

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet 5 Parts I-III Date/Time Prepared: 5/24/2017 8:49 am
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PART I - COST REPORT STATUS

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

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

Date: 5/24/2017 Time: 8:49 am

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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL (14-0065) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/24/2017 Time: 8:49 am
V5FQEutX:U6hem9kvJDQMS0q88T2X0
Obs0b04wqdMxwfCtgOpGSwa8DSA2Fp
zTCQ1mM6MU09rbu8
PI: Date: 5/24/2017 Time: 8:49 am
zp2Zzdi:ojZyT0Hpp58iNux11QSIa0
upz.r0pQUF7LcNyKB4.e4muYJhhdrb
E4ib0A79ZL0iJMYX

(Signed)



Officer or Administrator of Provider(s)

VP/CFO

Title

05/25/2017

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	222,789	22,667	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-36,656	-303	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	186,133	22,364	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 8:48 am

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5101 S. WILLOW SPRINGS ROAD	PO Box:		Zip Code: 60525-		County: COOK			1.00		
2.00	City: LAGRANGE	State: IL							2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL		140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF	ADVENTIST LA GRANGE REHAB SUBPROV.		14T065	16974	5	01/01/2015	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		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.						N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	438	315	0	0	2,239	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	28	9	0	0	43			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:48 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0			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.				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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		
61.02	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		
61.03	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		
61.04	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		
61.05	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 8:48 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:48 am		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	
		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)	FAMILY PRACTICE	1350	0.75	18.55	0.038860
					1.00	2.00
					3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	
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)				N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0
						1.00
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	
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	
85.00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	
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	
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	
					V	XIX
					1.00	2.00
90.00	Title V and XIX Services 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
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:48 am	
			V 1.00	XIX 2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	994,592	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.		N		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 8:48 am	
			1.00		2.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	HF8013	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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001	
142.00	Street: 900 HOPE WAY	PO Box:		Zip Code: 32714	
143.00	City: ALTAMONTE SPRINGS	State: FL			
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y		144.00
			1.00		2.00
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 8:48 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)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 8:48 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)	Y					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.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N				N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2016			Y	04/01/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N				N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N				N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0065

Period:
From 01/01/2016
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Worksheet S-2
Part II
Date/Time Prepared:
5/24/2017 8:48 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARLIN		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.THOMPSON3@AHSS.ORG	43.00

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

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Period:
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Worksheet S-2
Part V
Date/Time Prepared:
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1.00

Cost Report Preparer Contact Information

1.00	First Name	MIKE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM	4.00
5.00	Phone Number	(407) 357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00

Officer or Administrator of Provider Contact Information

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Provider CCN: 14-0065

Period:
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Worksheet S-2
Part IX
Date/Time Prepared:
5/24/2017 8:48 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
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
3.01	Do Title V or XIX use w/s D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
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	
RCE DISALLOWANCE				
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
PASS THROUGH COST				
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
RHC				
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: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	133	48,678	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)		133	48,678	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,882	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)		160	58,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176			0	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)		5	1,830			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,943	582	28,595			1.00
2.00 HMO and other (see instructions)	3,891	2,239				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	43				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)	15,943	582	28,595			7.00
8.00 INTENSIVE CARE UNIT	1,959	57	3,328			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		151	874			13.00
14.00 Total (see instructions)	17,902	790	32,797	19.30	732.66	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,716	0	4,967	0.00	23.54	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	1	0	373			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				19.30	756.20	27.00
28.00 Observation Bed Days		5	707			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	1	45			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			180			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,693	213	7,541	1.00
2.00 HMO and other (see instructions)				810	657		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					4		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	3,693	213	7,541		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	366	0	512		17.00
18.00 SUBPROVIDER	0.00	0		0	0		18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 8:48 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	55,587,826	4,219,487	59,807,313	1,584,471.00	37.75
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,222,905	0	1,222,905	12,868.00	95.03
4.01	Physicians - Part A - Teaching		160,464	0	160,464	1,321.00	121.47
5.00	Physician and Non-Physician-Part B		164,655	0	164,655	3,346.00	49.21
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,195,990	0	1,195,990	43,752.00	27.34
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		419,723	0	419,723	8,082.00	51.93
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,713,201	0	2,713,201	85,266.00	31.82
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		625,817	0	625,817	13,138.00	47.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		339,544	0	339,544	2,082.00	163.09
14.00	Home office and/or related organization salaries and wage-related costs		4,985,659	0	4,985,659	96,002.00	51.93
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		31,747	0	31,747	295.00	107.62
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,766,514	0	11,766,514		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		322,994	0	322,994		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		120,427	0	120,427		
22.01	Physician Part A - Teaching		23,526	0	23,526		
23.00	Physician Part B		31,500	0	31,500		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		138,712	0	138,712		
25.50	Home office wage-related		1,060,780	0	1,060,780		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	164	0	164	5,051.00	0.03
27.00	Administrative & General	5.00	4,850,479	3,886,848	8,737,327	127,365.00	68.60

