

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: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 1/23/2017 8:20 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: _____ Time: _____
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: _____ 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 ST. MARY MEDICAL CENTER ( 140064 ) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	23,115	-24,258	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	23,115	-24,258	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: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 1/23/2017 8:20 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 61401 County: KNOX			
1.00 Street: 3333 N SEMINARY		2.00 City: GALESBURG							
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N	P	0
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2015	09/30/2016		20.00
21.00	Type of Control (see instructions)					1			21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	953	482	0	0	648	63		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 1/23/2017 8:20 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				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.	2				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.	1				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.	10/01/2015	09/30/2016			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			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	N	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						0.00	0.00	61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00	4.00	5.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
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
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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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		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05901		141.00	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				142.00	
143.00	City: PEORIA	State: 17		Zip Code: 61603		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
				1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	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: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 1/23/2017 8:20 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170.00
			1.00		
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)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 1/23/2017 8:20 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			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	12/23/2015	Y	12/23/2015
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: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 1/23/2017 8:20 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-9230		LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140064

Period:  
From 10/01/2015  
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Worksheet S-2  
Part II  
Date/Time Prepared:  
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	GOVERNMENT REPORTING SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part IX Date/Time Prepared: 1/23/2017 8:20 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00
<b>RHC</b>					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140064

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

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	81	29,646	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)		81	29,646	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,294	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		90	32,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		90				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: 140064

Period:  
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Worksheet S-3  
Part I  
Date/Time Prepared:  
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,599	0	9,824			1.00
2.00 HMO and other (see instructions)	2,205	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,599	0	9,824			7.00
8.00 INTENSIVE CARE UNIT	707	0	1,356			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		0	624			13.00
14.00 Total (see instructions)	5,306	0	11,804	0.00	418.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	418.27	27.00
28.00 Observation Bed Days		0	864			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: 140064

Period:  
From 10/01/2015  
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Worksheet S-3  
Part I  
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Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,308	512	3,043	1.00
2.00 HMO and other (see instructions)			546	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	1,308	512	3,043	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet S-3 Part II Date/Time Prepared: 1/23/2017 8:20 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	27,666,329	-43,080	27,623,249	0.00	0.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,434,407	151,776	1,586,183	0.00	0.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		0	0	0			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		0	0	0			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,393,025	69,500	2,462,525	0.00	0.00	26.00
27.00	Administrative & General	5.00	635,277	-33,020	602,257	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	-180	-180	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	585,566	-1,313	584,253	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	530,240	-309,946	220,294	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	309,884	309,884	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	733,715	-207,730	525,985	0.00	0.00	38.00
39.00	Central Services and Supply	14.00	122,457	-149	122,308	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140064

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/23/2017 8:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 492,532	-35	492,497	0.00	0.00	41.00
42.00	Social Service	17.00 0	-139	-139	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140064

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/23/2017 8:20 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	27,666,329	-43,080	27,623,249	0.00	0.00	1.00
2.00	Excluded area salaries (see instructions)	1,434,407	151,776	1,586,183	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,231,922	-194,856	26,037,066	0.00	0.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	0	0	0	0.00	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	26,231,922	-194,856	26,037,066	0.00	0.00	6.00
7.00	Total overhead cost (see instructions)	5,492,812	-173,128	5,319,684	0.00	0.00	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 1/23/2017 8:20 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 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)			0 14.00
15.00	'Workers' Compensation Insurance			0 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			0 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			0 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140064

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140064

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

Worksheet A  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,318,132	1,318,132	51,876	1,370,008	1.00
2.00	00200		1,244,646	1,244,646	30,122	1,274,768	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	2,393,025	8,800,240	11,193,265	534,221	11,727,486	4.00
5.00	00500	635,277	12,140,385	12,775,662	-80,988	12,694,674	5.00
6.00	00600	0	1,053,307	1,053,307	-180	1,053,127	6.00
7.00	00700	0	753,112	753,112	0	753,112	7.00
8.00	00800	0	256,717	256,717	0	256,717	8.00
9.00	00900	585,566	229,099	814,665	-165	814,500	9.00
10.00	01000	530,240	446,953	977,193	-571,155	406,038	10.00
11.00	01100	0	0	0	571,093	571,093	11.00
13.00	01300	733,715	34,914	768,629	-220,699	547,930	13.00
14.00	01400	122,457	61,099	183,556	-970	182,586	14.00
16.00	01600	492,532	189,916	682,448	-35	682,413	16.00
17.00	01700	0	92	92	-139	-47	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,836,555	561,653	4,398,208	490,000	4,888,208	30.00
31.00	03100	1,023,523	328,539	1,352,062	-1,086	1,350,976	31.00
43.00	04300	0	0	0	237,878	237,878	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,520,506	3,976,529	5,497,035	-3,154,042	2,342,993	50.00
51.00	05100	924,652	87,817	1,012,469	-430	1,012,039	51.00
52.00	05200	1,112,737	286,185	1,398,922	-766,222	632,700	52.00
53.00	05300	1,209,288	1,454,869	2,664,157	-315	2,663,842	53.00
54.00	05400	1,103,750	388,266	1,492,016	-90,552	1,401,464	54.00
56.00	05600	179,008	305,749	484,757	-312	484,445	56.00
57.00	05700	347,116	572,620	919,736	-51	919,685	57.00
58.00	05800	236,305	390,938	627,243	-98	627,145	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,399,325	1,287,391	2,686,716	-329	2,686,387	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	389,100	389,100	0	389,100	63.00
65.00	06500	534,906	135,988	670,894	-163,464	507,430	65.00
65.10	06501	296,211	9,981	306,192	-134	306,058	65.10
65.20	06502	254,808	15,119	269,927	-236,416	33,511	65.20
66.00	06600	873,372	41,004	914,376	160,199	1,074,575	66.00
67.00	06700	160,983	-23,152	137,831	31,012	168,843	67.00
68.00	06800	121,403	1,964	123,367	28,445	151,812	68.00
69.00	06900	0	0	0	60,213	60,213	69.00
70.00	07000	78,256	29,365	107,621	-42	107,579	70.00
71.00	07100	0	0	0	1,705,485	1,705,485	71.00
72.00	07200	0	0	0	1,493,086	1,493,086	72.00
73.00	07300	779,051	2,688,134	3,467,185	170,725	3,637,910	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	4,747,355	533,311	5,280,666	-15,246	5,265,420	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		26,231,922	39,989,982	66,221,904	261,285	66,483,189	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	45,309	76,242	121,551	-1,344	120,207	190.00
192.00	19200	803,686	1,840,300	2,643,986	-495,879	2,148,107	192.00
193.00	19300	0	4,585	4,585	0	4,585	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	4,989	4,989	0	4,989	194.10
194.20	07952	0	112,475	112,475	-228	112,247	194.20
194.30	07953	289	467,810	468,099	0	468,099	194.30
194.40	07954	585,123	210,687	795,810	-166	795,644	194.40
194.50	07955	0	168,311	168,311	0	168,311	194.50
194.70	07956	0	0	0	236,332	236,332	194.70
200.00		27,666,329	42,875,381	70,541,710	0	70,541,710	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140064

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

Worksheet A  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	1,370,008	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,274,768	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-239,187	11,488,299	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,401,312	9,293,362	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,053,127	6.00
7.00	00700	OPERATION OF PLANT	0	753,112	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	256,717	8.00
9.00	00900	HOUSEKEEPING	0	814,500	9.00
10.00	01000	DIETARY	-9,188	396,850	10.00
11.00	01100	CAFETERIA	-203,322	367,771	11.00
13.00	01300	NURSING ADMINISTRATION	-18,040	529,890	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	182,586	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25,841	656,572	16.00
17.00	01700	SOCIAL SERVICE	0	-47	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-197,693	4,690,515	30.00
31.00	03100	INTENSIVE CARE UNIT	-7,928	1,343,048	31.00
43.00	04300	NURSERY	0	237,878	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,342,993	50.00
51.00	05100	RECOVERY ROOM	0	1,012,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	632,700	52.00
53.00	05300	ANESTHESIOLOGY	-2,368,488	295,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-305	1,401,159	54.00
56.00	05600	RADIOISOTOPE	0	484,445	56.00
57.00	05700	CT SCAN	0	919,685	57.00
58.00	05800	MRI	0	627,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	2,686,387	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	389,100	63.00
65.00	06500	RESPIRATORY THERAPY	-7,928	499,502	65.00
65.10	06501	CARDIAC STRESS LAB	-32,716	273,342	65.10
65.20	06502	CARDIAC REHAB	-10,829	22,682	65.20
66.00	06600	PHYSICAL THERAPY	-11,219	1,063,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	168,843	67.00
68.00	06800	SPEECH PATHOLOGY	0	151,812	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	107,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,705,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,493,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-40,069	3,597,841	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-2,419,830	2,845,590	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,993,895	57,489,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120,207	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,148,107	192.00
193.00	19300	NONPAID WORKERS	0	4,585	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	4,989	194.10
194.20	07952	FUND DEVELOPMENT	0	112,247	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	468,099	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	795,644	194.40
194.50	07955	FOUNDATION	0	168,311	194.50
194.70	07956	FITNESS CENTER	0	236,332	194.70
200.00		TOTAL (SUM OF LINES 118-199)	-8,993,895	61,547,815	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet Non-CMS W Date/Time Prepared: 1/23/2017 8:20 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.10	CARDIAC STRESS LAB	06501		65.10
65.20	CARDIAC REHAB	06502		65.20
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	PHYSICIAN PRACTICES	07950		194.00
194.10	MEDICAL TRANSPORTATION	07951		194.10
194.20	FUND DEVELOPMENT	07952		194.20
194.30	PUBLIC RELATIONS/MARKETING	07953		194.30
194.40	INDUSTRIAL MEDICINE	07954		194.40
194.50	FOUNDATION	07955		194.50
194.70	FITNESS CENTER	07956		194.70
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140064

