lines 30-199)	25,026		14,123	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140063

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

Worksheet D
Part IV
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	55,221,306	0.000000	0.000000	5,318,021	50.00
50.01	05001 ENDOSCOPY	0	10,469,909	0.000000	0.000000	818,965	50.01
51.00	05100 RECOVERY ROOM	0	8,373,418	0.000000	0.000000	652,861	51.00
53.00	05300 ANESTHESIOLOGY	0	17,054,896	0.000000	0.000000	1,526,056	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,187,817	0.000000	0.000000	6,723,000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,129,191	0.000000	0.000000	472,215	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,033,028	0.000000	0.000000	811,644	56.01
57.00	05700 CT SCAN	0	25,556,087	0.000000	0.000000	3,059,507	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	61,500,867	0.000000	0.000000	10,129,602	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,148,324	0.000000	0.000000	738,260	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,868,593	0.000000	0.000000	2,292,176	65.00
66.00	06600 PHYSICAL THERAPY	0	6,937,041	0.000000	0.000000	573,773	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,903,599	0.000000	0.000000	110,389	67.00
68.00	06800 SPEECH PATHOLOGY	0	820,959	0.000000	0.000000	245,700	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,905,864	0.000000	0.000000	2,111,158	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	172,007	0.000000	0.000000	52,994	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	519,204	0.000000	0.000000	231,551	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,810,644	0.000000	0.000000	3,853,446	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,477,030	0.000000	0.000000	8,670,474	73.00
74.00	07400 RENAL DIALYSIS	0	2,015,776	0.000000	0.000000	1,444,905	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,517,238	0.000000	0.000000	2,924	90.00
90.01	09001 WOUND CARE	0	3,526,474	0.000000	0.000000	43,854	90.01
90.02	09002 PULMONARY REHAB	0	418,922	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	42,832,636	0.000000	0.000000	4,264,559	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,133,025	0.000000	0.000000	224,305	92.00
200.00	Total (lines 50-199)	0	370,533,855			54,372,339	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	10,508,564	0	50.00
50.01	05001 ENDOSCOPY	0	2,419,411	0	50.01
51.00	05100 RECOVERY ROOM	0	1,846,642	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,795,066	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,430,869	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,368,117	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	1,152,002	0	56.01
57.00	05700 CT SCAN	0	6,687,484	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	5,609,308	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	141,159	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	173,215	0	65.00
66.00	06600 PHYSICAL THERAPY	0	7,430	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	909	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,480,214	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	29,682	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,799	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,019,842	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,986,688	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	1,286,276	0	90.00
90.01	09001 WOUND CARE	0	1,650,676	0	90.01
90.02	09002 PULMONARY REHAB	0	212,344	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	5,469,977	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	503,679	0	92.00
200.00	Total (lines 50-199)	0	66,811,353	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.212027	10,508,564	0	567	2,228,099	50.00
50.01	05001 ENDOSCOPY	0.164198	2,419,411	0	0	397,262	50.01
51.00	05100 RECOVERY ROOM	0.180971	1,846,642	0	0	334,189	51.00
53.00	05300 ANESTHESIOLOGY	0.086312	3,795,066	0	0	327,560	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190295	15,430,869	14	4,008	2,936,417	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.350538	1,368,117	0	0	479,577	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158174	1,152,002	0	0	182,217	56.01
57.00	05700 CT SCAN	0.073110	6,687,484	0	2,995	488,922	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.083781	5,609,308	594	0	469,953	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	141,159	0	0	39,731	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.236848	173,215	0	0	41,026	65.00
66.00	06600 PHYSICAL THERAPY	0.346278	7,430	0	0	2,573	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.318159	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.263410	909	0	0	239	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122700	2,480,214	0	1,288	304,322	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.637474	29,682	0	0	18,922	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	31,799	0	0	55,375	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	4,019,842	0	0	1,491,044	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219806	1,986,688	0	114,866	436,686	73.00
74.00	07400 RENAL DIALYSIS	0.219445	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.653396	1,286,276	0	839	840,448	90.00
90.01	09001 WOUND CARE	0.370321	1,650,676	0	1,592	611,280	90.01
90.02	09002 PULMONARY REHAB	0.515153	212,344	0	0	109,390	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.217603	5,469,977	8	0	1,190,283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	503,679	0	0	375,142	92.00
200.00	Subtotal (see instructions)		66,811,353	616	126,155	13,360,657	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		66,811,353	616	126,155	13,360,657	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	120		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	763		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	219		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	50	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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	158		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25,248		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	548		90.00
90.01 09001 WOUND CARE	0	590		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	2	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	55	27,646		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	55	27,646		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/15/2016 4:23 pm
		Component CCN: 14T063	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	516,121	55,221,306	0.009346	0	50.00
50.01	05001	ENDOSCOPY	133,790	10,469,909	0.012779	0	50.01
51.00	05100	RECOVERY ROOM	32,583	8,373,418	0.003891	0	51.00
53.00	05300	ANESTHESIOLOGY	83,182	17,054,896	0.004877	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	699,622	48,187,817	0.014519	29,277	425 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	533,983	7,129,191	0.074901	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	107,835	6,033,028	0.017874	1,633	29 56.01
57.00	05700	CT SCAN	247,196	25,556,087	0.009673	6,741	65 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	203,275	61,500,867	0.003305	99,976	330 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,926	2,148,324	0.003224	5,381	17 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	102,471	4,868,593	0.021047	18,036	380 65.00
66.00	06600	PHYSICAL THERAPY	87,242	6,937,041	0.012576	345,107	4,340 66.00
67.00	06700	OCCUPATIONAL THERAPY	16,715	2,903,599	0.005757	296,674	1,708 67.00
68.00	06800	SPEECH PATHOLOGY	3,186	820,959	0.003881	104,066	404 68.00
69.00	06900	ELECTROCARDIOLOGY	76,539	9,905,864	0.007727	1,571	12 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,649	172,007	0.027028	0	0 70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,273	519,204	0.021712	1,705	37 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,575	21,810,644	0.001952	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,081	26,477,030	0.002722	169,754	462 73.00
74.00	07400	RENAL DIALYSIS	2,908	2,015,776	0.001443	28,200	41 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	151,891	3,517,238	0.043185	0	0 90.00
90.01	09001	WOUND CARE	44,999	3,526,474	0.012760	0	0 90.01
90.02	09002	PULMONARY REHAB	9,106	418,922	0.021737	0	0 90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0 90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	201,638	42,832,636	0.004708	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,133,025	0.000000	0	0 92.00
200.00		Total (lines 50-199)	3,391,786	370,533,855		1,108,121	8,250 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,221,306	0.000000	0.000000	0	50.00
50.01	05001 ENDOSCOPY	0	10,469,909	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	8,373,418	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	17,054,896	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,187,817	0.000000	0.000000	29,277	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,129,191	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,033,028	0.000000	0.000000	1,633	56.01
57.00	05700 CT SCAN	0	25,556,087	0.000000	0.000000	6,741	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	61,500,867	0.000000	0.000000	99,976	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,148,324	0.000000	0.000000	5,381	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,868,593	0.000000	0.000000	18,036	65.00
66.00	06600 PHYSICAL THERAPY	0	6,937,041	0.000000	0.000000	345,107	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,903,599	0.000000	0.000000	296,674	67.00
68.00	06800 SPEECH PATHOLOGY	0	820,959	0.000000	0.000000	104,066	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,905,864	0.000000	0.000000	1,571	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	172,007	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	519,204	0.000000	0.000000	1,705	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,810,644	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,477,030	0.000000	0.000000	169,754	73.00
74.00	07400 RENAL DIALYSIS	0	2,015,776	0.000000	0.000000	28,200	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,517,238	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,526,474	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	418,922	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	42,832,636	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,133,025	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	370,533,855			1,108,121	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm PPS
		Title XVIII	Subprovider - IRF