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 8:48 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	38,479	0	38,479	221.00	174.11	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,790,524	0	1,790,524	61,769.00	28.99	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	735,168	0	735,168	52,485.00	14.01	32.00
33.00	Housekeeping under contract (see instructions)	1,612,047	0	1,612,047	97,472.00	16.54	33.00
34.00	Dietary	2,758	-1,827	931	1,079.00	0.86	34.00
35.00	Dietary under contract (see instructions)	1,959,646	0	1,959,646	86,175.00	22.74	35.00
36.00	Cafeteria	0	1,827	1,827	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,432,749	167,770	1,600,519	29,654.00	53.97	38.00
39.00	Central Services and Supply	741,136	49,129	790,265	36,775.00	21.49	39.00
40.00	Pharmacy	2,281,401	0	2,281,401	52,873.00	43.15	40.00
41.00	Medical Records & Medical Records Library	541,100	112,686	653,786	28,871.00	22.65	41.00
42.00	Social Service	1,347,681	1,500	1,349,181	34,331.00	39.30	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 8:48 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	57,257,166	4,219,487	61,476,653	1,711,838.00	35.91	1.00
2.00	Excluded area salaries (see instructions)	2,713,201	0	2,713,201	85,266.00	31.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,543,965	4,219,487	58,763,452	1,626,572.00	36.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,951,020	0	5,951,020	111,222.00	53.51	4.00
5.00	Subtotal wage-related costs (see inst.)	12,947,721	0	12,947,721	0.00	22.03	5.00
6.00	Total (sum of lines 3 thru 5)	73,442,706	4,219,487	77,662,193	1,737,794.00	44.69	6.00
7.00	Total overhead cost (see instructions)	17,333,332	4,217,933	21,551,265	614,121.00	35.09	7.00

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2017 8:48 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,092,736	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,290,683	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	41,192	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	546,858	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,299,852	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-7,860	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	140,212	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,403,673	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	625,817	0	1.00
2.00	Hospital	625,817	0	2.00
3.00	Subprovider - IPF		0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF		0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC		0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC		0	12.00
13.00	Hospital-Based Hospice		0	13.00
14.00	Hospital-Based Health Clinic RHC		0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC		0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis		0	17.00
18.00	Other	0	0	18.00