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

Worksheet A-6

Date/Time Prepared:  
1/23/2017 8:20 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - PHONES SALARIES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	32,352	1.00	
	O		0	32,352		
<b>B - PROPERTY INSURANCE RECLASS</b>						
1.00	OTHER CAP REL COSTS	3.00	0	81,998	1.00	
2.00	O	0.00	0	0	2.00	
			0	81,998		
<b>C - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	309,884	261,209	1.00	
	O		309,884	261,209		
<b>D - PHYSICIAN BENEFIT RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	515,510	1.00	
2.00	O	0.00	0	0	2.00	
			0	515,510		
<b>E - REHAB ADMIN RECLASS</b>						
1.00	PHYSICAL THERAPY	66.00	150,849	9,422	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	29,969	1,872	2.00	
3.00	SPEECH PATHOLOGY	68.00	26,824	1,675	3.00	
	O		207,642	12,969		
<b>F - EKG SALARY RECLASS</b>						
1.00	ELECTROCARDIOLOGY	69.00	60,213	0	1.00	
	O		60,213	0		
<b>G - IMPLANTABLE MEDICAL DEVICE RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,493,086	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	580	2.00	
3.00	O	0.00	0	0	3.00	
			0	1,493,666		
<b>H - MED/SURG SUP RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,705,485	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	1,705,485		
<b>I - DRUGS CHARGED TO PATIENTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	170,764	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	O		0	170,764		
<b>J - DISABILITY RECLASS</b>						
1.00	HOUSEKEEPING	9.00	0	1,148	1.00	
3.00	ADULTS & PEDIATRICS	30.00	0	370	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	84	4.00	
5.00	OPERATING ROOM	50.00	0	292	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	529	6.00	
10.00	RECOVERY ROOM	51.00	0	483	10.00	
	O		0	2,906		
<b>K - CARDIO PULMONARY REHAB</b>						
1.00	FITNESS CENTER	194.70	223,027	13,305	1.00	
	O		223,027	13,305		
<b>L - GALESBURG CLINIC ADMIN VACATION REC</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	58,611	1.00	
	O		0	58,611		
<b>N - ALTERNATIVE BIRTHING CENTER RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	414,918	106,713	1.00	
2.00	NURSERY	43.00	189,214	48,664	2.00	
	O		604,132	155,377		
<b>O - VACATION RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,822	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	
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	
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	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
35.00		0.00	0	0		35.00
			0	7,822		
P - MEDICAL DIRECTORSHIP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	69,500	0		1.00
	TOTALS		69,500	0		
V - TEAM AWARD A-8 ADJ RECLASS						
1.00		0.00	0	0		1.00
			0	0		
X - DEPREC RECLASS						
1.00		0.00	0	0		1.00
			0	0		
500.00	Grand Total: Increases		1,474,398	4,511,974		500.00

RECLASSIFICATIONS

Provider CCN: 140064

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

Worksheet A-6  
Date/Time Prepared:  
1/23/2017 8:20 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - PHONES SALARIES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	32,352	0	0	1.00
	O		32,352	0		
<b>B - PROPERTY INSURANCE RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	80,900	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,098	0	2.00
	O		0	81,998		
<b>C - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	309,884	261,209	0	1.00
	O		309,884	261,209		
<b>D - PHYSICIAN BENEFIT RECLASS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	483,879	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	31,631	0	2.00
	O		0	515,510		
<b>E - REHAB ADMIN RECLASS</b>						
1.00	NURSING ADMINISTRATION	13.00	207,642	12,969	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		207,642	12,969		
<b>F - EKG SALARY RECLASS</b>						
1.00	RESPIRATORY THERAPY	65.00	60,213	0	0	1.00
	O		60,213	0		
<b>G - IMPLANTABLE MEDICAL DEVICE RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	1,492,845	0	1.00
2.00		0.00	0	0	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	821	0	3.00
	O		0	1,493,666		
<b>H - MED/SURG SUP RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	1,499,095	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,451	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	81,520	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	102,855	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	539	0	5.00
6.00	EMERGENCY	91.00	0	15,025	0	6.00
	O		0	1,705,485		
<b>I - DRUGS CHARGED TO PATIENTS</b>						
1.00	OPERATING ROOM	50.00	0	161,812	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,690	0	2.00
3.00	LABORATORY	60.00	0	262	0	3.00
	O		0	170,764		
<b>J - DISABILITY RECLASS</b>						
1.00	HOUSEKEEPING	9.00	1,148	0	0	1.00
3.00	ADULTS & PEDIATRICS	30.00	370	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	84	0	0	4.00
5.00	OPERATING ROOM	50.00	292	0	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	529	0	0	6.00
10.00	RECOVERY ROOM	51.00	483	0	0	10.00
	O		2,906	0		
<b>K - CARDIO PULMONARY REHAB</b>						
1.00	CARDIAC REHAB	65.20	223,027	13,305	0	1.00
	O		223,027	13,305		
<b>L - GALESBURG CLINIC ADMIN VACATION REC</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	58,611	0	1.00
	O		0	58,611		
<b>N - ALTERNATIVE BIRTHING CENTER RECLASS</b>						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	604,132	155,377	0	1.00
2.00		0.00	0	0	0	2.00
	O		604,132	155,377		
<b>O - VACATION RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	668	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	180	0	0	2.00
3.00	HOUSEKEEPING	9.00	165	0	0	3.00
4.00	DIETARY	10.00	62	0	0	4.00
6.00	NURSING ADMINISTRATION	13.00	88	0	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	149	0	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	35	0	0	8.00
9.00	SOCIAL SERVICE	17.00	139	0	0	9.00
11.00	INTENSIVE CARE UNIT	31.00	1,086	0	0	11.00
12.00	OPERATING ROOM	50.00	290	0	0	12.00
13.00	RECOVERY ROOM	51.00	430	0	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	262	0	0	14.00
15.00	ANESTHESIOLOGY	53.00	315	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	342	0	0	16.00
17.00	RADIOISOTOPE	56.00	312	0	0	17.00

Provider CCN: 140064

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

Worksheet A-6  
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
18.00	CT SCAN	57.00	51	0	0			18.00
19.00	MRI	58.00	98	0	0			19.00
20.00	LABORATORY	60.00	67	0	0			20.00
21.00	RESPIRATORY THERAPY	65.00	396	0	0			21.00
22.00	CARDIAC STRESS LAB	65.10	134	0	0			22.00
23.00	CARDIAC REHAB	65.20	84	0	0			23.00
24.00	PHYSICAL THERAPY	66.00	72	0	0			24.00
25.00	OCCUPATIONAL THERAPY	67.00	290	0	0			25.00
26.00	SPEECH PATHOLOGY	68.00	54	0	0			26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	42	0	0			27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	39	0	0			28.00
29.00	EMERGENCY	91.00	221	0	0			29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,344	0	0			30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	13	0	0			31.00
32.00	FUND DEVELOPMENT	194.20	228	0	0			32.00
35.00	INDUSTRIAL MEDICINE	194.40	166	0	0			35.00
			7,822	0	0			
P - MEDICAL DIRECTORSHIP								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	69,500	0	0			1.00
	TOTALS		69,500	0	0			
V - TEAM AWARD A-8 ADJ RECLASS								
1.00		0.00	0	0	0			1.00
			0	0	0			
X - DEPREC RECLASS								
1.00		0.00	0	0	0			1.00
			0	0	0			
500.00	Grand Total: Decreases		1,517,478	4,468,894				500.00

RECLASSIFICATIONS

Provider CCN: 140064

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
1/23/2017 8:20 am

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>A - PHONES SALARIES</b>									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	32,352	ADMINISTRATIVE & GENERAL	5.00	32,352	0	1.00
			0	32,352			32,352	0	
<b>B - PROPERTY INSURANCE RECLASS</b>									
1.00	OTHER CAP REL COSTS	3.00	0	81,998	ADMINISTRATIVE & GENERAL	5.00	0	80,900	1.00
2.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,098	2.00
			0	81,998			0	81,998	
<b>C - CAFETERIA RECLASS</b>									
1.00	CAFETERIA	11.00	309,884	261,209	DIETARY	10.00	309,884	261,209	1.00
			309,884	261,209			309,884	261,209	
<b>D - PHYSICIAN BENEFIT RECLASS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	515,510	PHYSICIANS' PRIVATE OFFICES	192.00	0	483,879	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	31,631	2.00
			0	515,510			0	515,510	
<b>E - REHAB ADMIN RECLASS</b>									
1.00	PHYSICAL THERAPY	66.00	150,849	9,422	NURSING ADMINISTRATION	13.00	207,642	12,969	1.00
2.00	OCCUPATIONAL THERAPY	67.00	29,969	1,872		0.00	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	26,824	1,675		0.00	0	0	3.00
			207,642	12,969			207,642	12,969	
<b>F - EKG SALARY RECLASS</b>									
1.00	ELECTROCARDIOLOGY	69.00	60,213	0	RESPIRATORY THERAPY	65.00	60,213	0	1.00
			60,213	0			60,213	0	
<b>G - IMPLANTABLE MEDICAL DEVICE RECLASS</b>									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,493,086	OPERATING ROOM	50.00	0	1,492,845	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	580		0.00	0	0	2.00
3.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	821	3.00
			0	1,493,666			0	1,493,666	
<b>H - MED/SURG SUP RECLASS</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,705,485	OPERATING ROOM	50.00	0	1,499,095	1.00
2.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	6,451	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	81,520	3.00
4.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	102,855	4.00
5.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	539	5.00
6.00		0.00	0	0	EMERGENCY	91.00	0	15,025	6.00
			0	1,705,485			0	1,705,485	
<b>I - DRUGS CHARGED TO PATIENTS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	170,764	OPERATING ROOM	50.00	0	161,812	1.00
2.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,690	2.00
3.00		0.00	0	0	LABORATORY	60.00	0	262	3.00
			0	170,764			0	170,764	
<b>J - DISABILITY RECLASS</b>									
1.00	HOUSEKEEPING	9.00	0	1,148	HOUSEKEEPING	9.00	1,148	0	1.00
3.00	ADULTS & PEDIATRICS	30.00	0	370	ADULTS & PEDIATRICS	30.00	370	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	84	INTENSIVE CARE UNIT	31.00	84	0	4.00
5.00	OPERATING ROOM	50.00	0	292	OPERATING ROOM	50.00	292	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	529	DELIVERY ROOM & LABOR ROOM	52.00	529	0	6.00
10.00	RECOVERY ROOM	51.00	0	483	RECOVERY ROOM	51.00	483	0	10.00
			0	2,906			2,906	0	
<b>K - CARDIO PULMONARY REHAB</b>									
1.00	FITNESS CENTER	194.70	223,027	13,305	CARDIAC REHAB	65.20	223,027	13,305	1.00
			223,027	13,305			223,027	13,305	
<b>L - GALESBURG CLINIC ADMIN VACATION REC</b>									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	58,611	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	58,611	1.00
			0	58,611			0	58,611	
<b>N - ALTERNATIVE BIRTHING CENTER RECLASS</b>									
1.00	ADULTS & PEDIATRICS	30.00	414,918	106,713	DELIVERY ROOM & LABOR ROOM	52.00	604,132	155,377	1.00
2.00	NURSERY	43.00	189,214	48,664		0.00	0	0	2.00
			604,132	155,377			604,132	155,377	