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	315	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	315	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not 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	0.212027	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.164198	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.180971	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.086312	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.190295	0	0	1	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.350538	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.158174	0	0	0	0	56.01
57.00 05700 CT SCAN	0.073110	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.083781	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.236848	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.346278	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.318159	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.263410	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.122700	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.637474	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.219806	315	0	909	69	73.00
74.00 07400 RENAL DIALYSIS	0.219445	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.653396	0	0	0	0	90.00
90.01 09001 WOUND CARE	0.370321	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.515153	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.217603	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	0	0	0	0	92.00
200.00 Subtotal (see instructions)		315	0	910	69	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		315	0	910	69	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/15/2016 4:23 pm PPS
		Title XVII I	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	200		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	200		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	200		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,221,306	0.000000	0.000000	201	50.00
50.01	05001 ENDOSCOPY	0	10,469,909	0.000000	0.000000	672	50.01
51.00	05100 RECOVERY ROOM	0	8,373,418	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	17,054,896	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,187,817	0.000000	0.000000	137,791	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,129,191	0.000000	0.000000	4,125	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,033,028	0.000000	0.000000	20,769	56.01
57.00	05700 CT SCAN	0	25,556,087	0.000000	0.000000	46,071	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	61,500,867	0.000000	0.000000	637,684	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,148,324	0.000000	0.000000	4,660	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,868,593	0.000000	0.000000	169,133	65.00
66.00	06600 PHYSICAL THERAPY	0	6,937,041	0.000000	0.000000	1,898,423	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,903,599	0.000000	0.000000	1,440,260	67.00
68.00	06800 SPEECH PATHOLOGY	0	820,959	0.000000	0.000000	204,512	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,905,864	0.000000	0.000000	17,803	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	172,007	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	519,204	0.000000	0.000000	3,642	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,810,644	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,477,030	0.000000	0.000000	961,401	73.00
74.00	07400 RENAL DIALYSIS	0	2,015,776	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,517,238	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,526,474	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	418,922	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	42,832,636	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,133,025	0.000000	0.000000	875	92.00
200.00	Total (lines 50-199)	0	370,533,855			5,548,022	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/15/2016 4:23 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/15/2016 4:23 pm PPS
		Title XVIII	Skilled Nursing Facility