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.266648	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,793,845	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			53,412,895	6.00
7.00	Medicaid cost (line 1 times line 6)			14,242,442	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			4,448,597	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			1,407,214	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			375,231	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			375,231	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			53,726	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,823,828	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	4,833,617	1,422,492	6,256,109	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,288,874	379,305	1,668,179	21.00
22.00	Partial payment by patients approved for charity care	8,393	0	8,393	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,280,481	379,305	1,659,786	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			1,500	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,866,625	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			305,620	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,561,005	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,216,183	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,875,969	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,699,797	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0	11,022,334	11,022,334	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0	4,451,129	4,451,129	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	164	7,042,499	7,042,663	7,042,663	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,850,479	31,742,839	36,593,318	3,494,691	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,790,524	5,350,249	7,140,773	-2,569	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	256,153	8.00
9.00 00900	HOUSEKEEPING	735,168	2,287,049	3,022,217	-258,613	9.00
10.00 01000	DIETARY	2,758	3,016,292	3,019,050	-2,000,700	10.00
11.00 01100	CAFETERIA	0	0	0	1,999,980	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,432,749	294,296	1,727,045	215,150	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	741,136	645,763	1,386,899	491,076	14.00
15.00 01500	PHARMACY	2,281,401	5,480,286	7,761,687	-5,913,513	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	541,100	196,395	737,495	124,324	16.00
17.00 01700	SOCIAL SERVICE	1,347,681	235,801	1,583,482	-120	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,195,990	91,196	1,287,186	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,668,804	719,983	2,388,787	-4,630	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,834,568	2,136,967	13,971,535	-974,240	12,997,295
31.00 03100	INTENSIVE CARE UNIT	2,759,805	1,199,255	3,959,060	-31,477	3,927,583
41.00 04100	SUBPROVIDER - IRF	1,799,211	751,098	2,550,309	-9,052	2,541,257
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	314,849	314,849	181,231	496,080
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,604,740	4,285,147	8,889,887	-159,395	8,730,492
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	722,810	81,361	804,171	0	804,171
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,171,398	1,171,398
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,641,183	629,607	3,270,790	-545,152	2,725,638
54.01 05401	NUCLEAR MEDICINE	238,337	21,500	259,837	39,563	299,400
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	10,509	867	11,376	1,117	12,493
57.00 05700	CT SCAN	573,451	136,591	710,042	367,261	1,077,303
58.00 05800	MRI	310,983	35,821	346,804	107,819	454,623
59.00 05900	CARDIAC CATHETERIZATION	566,082	170,670	736,752	-2,520	734,232
60.00 06000	LABORATORY	2,144,248	2,757,760	4,902,008	-135,947	4,766,061
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,143,441	447,178	1,590,619	-29,622	1,560,997
66.00 06600	PHYSICAL THERAPY	1,309,457	3,111,684	4,421,141	-287,804	4,133,337
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	848,721	64,956	913,677	-210	913,467
68.00 06800	SPEECH PATHOLOGY	198,670	15,993	214,663	-240	214,423
69.00 06900	ELECTROCARDIOLOGY	752,704	355,543	1,108,247	-1,220	1,107,027
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	480,143	44,794	524,937	-360	524,577
70.00 07000	ELECTROENCEPHALOGRAPHY	32,366	330,324	362,690	-120	362,570
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,344,550	4,344,550	-10,202	4,334,348
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,543,775	9,543,775	0	9,543,775
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,626,131	5,626,131
76.00 03020	HEMODIALYSIS	0	533,378	533,378	0	533,378
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	590,341	645,612	1,235,953	-90	1,235,863
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	46,744	11,785	58,529	0	58,529
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	3,082,148	1,440,568	4,522,716	-180	4,522,536
91.01 09101	OP DEPARTMENT	0	0	0	0	91.01
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,395,220	221,100	1,616,320	-482,799	1,133,521	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		18,131,491	18,131,491	-18,698,582	-567,091	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	54,673,836	108,866,872	163,540,708	0	163,540,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,958	122,130	239,088	0	239,088	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	842,027	842,027	0	842,027	192.00
192.01	19201 CFPC CLINIC	608,257	433,130	1,041,387	0	1,041,387	192.01
194.00	07950 OFFICE BUILDINGS	0	847,388	847,388	0	847,388	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	188,775	40,183	228,958	0	228,958	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	TOTAL (SUM OF LINES 118-199)	55,587,826	111,151,730	166,739,556	0	166,739,556	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	30,472	11,052,806	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	400,031	4,851,160	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-977,935	6,064,728	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,330,464	50,418,473	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-114,642	7,023,562	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	256,153	8.00
9.00	00900	HOUSEKEEPING	-5,659	2,757,945	9.00
10.00	01000	DIETARY	-687,087	331,263	10.00
11.00	01100	CAFETERIA	0	1,999,980	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-250	1,941,945	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,877,975	14.00
15.00	01500	PHARMACY	0	1,848,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,127	877,946	16.00
17.00	01700	SOCIAL SERVICE	0	1,583,362	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,287,186	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-404,715	1,979,442	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-464,223	12,533,072	30.00
31.00	03100	INTENSIVE CARE UNIT	-250,050	3,677,533	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,541,257	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-301,950	194,130	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-865,295	7,865,197	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	804,171	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,171,398	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,899	2,716,739	54.00
54.01	05401	NUCLEAR MEDICINE	0	299,400	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,521	2,972	55.00
57.00	05700	CT SCAN	0	1,077,303	57.00
58.00	05800	MRI	0	454,623	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	734,232	59.00
60.00	06000	LABORATORY	-2,844	4,763,217	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-6,581	1,554,416	65.00
66.00	06600	PHYSICAL THERAPY	-66,935	4,066,402	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	913,467	67.00
68.00	06800	SPEECH PATHOLOGY	0	214,423	68.00
69.00	06900	ELECTROCARDIOLOGY	-188,686	918,341	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	-82,296	442,281	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	362,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-4,353	4,329,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-21,198	9,522,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-49,292	5,576,839	73.00
76.00	03020	HEMODIALYSIS	0	533,378	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	1,235,863	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	58,529	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-790,711	3,731,825	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,133,521	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	567,091	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,041,063	169,581,771	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	239,088	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-742,027	100,000	192.00
192.01	19201 CFPC CLINIC	-38,965	1,002,422	192.01
194.00	07950 OFFICE BUILDINGS	0	847,388	194.00
194.01	07951 MARKETING	0	0	194.01
194.02	07952 FOUNDATION	0	228,958	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	194.04
200.00	TOTAL (SUM OF LINES 118-199)	5,260,071	171,999,627	200.00