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>O - VACATION RECLASS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,822	ADMINISTRATIVE & GENERAL	5.00	668	0	1.00
2.00		0.00	0		MAINTENANCE & REPAIRS	6.00	180	0	2.00
3.00		0.00	0		HOUSEKEEPING	9.00	165	0	3.00
4.00		0.00	0		DIETARY	10.00	62	0	4.00
6.00		0.00	0		NURSING	13.00	88	0	6.00
7.00		0.00	0		ADMINISTRATION				
7.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	149	0	7.00
8.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	35	0	8.00
9.00		0.00	0		SOCIAL SERVICE	17.00	139	0	9.00
11.00		0.00	0		INTENSIVE CARE UNIT	31.00	1,086	0	11.00
12.00		0.00	0		OPERATING ROOM	50.00	290	0	12.00
13.00		0.00	0		RECOVERY ROOM	51.00	430	0	13.00
14.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	262	0	14.00
15.00		0.00	0		ANESTHESIOLOGY	53.00	315	0	15.00
16.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	342	0	16.00
17.00		0.00	0		RADIOISOTOPE	56.00	312	0	17.00
18.00		0.00	0		CT SCAN	57.00	51	0	18.00
19.00		0.00	0		MRI	58.00	98	0	19.00
20.00		0.00	0		LABORATORY	60.00	67	0	20.00
21.00		0.00	0		RESPIRATORY THERAPY	65.00	396	0	21.00
22.00		0.00	0		CARDIAC STRESS LAB	65.10	134	0	22.00
23.00		0.00	0		CARDIAC REHAB	65.20	84	0	23.00
24.00		0.00	0		PHYSICAL THERAPY	66.00	72	0	24.00
25.00		0.00	0		OCCUPATIONAL THERAPY	67.00	290	0	25.00
26.00		0.00	0		SPEECH PATHOLOGY	68.00	54	0	26.00
27.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	42	0	27.00
28.00		0.00	0		DRUGS CHARGED TO PATIENTS	73.00	39	0	28.00
29.00		0.00	0		EMERGENCY	91.00	221	0	29.00
30.00		0.00	0		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,344	0	30.00
31.00		0.00	0		PHYSICIANS' PRIVATE OFFICES	192.00	13	0	31.00
32.00		0.00	0		FUND DEVELOPMENT	194.20	228	0	32.00
35.00		0.00	0		INDUSTRIAL MEDICINE	194.40	166	0	35.00
0			0	7,822	0		7,822	0	
<b>P - MEDICAL DIRECTORSHIP</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	69,500		PHYSICIANS' PRIVATE OFFICES	192.00	69,500	0	1.00
	TOTALS		69,500		TOTALS		69,500	0	
<b>V - TEAM AWARD A-8 ADJ RECLASS</b>									
1.00		0.00	0	0		0.00	0	0	1.00
0			0	0		0	0	0	
<b>X - DEPREC RECLASS</b>									
1.00		0.00	0	0		0.00	0	0	1.00
0			0	0		0	0	0	
500.00	Grand Total:		1,474,398	4,511,974	Grand Total:		1,517,478	4,468,894	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	314,848	0	0	0	1.00
2.00	Land Improvements	1,113,768	147,935	0	147,935	2.00
3.00	Buildings and Fixtures	38,506,323	3,584,986	0	3,584,986	3.00
4.00	Building Improvements	38,298	0	0	0	4.00
5.00	Fixed Equipment	26,328,003	2,154,459	0	2,154,459	5.00
6.00	Movable Equipment	147,855	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	66,449,095	5,887,380	0	5,887,380	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	66,449,095	5,887,380	0	5,887,380	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	314,848	0			1.00
2.00	Land Improvements	890,110	0			2.00
3.00	Buildings and Fixtures	41,332,304	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	23,871,123	0			5.00
6.00	Movable Equipment	129,130	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	66,537,515	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	66,537,515	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,318,132	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,244,646	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,562,778	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,318,132				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,244,646				2.00
3.00	Total (sum of lines 1-2)	0	2,562,778				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140064

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	41,332,304	0	41,332,304	0.632645	51,876	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,000,253	0	24,000,253	0.367355	30,122	2.00
3.00	Total (sum of lines 1-2)	65,332,557	0	65,332,557	1.000000	81,998	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	CAP REL COSTS-BLDG & FIXT	0	0	51,876	1,318,132	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	30,122	1,244,646	0	2.00
3.00	Total (sum of lines 1-2)	0	0	81,998	2,562,778	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	51,876	0	0	1,370,008	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,122	0	0	1,274,768	2.00
3.00	Total (sum of lines 1-2)	0	81,998	0	0	2,644,776	3.00

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 #	
			3.00	4.00	
1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-54,312	ADMINISTRATIVE & GENERAL	5.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,846,865			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-203,322	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients	B	-40,069	DRUGS CHARGED TO PATIENTS	73.00	0 17.00
18.00 Sale of medical records and abstracts	B	-25,841	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines	B	-9,098	DIETARY	10.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-43,313	ADMINISTRATIVE & GENERAL	5.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00		0		0.00	0 33.00
37.04		0		0.00	0 37.04

Provider CCN: 140064

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

Worksheet A-8

Date/Time Prepared:  
 1/23/2017 8:20 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
37.06 RADIOLOGY	B	-305	RADIOLOGY-DIAGNOSTIC	54.00	0 37.06
37.07 EB OFFSET TELEPHONE	A	-10,291	ADMINISTRATIVE & GENERAL	5.00	0 37.07
37.09		0		0.00	0 37.09
37.10 DPA PROVIDER TAX	A	-3,114,514	ADMINISTRATIVE & GENERAL	5.00	0 37.10
37.11		0		0.00	0 37.11
37.12		0		0.00	0 37.12
37.13 COMMUNITY HEALTH EDUCATION	B	-6,429	ADMINISTRATIVE & GENERAL	5.00	0 37.13
37.14 PROPERTY TAX	A	-115,533	ADMINISTRATIVE & GENERAL	5.00	0 37.14
37.15 CRNA SALARIES	A	-1,209,288	ANESTHESIOLOGY	53.00	0 37.15
37.16 CRNA BENEFIT PART B OFFSET	A	-205,579	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.16
37.17		0		0.00	0 37.17
37.18 UNEMPLOYMENT CLAIMS	A	-16,957	ADMINISTRATIVE & GENERAL	5.00	0 37.18
37.19		0		0.00	0 37.19
37.20 IHA, AHA, CHA DUES	A	-30,810	ADMINISTRATIVE & GENERAL	5.00	0 37.20
37.21		0		0.00	0 37.21
37.22 PHYSICAL THERAPY	B	-11,219	PHYSICAL THERAPY	66.00	0 37.22
37.23 CHAPLAINCY SVCS	B	-1,069	ADMINISTRATIVE & GENERAL	5.00	0 37.23
38.00 DIETARY	B	-90	DIETARY	10.00	0 38.00
45.00 CARDIAC REHAB	B	-10,829	CARDIAC REHAB	65.20	0 45.00
46.00 PERSONNEL	B	-120	ADMINISTRATIVE & GENERAL	5.00	0 46.00
47.01 VENDING COMMISSIONS	B	-468	EMERGENCY	91.00	0 47.01
47.02 OTHER REVENUE - COMMUNITY HEALTH	B	-3,966	ADMINISTRATIVE & GENERAL	5.00	0 47.02
47.03		0		0.00	0 47.03
47.04		0		0.00	0 47.04
47.05 EMPLOYEE BENEFIT OFFSET - ADLT/PEDS	A	-33,608	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,993,895			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140064

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

Worksheet A-8-1

Date/Time Prepared: 1/23/2017 8:20 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	0	4.00
4.04	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	0	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINTENANCE	0	4.05
4.06	57.00	CT SCAN	SFI PURCH MAINTENANCE	0	4.06
4.07	58.00	MRI	SFI PURCH MAINTENANCE	0	4.07
4.08	66.00	PHYSICAL THERAPY	SFI PURCH MAINTENANCE	0	4.08
4.09	56.00	RADIOISOTOPE	SFI PURCHASE SERVICES	0	4.09
4.10	57.00	CT SCAN	SFI PURCHASE SERVICES	0	4.10
4.11	58.00	MRI	SFI PURCHASE SERVICES	0	4.11
4.12	60.00	LABORATORY	SYSTEMS LAB	0	4.12
4.13	31.00	INTENSIVE CARE UNIT	EICU	0	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			0	5.00

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

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

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

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

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

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

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

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

Provider CCN: 140064

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

Worksheet A-8-1

Date/Time Prepared:  
1/23/2017 8:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	9		1.00
2.00	0	9		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	0			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140064