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	0.212027	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.164198	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.180971	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.086312	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.190295	0	0	3	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.350538	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.158174	0	0	0	0	56.01
57.00 05700 CT SCAN	0.073110	0	0	2	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.083781	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.236848	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.346278	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.318159	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.263410	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.122700	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.637474	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.219806	0	0	1,913	0	73.00
74.00 07400 RENAL DIALYSIS	0.219445	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 09000 CLINIC	0.653396	0	0	0	0	90.00
90.01 09001 WOUND CARE	0.370321	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.515153	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.217603	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	1,918	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	1,918	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063	Period:	Worksheet D
	Component CCN: 145583	From 07/01/2015 To 06/30/2016	Part V Date/Time Prepared: 11/15/2016 4:23 pm
	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
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	420		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	421		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	421		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm
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)		15,849	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,849	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)		14,148	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)		7,916	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)		14,802,496	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)		14,802,496	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)		14,802,496	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)		933.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,393,307	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)		7,393,307	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm			
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)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	5,162,403	2,921	1,767.34	1,508	2,665,149	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)						10,677,609	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						20,736,065	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)						339,339	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						421,975	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						761,314	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						19,974,751	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)						1,701	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						933.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,588,683	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	451,093	14,802,496	0.030474	1,588,683	48,414	90.00
91.00	Nursing School cost	0	14,802,496	0.000000	1,588,683	0	91.00
92.00	Allied health cost	0	14,802,496	0.000000	1,588,683	0	92.00
93.00	All other Medical Education	0	14,802,496	0.000000	1,588,683	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		860	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)		860	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)		599	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)		1,775,125	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)		1,775,125	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)		1,775,125	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,064.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,236,396	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,236,396	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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)					308,453	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,544,849	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)					69,939	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,250	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					78,189	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,466,660	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: 140063 Component CCN: 14T063		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	100,411	1,775,125	0.056566	0	0	90.00
91.00	Nursing School cost	0	1,775,125	0.000000	0	0	91.00
92.00	Allied health cost	0	1,775,125	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,775,125	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,396	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,396	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)		5,396	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)		4,100	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,409,570	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,409,570	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,409,570	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: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1	
		Component CCN: 145583		Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)			3,409,570	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			631.87	71.00
72.00	Program routine service cost (line 9 x line 71)			2,590,667	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)			2,590,667	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)			2,590,667	83.00
84.00	Program inpatient ancillary services (see instructions)			1,519,255	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)			4,109,922	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: 140063 Component CCN: 145583		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/15/2016 4:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		11,500,030		30.00
31.00	03100 INTENSIVE CARE UNIT		4,468,008		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212276	5,318,021	1,128,888	50.00
50.01	05001 ENDOSCOPY	0.164198	818,965	134,472	50.01
51.00	05100 RECOVERY ROOM	0.180971	652,861	118,149	51.00
53.00	05300 ANESTHESIOLOGY	0.086312	1,526,056	131,717	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190295	6,723,000	1,279,353	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.350538	472,215	165,529	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158174	811,644	128,381	56.01
57.00	05700 CT SCAN	0.073110	3,059,507	223,681	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.083781	10,129,602	848,668	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	738,260	207,791	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.236848	2,292,176	542,897	65.00
66.00	06600 PHYSICAL THERAPY	0.346278	573,773	198,685	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.318159	110,389	35,121	67.00
68.00	06800 SPEECH PATHOLOGY	0.263410	245,700	64,720	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122700	2,111,158	259,039	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.637474	52,994	33,782	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	231,551	403,228	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	3,853,446	1,429,324	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219806	8,670,474	1,905,822	73.00
74.00	07400 RENAL DIALYSIS	0.219445	1,444,905	317,077	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.653396	2,924	1,911	90.00
90.01	09001 WOUND CARE	0.370321	43,854	16,240	90.01
90.02	09002 PULMONARY REHAB	0.517380	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.219500	4,264,559	936,071	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	224,305	167,063	92.00