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
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
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
45.00 NURSING FACILITY	04500		45.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
50.01 ENDOSCOPY	05001		50.01
50.02 DAY SURGERY	05002		50.02
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 NUCLEAR MEDICINE	05401		54.01
54.02 ULTRASOUND	05402		54.02
54.03 GRANT SQUARE IMAGING	05405		54.03
54.04 WINDSOR MEDICAL RADIOLOGY	05406		54.04
54.05 PET SCAN	05407		54.05
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
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
60.01 BLOOD LABORATORY	06001		60.01
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
66.01 FAIRVIEW REHAB CTR	06601		66.01
66.02 WESTCHESTER REHAB CTR	06602		66.02
66.03 LAGRANGE REHAB CTR	06603		66.03
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 VASCULAR LAB	06901		69.01
69.02 CARDIAC REHAB	06902		69.02
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
76.00 HEMODIALYSIS	03020	ACUPUNCTURE	76.00
76.01 LITHOTRIPSY	03952		76.01
76.02 WOUND CARE	03950		76.02
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 PAIN MGMT CLINIC	09001		90.01
91.00 EMERGENCY	09100		91.00
91.01 OP DEPARTMENT	09101		91.01
91.02 MEDICAL ONCOLOGY	09102		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00

Provider CCN: 14-0065

Period:
 From 01/01/2016
 To 12/31/2016

Worksheet Non-CMS w
 Date/Time Prepared:
 5/24/2017 8:48 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	CFPC CLINIC	19201		192.01
194.00	OFFICE BUILDINGS	07950		194.00
194.01	MARKETING	07951		194.01
194.02	FOUNDATION	07952		194.02
194.03	OTHER NONREIMBURSABLE HINSDALE HHA	07953		194.03
194.04	HHA TRANSITIONAL CARE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	340,040	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	801,417	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	1,141,457	
B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,433	1.00
2.00	PHYSICAL THERAPY	66.00	0	26,737	2.00
0			0	139,170	
C - MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,407	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,795	2.00
0			0	10,202	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,626,131	1.00
0			0	5,626,131	
E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,056,054	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,127,061	2.00
0			0	12,183,115	
F - RECRUITMENT					
1.00	SOCIAL SERVICE	17.00	1,500	0	1.00
2.00	OPERATING ROOM	50.00	1,554	0	2.00
0			3,054	0	
G - NURSING ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	167,770	47,815	1.00
0			167,770	47,815	
H - RADIOLOGY SALARIES					
1.00	NUCLEAR MEDICINE	54.01	28,525	11,502	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	796	321	2.00
3.00	CT SCAN	57.00	266,618	107,503	3.00
4.00	MRI	58.00	77,008	31,051	4.00
0			372,947	150,377	
I - NURSERY					
1.00	NURSERY	43.00	356,772	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	842,449	328,949	2.00
0			1,199,221	328,949	
J - CAFETERIA					
1.00	CAFETERIA	11.00	1,827	1,998,153	1.00
0			1,827	1,998,153	
K - OBSERV TO RTN CARE					
1.00	ADULTS & PEDIATRICS	30.00	416,756	66,043	1.00
0			416,756	66,043	
L - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,513,807	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	522,651	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	4,339,839	3.00
0			0	6,376,297	