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

Worksheet A-8-2

Date/Time Prepared:  
1/23/2017 8:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	10,989	0	10,989	159,800	91	1.00
2.00	13.00	NURSING ADMINISTRATION	50,000	0	50,000	159,800	416	2.00
3.00	30.00	ADULTS & PEDIATRICS	197,693	197,693	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	12,000	0	12,000	159,800	53	4.00
5.00	53.00	ANESTHESIOLOGY	1,159,200	1,159,200	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	12,000	0	12,000	159,800	53	6.00
7.00	65.10	CARDIAC STRESS LAB	52,000	0	52,000	159,800	251	7.00
8.00	91.00	EMERGENCY	2,419,362	2,419,362	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,913,244	3,776,255	136,989		864	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,991	350	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	31,960	1,598	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	4,072	204	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	4,072	204	0	0	0	6.00
7.00	65.10	CARDIAC STRESS LAB	19,284	964	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			66,379	3,320	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	6,991	3,998	3,998		1.00
2.00	13.00	NURSING ADMINISTRATION	0	31,960	18,040	18,040		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	197,693		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	4,072	7,928	7,928		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,159,200		5.00
6.00	65.00	RESPIRATORY THERAPY	0	4,072	7,928	7,928		6.00
7.00	65.10	CARDIAC STRESS LAB	0	19,284	32,716	32,716		7.00
8.00	91.00	EMERGENCY	0	0	0	2,419,362		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	66,379	70,610	3,846,865		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,370,008	1,370,008			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,274,768		1,274,768		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,488,299	0	0	11,488,299	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,293,362	280,486	283,840	1,142,646	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,053,127	180,048	28,075	307,496	6.00
7.00 00700	OPERATION OF PLANT	753,112	81,168	931	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	256,717	5,684	0	0	8.00
9.00 00900	HOUSEKEEPING	814,500	6,198	10,770	282,878	9.00
10.00 01000	DIETARY	396,850	26,338	19,329	106,660	10.00
11.00 01100	CAFETERIA	367,771	17,498	0	149,994	11.00
13.00 01300	NURSING ADMINISTRATION	529,890	3,830	57,390	254,637	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	182,586	18,060	41,119	59,273	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	656,572	6,552	4,170	238,402	16.00
17.00 01700	SOCIAL SERVICE	-47	1,450	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,690,515	170,932	27,761	1,962,029	30.00
31.00 03100	INTENSIVE CARE UNIT	1,343,048	35,925	41,584	495,379	31.00
43.00 04300	NURSERY	237,878	6,344	0	91,612	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,342,993	80,826	179,924	735,835	50.00
51.00 05100	RECOVERY ROOM	1,012,039	31,557	0	447,329	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	632,700	26,393	55,314	245,843	52.00
53.00 05300	ANESTHESIOLOGY	295,354	392	30,891	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,401,159	50,664	136,076	534,253	54.00
56.00 05600	RADIOISOTOPE	484,445	3,371	0	86,646	56.00
57.00 05700	CT SCAN	919,685	6,253	1,214	168,016	57.00
58.00 05800	MRI	627,145	6,546	88,555	114,380	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,686,387	28,639	36,823	677,321	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	389,100	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	499,502	7,342	29,286	229,768	65.00
65.10 06501	CARDIAC STRESS LAB	273,342	15,938	8,674	143,376	65.10
65.20 06502	CARDIAC REHAB	22,682	1,175	4,386	15,353	65.20
66.00 06600	PHYSICAL THERAPY	1,063,356	56,635	118,997	495,758	66.00
67.00 06700	OCCUPATIONAL THERAPY	168,843	16,445	493	92,427	67.00
68.00 06800	SPEECH PATHOLOGY	151,812	15,356	172	71,747	68.00
69.00 06900	ELECTROCARDIOLOGY	60,213	685	0	29,145	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	107,579	5,745	9,658	37,879	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,705,485	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,493,086	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,597,841	10,272	30,786	377,087	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	2,845,590	55,509	27,341	1,126,496	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,489,294	1,260,256	1,273,559	10,719,665	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,207	0	0	21,931	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,148,107	53,551	0	355,361	192.00
193.00 19300	NONPAID WORKERS	4,585	26,583	0	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	4,989	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	112,247	1,071	37	0	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	468,099	887	0	140	194.30
194.40 07954	INDUSTRIAL MEDICINE	795,644	16,464	1,172	283,219	194.40
194.50 07955	FOUNDATION	168,311	0	0	0	194.50
194.70 07956	FITNESS CENTER	236,332	11,196	0	107,983	194.70
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	61,547,815	1,370,008	1,274,768	11,488,299	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

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

Worksheet B Part I Date/Time Prepared: 1/23/2017 8:20 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,000,334				5.00
6.00	00600	MAINTENANCE & REPAIRS	341,397	1,910,143			6.00
7.00	00700	OPERATION OF PLANT	181,762	170,476	1,187,449		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,105	11,937	8,148	339,591	8.00
9.00	00900	HOUSEKEEPING	242,508	13,017	8,885	0	1,378,756
10.00	01000	DIETARY	119,514	55,317	37,758	0	44,479
11.00	01100	CAFETERIA	116,486	36,750	25,084	0	29,550
13.00	01300	NURSING ADMINISTRATION	184,055	8,044	5,491	0	6,468
14.00	01400	CENTRAL SERVICES & SUPPLY	65,513	37,932	25,891	0	30,500
16.00	01600	MEDICAL RECORDS & LIBRARY	197,101	13,762	9,394	0	11,066
17.00	01700	SOCIAL SERVICE	305	3,045	2,079	0	2,449
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,490,982	359,007	245,044	164,633	288,669
31.00	03100	INTENSIVE CARE UNIT	416,954	75,453	51,502	35,114	60,670
43.00	04300	NURSERY	73,086	13,325	9,095	0	10,714
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	726,772	169,756	115,871	31,445	136,496
51.00	05100	RECOVERY ROOM	324,461	66,278	45,240	28,221	53,293
52.00	05200	DELIVERY ROOM & LABOR ROOM	208,973	55,433	37,837	24,925	44,572
53.00	05300	ANESTHESIOLOGY	71,084	822	561	0	661
54.00	05400	RADIOLOGY-DIAGNOSTIC	461,831	106,407	72,631	13,787	85,559
56.00	05600	RADIOISOTOPE	125,017	7,080	4,833	0	5,693
57.00	05700	CT SCAN	238,335	13,132	8,964	0	10,559
58.00	05800	MRI	182,070	13,749	9,385	0	11,055
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	746,270	60,149	41,056	0	48,364
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84,677	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	166,678	15,420	10,525	0	12,398
65.10	06501	CARDIAC STRESS LAB	96,044	33,473	22,848	0	26,915
65.20	06502	CARDIAC REHAB	9,488	2,467	1,684	0	1,984
66.00	06600	PHYSICAL THERAPY	377,522	118,949	81,191	10,833	95,643
67.00	06700	OCCUPATIONAL THERAPY	60,545	34,540	23,576	0	27,772
68.00	06800	SPEECH PATHOLOGY	52,031	32,252	22,015	0	25,933
69.00	06900	ELECTROCARDIOLOGY	19,596	1,439	982	0	1,157
70.00	07000	ELECTROENCEPHALOGRAPHY	35,007	12,066	8,236	0	9,702
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	371,154	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	324,931	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	873,975	21,574	14,726	0	17,347
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	882,451	116,584	79,577	30,633	93,742
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,925,680	1,679,635	1,030,109	339,591	1,193,410
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,933	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	556,469	112,472	76,771	0	90,436
193.00	19300	NONPAID WORKERS	6,783	55,831	38,109	0	44,893
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0
194.10	07951	MEDICAL TRANSPORTATION	1,086	0	0	0	0
194.20	07952	FUND DEVELOPMENT	24,669	2,249	1,535	0	1,808
194.30	07953	PUBLIC RELATIONS/MARKETING	102,093	1,863	1,272	0	1,498
194.40	07954	INDUSTRIAL MEDICINE	238,624	34,578	23,602	0	27,803
194.50	07955	FOUNDATION	36,629	0	0	0	0
194.70	07956	FITNESS CENTER	77,368	23,515	16,051	0	18,908
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,000,334	1,910,143	1,187,449	339,591	1,378,756

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 1/23/2017 8:20 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	806,245					10.00
11.00	01100	0	743,133				11.00
13.00	01300	0	8,141	1,057,946			13.00
14.00	01400	0	8,522	28,177	497,573		14.00
16.00	01600	0	29,879	0	1	1,166,899	16.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	706,623	151,533	501,040	69,560	66,774	30.00
31.00	03100	98,544	33,220	109,843	21,571	13,570	31.00
43.00	04300	0	0	0	0	3,420	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	59,949	198,221	0	120,575	50.00
51.00	05100	0	30,852	102,012	22,410	43,828	51.00
52.00	05200	0	35,800	118,373	35,030	9,200	52.00
53.00	05300	0	12,307	0	46,935	37,278	53.00
54.00	05400	0	41,615	0	0	79,377	54.00
56.00	05600	0	5,413	0	5,351	21,984	56.00
57.00	05700	0	13,322	0	55,673	113,375	57.00
58.00	05800	0	7,655	0	21,475	40,582	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	64,812	0	13,779	213,890	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	6,678	7,297	63.00
65.00	06500	0	17,932	0	0	31,633	65.00
65.10	06501	0	10,171	0	1,564	28,954	65.10
65.20	06502	0	1,142	0	1,385	3,343	65.20
66.00	06600	0	35,356	0	7,353	25,417	66.00
67.00	06700	0	5,583	0	0	4,948	67.00
68.00	06800	0	5,054	0	37	2,914	68.00
69.00	06900	0	0	0	0	9,091	69.00
70.00	07000	0	4,969	0	2,195	4,986	70.00
71.00	07100	0	0	0	0	62,295	71.00
72.00	07200	0	0	0	0	34,610	72.00
73.00	07300	0	21,442	0	67,595	115,161	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	87,206	0	81,591	72,397	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		805,167	691,875	1,057,666	460,183	1,166,899	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	2,136	0	0	0	190.00
192.00	19200	0	20,575	0	35,049	0	192.00
193.00	19300	1,078	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	0	0	0	0	194.10
194.20	07952	0	0	0	0	0	194.20
194.30	07953	0	85	280	135	0	194.30
194.40	07954	0	20,194	0	2,206	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	0	8,268	0	0	0	194.70
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		806,245	743,133	1,057,946	497,573	1,166,899	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140064