200.00	Total (sum of lines 50-94 and 96-98)		54,372,339	10,677,609	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		54,372,339		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T063		Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		850,703		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212276	0	0	50.00
50.01	05001 ENDOSCOPY	0.164198	0	0	50.01
51.00	05100 RECOVERY ROOM	0.180971	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.086312	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190295	29,277	5,571	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.350538	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158174	1,633	258	56.01
57.00	05700 CT SCAN	0.073110	6,741	493	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.083781	99,976	8,376	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	5,381	1,515	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.236848	18,036	4,272	65.00
66.00	06600 PHYSICAL THERAPY	0.346278	345,107	119,503	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.318159	296,674	94,390	67.00
68.00	06800 SPEECH PATHOLOGY	0.263410	104,066	27,412	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122700	1,571	193	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.637474	0	0	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	1,705	2,969	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219806	169,754	37,313	73.00
74.00	07400 RENAL DIALYSIS	0.219445	28,200	6,188	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.653396	0	0	90.00
90.01	09001 WOUND CARE	0.370321	0	0	90.01
90.02	09002 PULMONARY REHAB	0.517380	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.219500	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,108,121	308,453	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,108,121		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.212027	201	43 50.00
50.01	05001 ENDOSCOPY	0.164198	672	110 50.01
51.00	05100 RECOVERY ROOM	0.180971	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.086312	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190295	137,791	26,221 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.350538	4,125	1,446 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158174	20,769	3,285 56.01
57.00	05700 CT SCAN	0.073110	46,071	3,368 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.083781	637,684	53,426 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.281461	4,660	1,312 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.236848	169,133	40,059 65.00
66.00	06600 PHYSICAL THERAPY	0.346278	1,898,423	657,382 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.318159	1,440,260	458,232 67.00
68.00	06800 SPEECH PATHOLOGY	0.263410	204,512	53,871 68.00
69.00	06900 ELECTROCARDIOLOGY	0.122700	17,803	2,184 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.637474	0	0 70.00
70.01	07001 SLEEP LAB	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.741421	3,642	6,342 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370921	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219806	961,401	211,322 73.00
74.00	07400 RENAL DIALYSIS	0.219445	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.653396	0	0 90.00
90.01	09001 WOUND CARE	0.370321	0	0 90.01
90.02	09002 PULMONARY REHAB	0.515153	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.217603	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.744803	875	652 92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,548,022	1,519,255 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		5,548,022	1,519,255 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/15/2016 4: 23 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,234,669	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,704,008	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)		174,038	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		2,861,633	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.35	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)		1.23	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)		1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.70	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.73	11.00
12.00	Current year allowable FTE (see instructions)		3.96	12.00
13.00	Total allowable FTE count for the prior year.		3.92	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.		3.39	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.76	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		3.76	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.023449	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024268	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.023449	21.00
22.00	IME payment adjustment (see instructions)		215,663	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		36,434	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)		1.47	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)		215,663	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		36,434	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.66	31.00
32.00	Sum of lines 30 and 31		23.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.73	33.00
34.00	Disproportionate share adjustment (see instructions)		369,687	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000101248	0.000103004	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	774,310	659,860	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	195,169	493,994	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	689,163		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	18,387,228		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)		18,423,662	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,456,800	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).		140,007	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
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)		20,021,505	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,021,505	61.00
62.00	Deductibles billed to program beneficiaries		1,853,124	62.00
63.00	Coinurance billed to program beneficiaries		73,066	63.00
64.00	Allowable bad debts (see instructions)		444,987	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		289,242	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		359,463	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,384,557	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)		69,388	70.93
70.94	HRR adjustment amount (see instructions)		-111,206	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,342,739	71.00
71.01	Sequestration adjustment (see instructions)			366,855	71.01
72.00	Interim payments			18,144,971	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)			-169,087	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			934,690	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140063		Period: From 07/01/2015 To 06/30/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,234,669	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,704,008		16,938,677	16,938,677	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	174,038	0	174,038	174,038	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,861,633	0	2,861,633	2,861,633	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023449	0.023449	0.023449		5.00
6.00	IME payment adjustment (see instructions)	22.00	215,663	0	215,663	215,663	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	36,434	0	36,434	36,434	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	215,663	0	215,663	215,663	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	36,434	0	36,434	36,434	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0873	0.0873	0.0873		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	369,687	0	369,687	369,687	11.00
11.01	Uncompensated care payments	36.00	689,163	195,169	0	195,169	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,387,228	195,169	18,192,059	18,387,228	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,423,662	195,169	18,228,493	18,423,662	15.00
16.00	Payment for inpatient program capital	50.00	1,456,800	0	1,456,800	1,456,800	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			195,169	19,686,329	19,881,498	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140063