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
5/24/2017 8:48 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
M - SHARED SERVICES					
1.00	ADMINISTRATIVE & GENERAL	5.00	4,054,619	12,216,553	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	49,129	454,206	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	112,686	11,998	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	4,216,433	0	4.00
	0		8,432,867	12,682,757	
N - LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	256,153	1.00
	TOTALS		0	256,153	
500.00	Grand Total: Increases		10,594,442	41,006,619	500.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - RENT AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,951	10	1.00
2.00	OPERATION OF PLANT	7.00	0	2,569	10	2.00
3.00	HOUSEKEEPING	9.00	0	2,460	0	3.00
4.00	DIETARY	10.00	0	720	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	435	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,054	0	6.00
7.00	PHARMACY	15.00	0	287,382	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	360	0	8.00
9.00	SOCIAL SERVICE	17.00	0	120	0	9.00
10.00	I&R SERVICES-OTHER PRGM	22.00	0	4,630	0	10.00
	COSTS APPRV					
11.00	ADULTS & PEDIATRICS	30.00	0	104,410	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	31,477	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	9,052	0	13.00
14.00	OPERATING ROOM	50.00	0	159,395	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,828	0	15.00
16.00	NUCLEAR MEDICINE	54.01	0	464	0	16.00
17.00	CT SCAN	57.00	0	6,860	0	17.00
18.00	MRI	58.00	0	240	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,520	0	19.00
20.00	LABORATORY	60.00	0	135,947	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	29,622	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	314,541	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	210	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	240	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,220	0	25.00
26.00	CARDIAC REHAB	69.02	0	360	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	120	0	27.00
28.00	WOUND CARE	76.02	0	90	0	28.00
29.00	EMERGENCY	91.00	0	180	0	29.00
	0		0	1,141,457		
B - PROPERTY TAXES						
1.00	INTEREST EXPENSE	113.00	0	139,170	11	1.00
2.00	0	0.00	0	0	0	2.00
	0		0	139,170		
C - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,202	0	1.00
2.00	0	0.00	0	0	0	2.00
	0		0	10,202		
D - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	5,626,131	0	1.00
	0		0	5,626,131		
E - DEPRECIATION						
1.00	INTEREST EXPENSE	113.00	0	12,183,115	9	1.00
2.00	0	0.00	0	0	9	2.00
	0		0	12,183,115		
F - RECRUITMENT						
1.00	SOCIAL SERVICE	17.00	0	1,500	0	1.00
2.00	OPERATING ROOM	50.00	0	1,554	0	2.00
	0		0	3,054		
G - NURSING ADMINISTRATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	167,770	47,815	0	1.00
	0		167,770	47,815		
H - RADIOLOGY SALARIES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	372,947	150,377	0	1.00
2.00	0	0.00	0	0	0	2.00
3.00	0	0.00	0	0	0	3.00
4.00	0	0.00	0	0	0	4.00
	0		372,947	150,377		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,199,221	153,408	0	1.00
2.00	NURSERY	43.00	0	175,541	0	2.00
	0		1,199,221	328,949		
J - CAFETERIA						
1.00	DIETARY	10.00	1,827	1,998,153	0	1.00
	0		1,827	1,998,153		
K - OBSERV TO RTN CARE						
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	416,756	66,043	0	1.00
	0		416,756	66,043		

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
L - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	6,376,297	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	0		0	6,376,297			
M - SHARED SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,216,434	12,682,757	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,216,433	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		4,216,434	16,899,190			
N - LAUNDRY SERVICES							
1.00	HOUSEKEEPING	9.00	0	256,153	0		1.00
	TOTALS		0	256,153			
500.00	Grand Total: Decreases		6,374,955	45,226,106			500.00