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	9,281				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,724	10,902,826	0	10,902,826	30.00
31.00	03100	INTENSIVE CARE UNIT	1,066	2,833,443	0	2,833,443	31.00
43.00	04300	NURSERY	491	445,965	0	445,965	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	4,898,663	0	4,898,663	50.00
51.00	05100	RECOVERY ROOM	0	2,207,520	0	2,207,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,530,393	0	1,530,393	52.00
53.00	05300	ANESTHESIOLOGY	0	496,285	0	496,285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,983,359	0	2,983,359	54.00
56.00	05600	RADIOLOGY-SOTOPE	0	749,833	0	749,833	56.00
57.00	05700	CT SCAN	0	1,548,528	0	1,548,528	57.00
58.00	05800	MRI	0	1,122,597	0	1,122,597	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,617,490	0	4,617,490	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	487,752	0	487,752	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,020,484	0	1,020,484	65.00
65.10	06501	CARDIAC STRESS LAB	0	661,299	0	661,299	65.10
65.20	06502	CARDIAC REHAB	0	65,089	0	65,089	65.20
66.00	06600	PHYSICAL THERAPY	0	2,487,010	0	2,487,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	435,172	0	435,172	67.00
68.00	06800	SPEECH PATHOLOGY	0	379,323	0	379,323	68.00
69.00	06900	ELECTROCARDIOLOGY	0	122,308	0	122,308	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	238,022	0	238,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,138,934	0	2,138,934	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,852,627	0	1,852,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,147,806	0	5,147,806	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	5,499,117	0	5,499,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,281	54,871,845	0	54,871,845	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	175,207	0	175,207	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,448,791	0	3,448,791	192.00
193.00	19300	NONPAID WORKERS	0	177,862	0	177,862	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	6,075	0	6,075	194.10
194.20	07952	FUND DEVELOPMENT	0	143,616	0	143,616	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	576,352	0	576,352	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	1,443,506	0	1,443,506	194.40
194.50	07955	FOUNDATION	0	204,940	0	204,940	194.50
194.70	07956	FITNESS CENTER	0	499,621	0	499,621	194.70
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,281	61,547,815	0	61,547,815	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140064

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

Worksheet Non-CMS W  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	6	MEALS SERVED	10.00
11.00	CAFETERIA	7	FTE'S	11.00
13.00	NURSING ADMINISTRATION	9	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	12	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140064

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	280,486	283,840	564,326	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	180,048	28,075	208,123	6.00
7.00 00700	OPERATION OF PLANT	0	81,168	931	82,099	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,684	0	5,684	8.00
9.00 00900	HOUSEKEEPING	0	6,198	10,770	16,968	9.00
10.00 01000	DIETARY	0	26,338	19,329	45,667	10.00
11.00 01100	CAFETERIA	0	17,498	0	17,498	11.00
13.00 01300	NURSING ADMINISTRATION	0	3,830	57,390	61,220	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	18,060	41,119	59,179	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,552	4,170	10,722	16.00
17.00 01700	SOCIAL SERVICE	0	1,450	0	1,450	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	170,932	27,761	198,693	30.00
31.00 03100	INTENSIVE CARE UNIT	0	35,925	41,584	77,509	31.00
43.00 04300	NURSERY	0	6,344	0	6,344	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	80,826	179,924	260,750	50.00
51.00 05100	RECOVERY ROOM	0	31,557	0	31,557	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	26,393	55,314	81,707	52.00
53.00 05300	ANESTHESIOLOGY	0	392	30,891	31,283	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	50,664	136,076	186,740	54.00
56.00 05600	RADIOISOTOPE	0	3,371	0	3,371	56.00
57.00 05700	CT SCAN	0	6,253	1,214	7,467	57.00
58.00 05800	MRI	0	6,546	88,555	95,101	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	28,639	36,823	65,462	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	7,342	29,286	36,628	65.00
65.10 06501	CARDIAC STRESS LAB	0	15,938	8,674	24,612	65.10
65.20 06502	CARDIAC REHAB	0	1,175	4,386	5,561	65.20
66.00 06600	PHYSICAL THERAPY	0	56,635	118,997	175,632	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,445	493	16,938	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,356	172	15,528	68.00
69.00 06900	ELECTROCARDIOLOGY	0	685	0	685	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,745	9,658	15,403	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	10,272	30,786	41,058	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	55,509	27,341	82,850	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,260,256	1,273,559	2,533,815	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	53,551	0	53,551	192.00
193.00 19300	NONPAID WORKERS	0	26,583	0	26,583	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	0	1,071	37	1,108	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	0	887	0	887	194.30
194.40 07954	INDUSTRIAL MEDICINE	0	16,464	1,172	17,636	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	0	11,196	0	11,196	194.70
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,370,008	1,274,768	2,644,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140064

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	564,326				5.00
6.00	00600	MAINTENANCE & REPAIRS	17,513	225,636			6.00
7.00	00700	OPERATION OF PLANT	9,324	20,137	111,560		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,929	1,410	766	10,789	8.00
9.00	00900	HOUSEKEEPING	12,441	1,538	835	0	31,782
10.00	01000	DIETARY	6,131	6,534	3,547	0	1,025
11.00	01100	CAFETERIA	5,976	4,341	2,357	0	681
13.00	01300	NURSING ADMINISTRATION	9,442	950	516	0	149
14.00	01400	CENTRAL SERVICES & SUPPLY	3,361	4,481	2,432	0	703
16.00	01600	MEDICAL RECORDS & LIBRARY	10,111	1,626	883	0	255
17.00	01700	SOCIAL SERVICE	16	360	195	0	56
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,502	42,409	23,021	5,230	6,654
31.00	03100	INTENSIVE CARE UNIT	21,390	8,913	4,839	1,116	1,399
43.00	04300	NURSERY	3,749	1,574	854	0	247
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	37,283	20,052	10,886	999	3,146
51.00	05100	RECOVERY ROOM	16,645	7,829	4,250	897	1,228
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,720	6,548	3,555	792	1,027
53.00	05300	ANESTHESIOLOGY	3,647	97	53	0	15
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,692	12,569	6,824	438	1,972
56.00	05600	RADIOISOTOPE	6,413	836	454	0	131
57.00	05700	CT SCAN	12,226	1,551	842	0	243
58.00	05800	MRI	9,340	1,624	882	0	255
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	38,283	7,105	3,857	0	1,115
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,344	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,550	1,821	989	0	286
65.10	06501	CARDIAC STRESS LAB	4,927	3,954	2,147	0	620
65.20	06502	CARDIAC REHAB	487	291	158	0	46
66.00	06600	PHYSICAL THERAPY	19,367	14,051	7,628	344	2,205
67.00	06700	OCCUPATIONAL THERAPY	3,106	4,080	2,215	0	640
68.00	06800	SPEECH PATHOLOGY	2,669	3,810	2,068	0	598
69.00	06900	ELECTROCARDIOLOGY	1,005	170	92	0	27
70.00	07000	ELECTROENCEPHALOGRAPHY	1,796	1,425	774	0	224
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,040	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,669	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	44,834	2,548	1,384	0	400
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	45,269	13,772	7,476	973	2,161
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	509,197	198,406	96,779	10,789	27,508
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,587	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,547	13,286	7,213	0	2,085
193.00	19300	NONPAID WORKERS	348	6,595	3,580	0	1,035
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0
194.10	07951	MEDICAL TRANSPORTATION	56	0	0	0	0
194.20	07952	FUND DEVELOPMENT	1,265	266	144	0	42
194.30	07953	PUBLIC RELATIONS/MARKETING	5,237	220	119	0	35
194.40	07954	INDUSTRIAL MEDICINE	12,241	4,085	2,217	0	641
194.50	07955	FOUNDATION	1,879	0	0	0	0
194.70	07956	FITNESS CENTER	3,969	2,778	1,508	0	436
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	564,326	225,636	111,560	10,789	31,782