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/15/2016 4:23 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,357,710	0	1,357,710	1,357,710	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,199	0	1,199	1,199	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0230	0.0230	0.0230		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	31,227	0	31,227	31,227	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0491	0.0491	0.0491		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	66,664	0	66,664	66,664	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,456,800	0	1,456,800	1,456,800	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	69,388	0	69,388	69,388	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-111,206	0	-111,206	-111,206	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,701	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,360,657	2.00
3.00	PPS payments		10,701,042	3.00
4.00	Outlier payment (see instructions)		28,078	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)		27,701	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		126,771	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)		126,771	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)		126,771	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		99,070	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)		27,701	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,729,120	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)		2,093,398	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8,663,423	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		69,612	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)		8,733,035	30.00
31.00	Primary payer payments		1,800	31.00
32.00	Subtotal (line 30 minus line 31)		8,731,235	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)		431,950	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		280,768	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		381,177	36.00
37.00	Subtotal (see instructions)		9,012,003	37.00
38.00	MSP-LCC reconciliation amount from PS&R		14	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)		9,011,989	40.00
40.01	Sequestration adjustment (see instructions)		180,240	40.01
41.00	Interim payments		8,850,833	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-19,084	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		211,790	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: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			200 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			69 2.00
3.00	PPS payments			250 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			200 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			910 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)			910 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)			910 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			710 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)			200 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)			250 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)			450 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)			450 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			450 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)			450 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)			450 40.00
40.01	Sequestration adjustment (see instructions)			9 40.01
41.00	Interim payments			509 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-68 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: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		421	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)		421	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,918	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)		1,918	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)		1,918	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,497	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)		421	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)		421	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)		421	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		421	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)		421	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)		421	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
41.00	Interim payments		395	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		18	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: 140063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/15/2016 4:23 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		18,014,391		8,867,274	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	02/04/2016	89,126		0	3.01
3.02		06/21/2016	41,454		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	02/04/2016	5,345	3.50
3.51			0	06/21/2016	11,096	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)		130,580		-16,441	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)		18,144,971		8,850,833	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		169,087		19,084	6.02
7.00	Total Medicare program liability (see instructions)		17,975,884		8,831,749	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: 140063
Component CCN: 14T063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/15/2016 4:23 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		899,885		509	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)		899,885		509	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		13,526		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		68	6.02
7.00	Total Medicare program liability (see instructions)		913,411		441	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: 140063
Component CCN: 145583

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

Worksheet E-1
Part I
Date/Time Prepared:
11/15/2016 4:23 pm
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,953,652		395	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)		1,953,652		395	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		283		18	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,953,935		413	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140063

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

Worksheet E-1
Part II
Date/Time Prepared:
11/15/2016 4:23 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,207 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			9,424 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,706 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			17,069 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			405,321,020 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,733,630 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			824,783 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0624 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			35,713 3.00
4.00	Outlier Payments			75,392 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)			2.349727 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)			935,888 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)			935,888 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			935,888 19.00
20.00	Deductibles			3,836 20.00
21.00	Subtotal (line 19 minus line 20)			932,052 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			932,052 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)			932,052 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)			932,052 32.00
32.01	Sequestration adjustment (see instructions)			18,641 32.01
33.00	Interim payments			899,885 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)			13,526 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			75,392 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: 140063 Component CCN: 145583	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 11/15/2016 4:23 pm
		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)		2,053,733	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)		2,053,733	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		60,211	7.00
8.00	Allowable bad debts (see instructions)		444	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		289	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)		1,993,811	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)		1,993,811	15.00
15.01	Sequestration adjustment (see instructions)		39,876	15.01
16.00	Interim payments		1,953,652	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)		283	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/15/2016 4:23 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.70	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.35	1.35	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.73		10.00
11.00	Total weighted FTE count	0.00	3.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.39		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.87		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	2.87		17.00
18.00	Per resident amount	113,989.16	113,989.16		18.00
19.00	Approved amount for resident costs	0	327,149	327,149	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.64	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			327,149	25.00
		Inpatient Part A 1.00	Managed care 2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,023	1,706		26.00
27.00	Total Inpatient Days (see instructions)	17,929	17,929		27.00
28.00	Ratio of inpatient days to total inpatient days	0.559038	0.095153		28.00
29.00	Program direct GME amount	182,889	31,129		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,399		30.00
31.00	Net Program direct GME amount			209,619	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,015,776	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		26,925,314	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		26,925,314	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,389,048	42.00
43.00	Primary payer payments (see instructions)		1,800	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,387,248	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		40,312,562	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.667914	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.332086	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		209,619	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		140,007	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		69,612	50.00

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

Provider CCN: 140063

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

Worksheet G

Date/Time Prepared:
11/15/2016 4:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,008,561	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	16,375,282	0	0	0	4.00
5.00	Other receivable	-2,526,430	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,789,305	0	0	0	7.00
8.00	Prepaid expenses	580,108	0	0	0	8.00
9.00	Other current assets	0	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)	36,226,826	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,280,216	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	42,898,275	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	37,950,560	0	0	0	23.00
24.00	Accumulated depreciation	-51,666,913	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,462,138	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,761,111	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	6,855,103	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,616,214	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	96,305,178	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,684,350	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	19,469,208	0	0	0	43.00
44.00	Other current liabilities	2,620,915	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,774,473	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,788,498	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,788,498	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,562,971	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	55,742,207				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	55,742,207	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	96,305,178	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:
11/15/2016 4:23 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		48,210,823		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,390,355			2.00
3.00	Total (sum of line 1 and line 2)		55,601,178		0	3.00
4.00	INCREASE IN TEMP RESTRICTED ASSETS	132,368		0		4.00
5.00	PRIOR PERIOD ADJUSTMENT	8,661		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		141,029		0	10.00
11.00	Subtotal (line 3 plus line 10)		55,742,207		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)		55,742,207		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	INCREASE IN TEMP RESTRICTED ASSETS		0			4.00
5.00	PRIOR PERIOD ADJUSTMENT		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140063

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/15/2016 4:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,586,309		22,586,309	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,222,060		1,222,060	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,994,389		3,994,389	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,802,758		27,802,758	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,641,001		8,641,001	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)	8,641,001		8,641,001	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,443,759		36,443,759	17.00
18.00	Ancillary services	114,210,653	268,269,003	382,479,656	18.00
19.00	Outpatient services	0	3,513,038	3,513,038	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE	0	16,295,790	16,295,790	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	150,654,412	288,077,831	438,732,243	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		119,250,456		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		119,250,456		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140063

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

Worksheet G-3

Date/Time Prepared:
11/15/2016 4:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	438,732,243	1.00
2.00	Less contractual allowances and discounts on patients' accounts	312,383,780	2.00
3.00	Net patient revenues (line 1 minus line 2)	126,348,463	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	119,250,456	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,098,007	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,113	6.00
7.00	Income from investments	147,340	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET RESIDENCE	-59,232	24.00
24.01	NET GAINS AND LOSSES	192,127	24.01
25.00	Total other income (sum of lines 6-24)	292,348	25.00
26.00	Total (line 5 plus line 25)	7,390,355	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,390,355	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140063	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/15/2016 4:23 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,357,710	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,199	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)		46.64	3.00
4.00	Number of interns & residents (see instructions)		3.76	4.00
5.00	Indirect medical education percentage (see instructions)		2.30	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)		31,227	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.66	8.00
9.00	Sum of lines 7 and 8		23.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.91	10.00
11.00	Disproportionate share adjustment (see instructions)		66,664	11.00
12.00	Total prospective capital payments (see instructions)		1,456,800	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