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 1/23/2017 8:20 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	62,904					10.00
11.00	01100	0	30,853				11.00
13.00	01300	0	338	72,615			13.00
14.00	01400	0	354	1,934	72,444		14.00
16.00	01600	0	1,241	0	0	24,838	16.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	55,132	6,291	34,391	10,128	1,422	30.00
31.00	03100	7,688	1,379	7,539	3,141	289	31.00
43.00	04300	0	0	0	0	73	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	2,489	13,605	0	2,568	50.00
51.00	05100	0	1,281	7,002	3,263	933	51.00
52.00	05200	0	1,486	8,125	5,100	196	52.00
53.00	05300	0	511	0	6,834	794	53.00
54.00	05400	0	1,728	0	0	1,690	54.00
56.00	05600	0	225	0	779	468	56.00
57.00	05700	0	553	0	8,106	2,414	57.00
58.00	05800	0	318	0	3,127	864	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	2,691	0	2,006	4,544	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	972	155	63.00
65.00	06500	0	744	0	0	674	65.00
65.10	06501	0	422	0	228	617	65.10
65.20	06502	0	47	0	202	71	65.20
66.00	06600	0	1,468	0	1,071	541	66.00
67.00	06700	0	232	0	0	105	67.00
68.00	06800	0	210	0	5	62	68.00
69.00	06900	0	0	0	0	194	69.00
70.00	07000	0	206	0	320	106	70.00
71.00	07100	0	0	0	0	1,327	71.00
72.00	07200	0	0	0	0	737	72.00
73.00	07300	0	890	0	9,841	2,452	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	3,621	0	11,877	1,542	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		62,820	28,725	72,596	67,000	24,838	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	89	0	0	0	190.00
192.00	19200	0	854	0	5,103	0	192.00
193.00	19300	84	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	0	0	0	0	194.10
194.20	07952	0	0	0	0	0	194.20
194.30	07953	0	4	19	20	0	194.30
194.40	07954	0	838	0	321	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	0	343	0	0	0	194.70
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		62,904	30,853	72,615	72,444	24,838	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 1/23/2017 8:20 am		
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	2,067			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	1,721	461,594	0	30.00
31.00	03100	INTENSIVE CARE UNIT	237	135,439	0	31.00
43.00	04300	NURSERY	109	12,950	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	351,778	0	50.00
51.00	05100	RECOVERY ROOM	0	74,885	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	119,256	0	52.00
53.00	05300	ANESTHESIOLOGY	0	43,234	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	235,653	0	54.00
56.00	05600	RADIOISOTOPE	0	12,677	0	56.00
57.00	05700	CT SCAN	0	33,402	0	57.00
58.00	05800	MRI	0	111,511	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	125,063	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,471	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	49,692	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	37,527	0	65.10
65.20	06502	CARDIAC REHAB	0	6,863	0	65.20
66.00	06600	PHYSICAL THERAPY	0	222,307	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,316	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,950	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,173	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,254	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,367	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,406	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	103,407	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	169,541	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,067	2,424,716	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,676	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	110,639	0	192.00
193.00	19300	NONPAID WORKERS	0	38,225	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	56	0	194.10
194.20	07952	FUND DEVELOPMENT	0	2,825	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	6,541	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	37,979	0	194.40
194.50	07955	FOUNDATION	0	1,879	0	194.50
194.70	07956	FITNESS CENTER	0	20,230	0	194.70
200.00		Cross Foot Adjustments		0	0	200.00
201.00		Negative Cost Centers	10	10	0	201.00
202.00		TOTAL (sum lines 118-201)	2,077	2,644,776	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

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

Worksheet B-1

Date/Time Prepared:  
1/23/2017 8: 20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	223,929				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,237,427			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	23,727,748		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,846	275,523	2,360,005	-11,000,334	5.00
6.00 00600	MAINTENANCE & REPAIRS	29,429	27,253	635,097	0	6.00
7.00 00700	OPERATION OF PLANT	13,267	904	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	929	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,013	10,455	584,253	0	9.00
10.00 01000	DIETARY	4,305	18,763	220,294	0	10.00
11.00 01100	CAFETERIA	2,860	0	309,796	0	11.00
13.00 01300	NURSING ADMINISTRATION	626	55,709	525,924	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,952	39,915	122,422	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,071	4,048	492,393	0	16.00
17.00 01700	SOCIAL SERVICE	237	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	27,939	26,948	4,052,324	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,872	40,366	1,023,149	0	31.00
43.00 04300	NURSERY	1,037	0	189,214	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,211	174,654	1,519,784	0	50.00
51.00 05100	RECOVERY ROOM	5,158	0	923,907	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,314	53,694	507,761	0	52.00
53.00 05300	ANESTHESIOLOGY	64	29,986	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,281	132,090	1,103,438	0	54.00
56.00 05600	RADIOISOTOPE	551	0	178,957	0	56.00
57.00 05700	CT SCAN	1,022	1,178	347,018	0	57.00
58.00 05800	MRI	1,070	85,961	236,238	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	4,681	35,744	1,398,929	0	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,200	28,428	474,559	0	65.00
65.10 06501	CARDIAC STRESS LAB	2,605	8,420	296,127	0	65.10
65.20 06502	CARDIAC REHAB	192	4,258	31,709	0	65.20
66.00 06600	PHYSICAL THERAPY	9,257	115,511	1,023,931	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,688	479	190,898	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,510	167	148,185	0	68.00
69.00 06900	ELECTROCARDIOLOGY	112	0	60,196	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	939	9,375	78,234	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,679	29,884	778,830	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	9,073	26,540	2,326,649	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	205,990	1,236,253	22,140,221	-11,000,334	45,609,365
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,296	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,753	0	733,958	0	192.00
193.00 19300	NONPAID WORKERS	4,345	0	0	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	175	36	0	0	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	145	0	289	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	2,691	1,138	584,957	0	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	1,830	0	223,027	0	194.70
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)	1,370,008	1,274,768	11,488,299		11,000,334
203.00	Unit cost multiplier (Wkst. B, Part I)	6.118046	1.030176	0.484171		0.217624
204.00	Cost to be allocated (per Wkst. B, Part II)			0		564,326
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.011164

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

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

Worksheet B-1  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	148,654				6.00	
7.00	00700	OPERATION OF PLANT	13,267	135,387			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	929	929	407,908		8.00	
9.00	00900	HOUSEKEEPING	1,013	1,013	0	133,445	9.00	
10.00	01000	DIETARY	4,305	4,305	0	4,305	62,810	10.00
11.00	01100	CAFETERIA	2,860	2,860	0	2,860	0	11.00
13.00	01300	NURSING ADMINISTRATION	626	626	0	626	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,952	2,952	0	2,952	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,071	1,071	0	1,071	0	16.00
17.00	01700	SOCIAL SERVICE	237	237	0	237	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	27,939	27,939	197,754	27,939	55,049	30.00
31.00	03100	INTENSIVE CARE UNIT	5,872	5,872	42,178	5,872	7,677	31.00
43.00	04300	NURSERY	1,037	1,037	0	1,037	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,211	13,211	37,771	13,211	0	50.00
51.00	05100	RECOVERY ROOM	5,158	5,158	33,898	5,158	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,314	4,314	29,939	4,314	0	52.00
53.00	05300	ANESTHESIOLOGY	64	64	0	64	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,281	8,281	16,561	8,281	0	54.00
56.00	05600	RADIOISOTOPE	551	551	0	551	0	56.00
57.00	05700	CT SCAN	1,022	1,022	0	1,022	0	57.00
58.00	05800	MRI	1,070	1,070	0	1,070	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,681	4,681	0	4,681	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,200	1,200	0	1,200	0	65.00
65.10	06501	CARDIAC STRESS LAB	2,605	2,605	0	2,605	0	65.10
65.20	06502	CARDIAC REHAB	192	192	0	192	0	65.20
66.00	06600	PHYSICAL THERAPY	9,257	9,257	13,012	9,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	2,688	0	2,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	2,510	0	2,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	112	0	112	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	939	939	0	939	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,679	1,679	0	1,679	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	9,073	9,073	36,795	9,073	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	130,715	117,448	407,908	115,506	62,726	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,753	8,753	0	8,753	0	192.00
193.00	19300	NONPAID WORKERS	4,345	4,345	0	4,345	84	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	175	175	0	175	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	145	145	0	145	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	2,691	2,691	0	2,691	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	1,830	1,830	0	1,830	0	194.70
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)	1,910,143	1,187,449	339,591	1,378,756	806,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.849590	8.770776	0.832519	10.332017	12.836252	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	225,636	111,560	10,789	31,782	62,904	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.517860	0.824008	0.026450	0.238166	1.001497	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140064

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

Worksheet B-1  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	35,143					11.00
13.00	01300	NURSING ADMINISTRATION	385	15,131				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	403	403	926,474			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,413	0	1	345,155,311		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	11,804	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,166	7,166	129,520	19,749,799	9,824	30.00
31.00	03100	INTENSIVE CARE UNIT	1,571	1,571	40,164	4,013,546	1,356	31.00
43.00	04300	NURSERY	0	0	0	1,011,682	624	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,835	2,835	0	35,662,560	0	50.00
51.00	05100	RECOVERY ROOM	1,459	1,459	41,727	12,963,133	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,693	1,693	65,225	2,721,232	0	52.00
53.00	05300	ANESTHESIOLOGY	582	0	87,393	11,025,705	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,968	0	0	23,477,356	0	54.00
56.00	05600	RADIOISOTOPE	256	0	9,964	6,502,287	0	56.00
57.00	05700	CT SCAN	630	0	103,663	33,533,093	0	57.00
58.00	05800	MRI	362	0	39,986	12,002,864	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,065	0	25,656	63,283,069	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,435	2,158,299	0	63.00
65.00	06500	RESPIRATORY THERAPY	848	0	0	9,356,073	0	65.00
65.10	06501	CARDIAC STRESS LAB	481	0	2,912	8,563,654	0	65.10
65.20	06502	CARDIAC REHAB	54	0	2,578	988,676	0	65.20
66.00	06600	PHYSICAL THERAPY	1,672	0	13,692	7,517,658	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	264	0	0	1,463,347	0	67.00
68.00	06800	SPEECH PATHOLOGY	239	0	69	861,882	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,688,853	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235	0	4,087	1,474,792	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,424,893	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,236,702	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,014	0	125,861	34,061,213	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	4,124	0	151,921	21,412,943	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,719	15,127	856,854	345,155,311	11,804	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	973	0	65,260	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	4	4	252	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	955	0	4,108	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	391	0	0	0	0	194.70
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)	743,133	1,057,946	497,573	1,166,899	9,281	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.145975	69.919106	0.537061	0.003381	0.786259	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,853	72,615	72,444	24,838	2,077	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.877927	4.799088	0.078193	0.000072	0.175110	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140064

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	10,902,826		10,902,826	0	10,902,826	30.00
31.00	03100 INTENSIVE CARE UNIT	2,833,443		2,833,443	7,928	2,841,371	31.00
43.00	04300 NURSERY	445,965		445,965	0	445,965	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,898,663		4,898,663	0	4,898,663	50.00
51.00	05100 RECOVERY ROOM	2,207,520		2,207,520	0	2,207,520	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,530,393		1,530,393	0	1,530,393	52.00
53.00	05300 ANESTHESIOLOGY	496,285		496,285	0	496,285	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,983,359		2,983,359	0	2,983,359	54.00
56.00	05600 RADIOISOTOPE	749,833		749,833	0	749,833	56.00
57.00	05700 CT SCAN	1,548,528		1,548,528	0	1,548,528	57.00
58.00	05800 MRI	1,122,597		1,122,597	0	1,122,597	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	4,617,490		4,617,490	0	4,617,490	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	487,752		487,752	0	487,752	63.00
65.00	06500 RESPIRATORY THERAPY	1,020,484	0	1,020,484	7,928	1,028,412	65.00
65.10	06501 CARDIAC STRESS LAB	661,299	0	661,299	32,716	694,015	65.10
65.20	06502 CARDIAC REHAB	65,089	0	65,089	0	65,089	65.20
66.00	06600 PHYSICAL THERAPY	2,487,010	0	2,487,010	0	2,487,010	66.00
67.00	06700 OCCUPATIONAL THERAPY	435,172	0	435,172	0	435,172	67.00
68.00	06800 SPEECH PATHOLOGY	379,323	0	379,323	0	379,323	68.00
69.00	06900 ELECTROCARDIOLOGY	122,308		122,308	0	122,308	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	238,022		238,022	0	238,022	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,138,934		2,138,934	0	2,138,934	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,852,627		1,852,627	0	1,852,627	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,147,806		5,147,806	0	5,147,806	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	5,499,117		5,499,117	0	5,499,117	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	881,366		881,366		881,366	92.00
200.00	Subtotal (see instructions)	55,753,211	0	55,753,211	48,572	55,801,783	200.00
201.00	Less Observation Beds	881,366		881,366		881,366	201.00
202.00	Total (see instructions)	54,871,845	0	54,871,845	48,572	54,920,417	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140064

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,116,196		18,116,196		30.00
31.00	03100	INTENSIVE CARE UNIT	4,013,546		4,013,546		31.00
43.00	04300	NURSERY	1,011,682		1,011,682		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,393,253	26,269,307	35,662,560	0.137362	50.00
51.00	05100	RECOVERY ROOM	1,686,135	11,276,998	12,963,133	0.170292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,812,084	909,148	2,721,232	0.562390	52.00
53.00	05300	ANESTHESIOLOGY	3,375,277	7,650,428	11,025,705	0.045012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,752,401	20,724,955	23,477,356	0.127074	54.00
56.00	05600	RADIOISOTOPE	217,978	6,284,309	6,502,287	0.115318	56.00
57.00	05700	CT SCAN	4,765,011	28,768,082	33,533,093	0.046179	57.00
58.00	05800	MRI	640,876	11,361,988	12,002,864	0.093527	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	14,083,578	49,199,491	63,283,069	0.072966	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,202,066	956,233	2,158,299	0.225989	63.00
65.00	06500	RESPIRATORY THERAPY	7,795,388	1,560,685	9,356,073	0.109072	65.00
65.10	06501	CARDIAC STRESS LAB	1,783,751	6,779,903	8,563,654	0.077222	65.10
65.20	06502	CARDIAC REHAB	252	988,424	988,676	0.065835	65.20
66.00	06600	PHYSICAL THERAPY	1,419,498	6,098,160	7,517,658	0.330822	66.00
67.00	06700	OCCUPATIONAL THERAPY	691,501	771,846	1,463,347	0.297381	67.00
68.00	06800	SPEECH PATHOLOGY	312,407	549,475	861,882	0.440110	68.00
69.00	06900	ELECTROCARDIOLOGY	855,919	1,832,934	2,688,853	0.045487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,845	1,468,947	1,474,792	0.161394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,250,568	9,174,325	18,424,893	0.116089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,946,895	4,289,807	10,236,702	0.180979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,573,338	16,487,875	34,061,213	0.151134	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,214,187	18,198,756	21,412,943	0.256813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	418,163	1,215,440	1,633,603	0.539523	92.00
200.00		Subtotal (see instructions)	112,337,795	232,817,516	345,155,311		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	112,337,795	232,817,516	345,155,311		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.137362		50.00
51.00	05100 RECOVERY ROOM	0.170292		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.562390		52.00
53.00	05300 ANESTHESIOLOGY	0.045012		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127074		54.00
56.00	05600 RADIOISOTOPE	0.115318		56.00
57.00	05700 CT SCAN	0.046179		57.00
58.00	05800 MRI	0.093527		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.072966		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.225989		63.00
65.00	06500 RESPIRATORY THERAPY	0.109919		65.00
65.10	06501 CARDIAC STRESS LAB	0.081042		65.10
65.20	06502 CARDIAC REHAB	0.065835		65.20
66.00	06600 PHYSICAL THERAPY	0.330822		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297381		67.00
68.00	06800 SPEECH PATHOLOGY	0.440110		68.00
69.00	06900 ELECTROCARDIOLOGY	0.045487		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161394		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.116089		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.180979		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151134		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.256813		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.539523		92.00
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: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part I Date/Time Prepared: 1/23/2017 8:20 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	461,594	0	461,594	10,688	43.19	30.00
31.00	INTENSIVE CARE UNIT	135,439		135,439	1,356	99.88	31.00
43.00	NURSERY	12,950		12,950	624	20.75	43.00
200.00	Total (Lines 30-199)	609,983		609,983	12,668		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,599	198,631				
31.00	INTENSIVE CARE UNIT	707	70,615				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	5,306	269,246				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 1/23/2017 8:20 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	351,778	35,662,560	0.009864	3,803,660	37,519	50.00
51.00	05100	RECOVERY ROOM	74,885	12,963,133	0.005777	724,105	4,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,256	2,721,232	0.043824	30,561	1,339	52.00
53.00	05300	ANESTHESIOLOGY	43,234	11,025,705	0.003921	1,276,779	5,006	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	235,653	23,477,356	0.010037	1,391,886	13,970	54.00
56.00	05600	RADIOISOTOPE	12,677	6,502,287	0.001950	115,390	225	56.00
57.00	05700	CT SCAN	33,402	33,533,093	0.000996	2,320,232	2,311	57.00
58.00	05800	MRI	111,511	12,002,864	0.009290	343,629	3,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	125,063	63,283,069	0.001976	6,597,591	13,037	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,471	2,158,299	0.002535	593,332	1,504	63.00
65.00	06500	RESPIRATORY THERAPY	49,692	9,356,073	0.005311	4,311,751	22,900	65.00
65.10	06501	CARDIAC STRESS LAB	37,527	8,563,654	0.004382	1,037,425	4,546	65.10
65.20	06502	CARDIAC REHAB	6,863	988,676	0.006942	0	0	65.20
66.00	06600	PHYSICAL THERAPY	222,307	7,517,658	0.029571	729,485	21,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,316	1,463,347	0.018667	363,680	6,789	67.00
68.00	06800	SPEECH PATHOLOGY	24,950	861,882	0.028948	213,710	6,186	68.00
69.00	06900	ELECTROCARDIOLOGY	2,173	2,688,853	0.000808	452,199	365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,254	1,474,792	0.013733	3,340	46	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,367	18,424,893	0.001105	4,317,503	4,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,406	10,236,702	0.001700	2,497,922	4,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,407	34,061,213	0.003036	8,129,456	24,681	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	169,541	21,412,943	0.007918	1,658,713	13,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	37,314	1,633,603	0.022842	209,777	4,792	92.00
200.00		Total (Lines 50-199)	1,852,047	322,013,887		41,122,126	196,314	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 1/23/2017 8:20 am
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,688	0.00	4,599	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,356	0.00	707	0	31.00	
43.00	04300	NURSERY	624	0.00	0	0	43.00	
200.00		Total (lines 30-199)	12,668		5,306	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

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

Worksheet D  
Part IV  
Date/Time Prepared:  
1/23/2017 8:20 am

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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0 65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0 65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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: 140064

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

Worksheet D  
Part IV  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,662,560	0.000000	0.000000	3,803,660	50.00
51.00	05100	RECOVERY ROOM	0	12,963,133	0.000000	0.000000	724,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,721,232	0.000000	0.000000	30,561	52.00
53.00	05300	ANESTHESIOLOGY	0	11,025,705	0.000000	0.000000	1,276,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,477,356	0.000000	0.000000	1,391,886	54.00
56.00	05600	RADIOISOTOPE	0	6,502,287	0.000000	0.000000	115,390	56.00
57.00	05700	CT SCAN	0	33,533,093	0.000000	0.000000	2,320,232	57.00
58.00	05800	MRI	0	12,002,864	0.000000	0.000000	343,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	63,283,069	0.000000	0.000000	6,597,591	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,158,299	0.000000	0.000000	593,332	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,356,073	0.000000	0.000000	4,311,751	65.00
65.10	06501	CARDIAC STRESS LAB	0	8,563,654	0.000000	0.000000	1,037,425	65.10
65.20	06502	CARDIAC REHAB	0	988,676	0.000000	0.000000	0	65.20
66.00	06600	PHYSICAL THERAPY	0	7,517,658	0.000000	0.000000	729,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,463,347	0.000000	0.000000	363,680	67.00
68.00	06800	SPEECH PATHOLOGY	0	861,882	0.000000	0.000000	213,710	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,688,853	0.000000	0.000000	452,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474,792	0.000000	0.000000	3,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,424,893	0.000000	0.000000	4,317,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,236,702	0.000000	0.000000	2,497,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,061,213	0.000000	0.000000	8,129,456	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	21,412,943	0.000000	0.000000	1,658,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,633,603	0.000000	0.000000	209,777	92.00
200.00		Total (Lines 50-199)	0	322,013,887			41,122,126	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

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

Worksheet D  
Part IV  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,482,894	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,939,256	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,385	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,230,046	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,590,089	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,196,562	0	0	0	56.00
57.00	05700	CT SCAN	0	7,444,789	0	0	0	57.00
58.00	05800	MRI	0	1,653,951	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,252,053	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	180,943	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	252,842	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	1,411,535	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	300,124	0	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	442	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	363,888	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	213,006	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,347,918	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,166,762	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,236,360	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,525,147	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	149,129	0	0	0	92.00
200.00		Total (Lines 50-199)	0	32,959,121	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140064

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

Worksheet D  
Part IV  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.10	06501	CARDIAC STRESS LAB	0	0		65.10
65.20	06502	CARDIAC REHAB	0	0		65.20
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.137362	4,482,894	0	0	615,779	50.00
51.00	05100 RECOVERY ROOM	0.170292	1,939,256	0	0	330,240	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.562390	21,385	0	0	12,027	52.00
53.00	05300 ANESTHESIOLOGY	0.045012	1,230,046	0	0	55,367	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127074	2,590,089	0	0	329,133	54.00
56.00	05600 RADIOISOTOPE	0.115318	1,196,562	0	0	137,985	56.00
57.00	05700 CT SCAN	0.046179	7,444,789	135	95,765	343,793	57.00
58.00	05800 MRI	0.093527	1,653,951	0	0	154,689	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.072966	3,252,053	0	0	237,289	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.225989	180,943	0	0	40,891	63.00
65.00	06500 RESPIRATORY THERAPY	0.109072	252,842	0	0	27,578	65.00
65.10	06501 CARDIAC STRESS LAB	0.077222	1,411,535	0	0	109,002	65.10
65.20	06502 CARDIAC REHAB	0.065835	300,124	0	0	19,759	65.20
66.00	06600 PHYSICAL THERAPY	0.330822	442	0	0	146	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297381	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.440110	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045487	363,888	0	0	16,552	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161394	213,006	0	0	34,378	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.116089	1,347,918	0	0	156,478	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.180979	1,166,762	142	0	211,159	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151134	1,236,360	0	0	186,856	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.256813	2,525,147	0	0	648,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.539523	149,129	0	0	80,459	92.00
200.00	Subtotal (see instructions)		32,959,121	277	95,765	3,748,051	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		32,959,121	277	95,765	3,748,051	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 1/23/2017 8:20 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	6	4,422		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.10 06501 CARDIAC STRESS LAB	0	0		65.10
65.20 06502 CARDIAC REHAB	0	0		65.20
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	26	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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)	32	4,422		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	32	4,422		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 1/23/2017 8:20 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,688	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)		9,824	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)		4,599	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
<b>SWING BED ADJUSTMENT</b>				
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)		10,902,826	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)		10,902,826	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		10,902,826	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,020.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,691,440	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)		4,691,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/23/2017 8:20 am	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,841,371	1,356	2,095.41	707	1,481,455		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,409,142		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,582,037		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)					269,246		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					196,314		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					465,560		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,116,477		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)					864		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,020.10		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					881,366		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 1/23/2017 8:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	461,594	10,902,826	0.042337	881,366	37,314	90.00
91.00	Nursing School cost	0	10,902,826	0.000000	881,366	0	91.00
92.00	Allied health cost	0	10,902,826	0.000000	881,366	0	92.00
93.00	All other Medical Education	0	10,902,826	0.000000	881,366	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 1/23/2017 8:20 am
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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		7,568,553		30.00
31.00	03100 INTENSIVE CARE UNIT		2,056,385		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.137362	3,803,660	522,478	50.00
51.00	05100 RECOVERY ROOM	0.170292	724,105	123,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.562390	30,561	17,187	52.00
53.00	05300 ANESTHESIOLOGY	0.045012	1,276,779	57,470	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127074	1,391,886	176,873	54.00
56.00	05600 RADIOISOTOPE	0.115318	115,390	13,307	56.00
57.00	05700 CT SCAN	0.046179	2,320,232	107,146	57.00
58.00	05800 MRI	0.093527	343,629	32,139	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.072966	6,597,591	481,400	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.225989	593,332	134,087	63.00
65.00	06500 RESPIRATORY THERAPY	0.109919	4,311,751	473,943	65.00
65.10	06501 CARDIAC STRESS LAB	0.081042	1,037,425	84,075	65.10
65.20	06502 CARDIAC REHAB	0.065835	0	0	65.20
66.00	06600 PHYSICAL THERAPY	0.330822	729,485	241,330	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297381	363,680	108,152	67.00
68.00	06800 SPEECH PATHOLOGY	0.440110	213,710	94,056	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045487	452,199	20,569	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161394	3,340	539	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.116089	4,317,503	501,215	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.180979	2,497,922	452,071	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151134	8,129,456	1,228,637	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.256813	1,658,713	425,979	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.539523	209,777	113,180	92.00
200.00	Total (sum of lines 50-94 and 96-98)		41,122,126	5,409,142	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)		41,122,126		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,177,158	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)		88,902	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		3,729,914	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		87.64	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.18	31.00
32.00	Sum of lines 30 and 31		20.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.15	33.00
34.00	Disproportionate share adjustment (see instructions)		141,099	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 1/23/2017 8:20 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000061133	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	391,628	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	391,628	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		391,628		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		9,798,787		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		15,343,848		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			13,957,583	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			740,002	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
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)			14,697,585	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,697,585	61.00
62.00	Deductibles billed to program beneficiaries			1,240,540	62.00
63.00	Coinurance billed to program beneficiaries			8,288	63.00
64.00	Allowable bad debts (see instructions)			220,450	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			143,293	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			34,618	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,592,050	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)			13,588	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-22,873	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,582,765	71.00
71.01	Sequestration adjustment (see instructions)		271,655	71.01
72.00	Interim payments		13,287,995	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)		23,115	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		4,158,796	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		1.0032672559	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		13,588	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.9945	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-22,873	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 1/23/2017 8:20 am	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.35	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.18	0.00			18.18	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	20.53	0.00			18.18	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	87.64	0.00			87.64	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	6.15	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	953	0			953	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	482	0			482	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	648	0			648	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	63	0			63	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,146	0			2,146	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	11,804	0			11,804	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	11,804	0			11,804	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.18	0.00			18.18	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140064		Period: From 10/01/2015 To 09/30/2016		Worksheet DSH Date/Time Prepared: 1/23/2017 8:20 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	6.15		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		6.15		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		6.15		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	True				True	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet DSH Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.57		29.00
30.00	Line 28 or 29 as applicable	4.57		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,454	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,748,051	2.00
3.00	PPS payments		4,182,754	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)		4,454	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		96,042	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)		96,042	14.00
<b>Customary charges</b>				
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)		96,042	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,588	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)		4,454	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,182,754	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		871,999	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)		3,315,209	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)		3,315,209	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,315,209	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		196,045	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,429	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		39,026	36.00
37.00	Subtotal (see instructions)		3,442,638	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)		3,442,638	40.00
40.01	Sequestration adjustment (see instructions)		68,853	40.01
41.00	Interim payments		3,398,043	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-24,258	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140064

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/23/2017 8:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,287,995		3,398,043	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,287,995		3,398,043	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		23,115		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		24,258	6.02	
7.00	Total Medicare program liability (see instructions)		13,311,110		3,373,785	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

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

Provider CCN: 140064

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

Worksheet G

Date/Time Prepared:  
1/23/2017 8:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	900,453	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	66,241,004	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-51,804,816	0	0	0	6.00
7.00	Inventory	1,082,290	0	0	0	7.00
8.00	Prepaid expenses	-4,242	0	0	0	8.00
9.00	Other current assets	1,984,891	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)	18,399,580	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	890,110	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	41,332,304	0	0	0	15.00
16.00	Accumulated depreciation	-25,579,204	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-607,528	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	24,000,253	0	0	0	23.00
24.00	Accumulated depreciation	-18,055,316	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	942,239	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	23,237,706	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	145,628,415	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	185,857	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	145,814,272	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	187,451,558	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	870,756	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,595	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	1,190	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-1,915	0	0	0	43.00
44.00	Other current liabilities	8,956,398	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,850,024	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	189,629	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	189,629	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,039,653	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	177,411,905				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)	177,411,905	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	187,451,558	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140064

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

Worksheet G-1

Date/Time Prepared:  
1/23/2017 8:20 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		164,122,331		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,943,895			2.00
3.00	Total (sum of line 1 and line 2)		187,066,226		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	INCREASE IN RESTRICTED ASSETS	310,927		0		5.00
6.00	INCREASE IN TEMP RESTRICTED ASSETS	1,075,253		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)		1,386,180		0	10.00
11.00	Subtotal (line 3 plus line 10)		188,452,406		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	DECREASE IN UN-RESTRICTED ASSETS	2,539		0		13.00
14.00	EQUITY TRANSFER - 719850	11,037,962		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)		11,040,501		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		177,411,905		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	INCREASE IN RESTRICTED ASSETS		0			5.00
6.00	INCREASE IN TEMP RESTRICTED ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	DECREASE IN UN-RESTRICTED ASSETS		0			13.00
14.00	EQUITY TRANSFER - 719850		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: 140064

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/23/2017 8:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	18,116,196		18,116,196	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,116,196		18,116,196	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,025,228		5,025,228	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)	5,025,228		5,025,228	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,141,424		23,141,424	17.00
18.00	Ancillary services	84,127,198	214,327,827	298,455,025	18.00
19.00	Outpatient services	5,069,173	18,489,689	23,558,862	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,505,245	28,878,739	34,383,984	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	117,843,040	261,696,255	379,539,295	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		70,541,710		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)		70,541,710		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140064

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

Worksheet G-3

Date/Time Prepared:  
1/23/2017 8:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	379,539,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	294,810,086	2.00
3.00	Net patient revenues (line 1 minus line 2)	84,729,209	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,541,710	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,187,499	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	422,090	6.00
7.00	Income from investments	8,162,150	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	203,322	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.)	6,429	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	9,098	21.00
22.00	Rental of hospital space	3,545	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	-50,823	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	585	24.01
25.00	Total other income (sum of lines 6-24)	8,756,396	25.00
26.00	Total (line 5 plus line 25)	22,943,895	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)	22,943,895	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140064	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 1/23/2017 8:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		732,743	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		7,259	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)		30.55	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		740,002	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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