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		
A - RENT AND LEASES									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	340,040	ADMINISTRATIVE & GENERAL	5.00	0	7,951	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	801,417	OPERATION OF PLANT	7.00	0	2,569	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	2,460	3.00
4.00		0.00	0	0	DIETARY	10.00	0	720	4.00
5.00		0.00	0	0	NURSING	13.00	0	435	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	16,054	6.00
8.00		0.00	0	0	PHARMACY	15.00	0	287,382	7.00
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	360	8.00
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	120	9.00
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,630	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	104,410	11.00
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	31,477	12.00
14.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	9,052	13.00
15.00		0.00	0	0	OPERATING ROOM	50.00	0	159,395	14.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	21,828	15.00
17.00		0.00	0	0	NUCLEAR MEDICINE	54.01	0	464	16.00
18.00		0.00	0	0	CT SCAN	57.00	0	6,860	17.00
19.00		0.00	0	0	MRI	58.00	0	240	18.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,520	19.00
21.00		0.00	0	0	LABORATORY	60.00	0	135,947	20.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	29,622	21.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	314,541	22.00
24.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	210	23.00
25.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	240	24.00
26.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,220	25.00
27.00		0.00	0	0	CARDIAC REHAB	69.02	0	360	26.00
28.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	120	27.00
29.00		0.00	0	0	WOUND CARE	76.02	0	90	28.00
		0.00	0	0	EMERGENCY	91.00	0	180	29.00
0			0	1,141,457			0	1,141,457	
B - PROPERTY TAXES									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,433	INTEREST EXPENSE	113.00	0	139,170	1.00
2.00	PHYSICAL THERAPY	66.00	0	26,737		0.00	0	0	2.00
0			0	139,170			0	139,170	
C - MEDICAL SUPPLIES									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,407	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,202	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,795		0.00	0	0	2.00
0			0	10,202			0	10,202	
D - DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,626,131	PHARMACY	15.00	0	5,626,131	1.00
0			0	5,626,131			0	5,626,131	
E - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,056,054	INTEREST EXPENSE	113.00	0	12,183,115	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,127,061		0.00	0	0	2.00
0			0	12,183,115			0	12,183,115	
F - RECRUITMENT									
1.00	SOCIAL SERVICE	17.00	1,500	0	SOCIAL SERVICE	17.00	0	1,500	1.00
2.00	OPERATING ROOM	50.00	1,554	0	OPERATING ROOM	50.00	0	1,554	2.00
0			3,054	0			0	3,054	
G - NURSING ADMINISTRATION									
1.00	NURSING ADMINISTRATION	13.00	167,770	47,815	ADMINISTRATIVE & GENERAL	5.00	167,770	47,815	1.00
0			167,770	47,815			167,770	47,815	
H - RADIOLOGY SALARIES									
1.00	NUCLEAR MEDICINE	54.01	28,525	11,502	RADIOLOGY-DIAGNOSTIC	54.00	372,947	150,377	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	796	321		0.00	0	0	2.00
3.00	CT SCAN	57.00	266,618	107,503		0.00	0	0	3.00
4.00	MRI	58.00	77,008	31,051		0.00	0	0	4.00
0			372,947	150,377			372,947	150,377	

		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		
I - NURSERY										
1.00	NURSERY	43.00	356,772	0	ADULTS & PEDIATRICS	30.00	1,199,221	153,408	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	842,449	328,949	NURSERY	43.00	0	175,541	2.00	
			1,199,221	328,949			1,199,221	328,949		
J - CAFETERIA										
1.00	CAFETERIA	11.00	1,827	1,998,153	DIETARY	10.00	1,827	1,998,153	1.00	
			1,827	1,998,153			1,827	1,998,153		
K - OBSERV TO RTN CARE										
1.00	ADULTS & PEDIATRICS	30.00	416,756	66,043	OBSERVATION BEDS (DISTINCT PART)	92.01	416,756	66,043	1.00	
			416,756	66,043			416,756	66,043		
L - INTEREST										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,513,807	INTEREST EXPENSE	113.00	0	6,376,297	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	522,651		0.00	0	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	4,339,839		0.00	0	0	3.00	
			0	6,376,297			0	6,376,297		
M - SHARED SERVICES										
1.00	ADMINISTRATIVE & GENERAL	5.00	4,054,619	12,216,553	ADMINISTRATIVE & GENERAL	5.00	4,216,434	12,682,757	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	49,129	454,206	ADMINISTRATIVE & GENERAL	5.00	0	4,216,433	2.00	
3.00	MEDICAL RECORDS & LIBRARY	16.00	112,686	11,998		0.00	0	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	4,216,433	0		0.00	0	0	4.00	
			8,432,867	12,682,757			4,216,434	16,899,190		
N - LAUNDRY SERVICES										
1.00	LAUNDRY & LINEN SERVICE	8.00	0	256,153	HOUSEKEEPING	9.00	0	256,153	1.00	
			0	256,153			0	256,153		
500.00	TOTALS				TOTALS					
	Grand Total: Increases		10,594,442	41,006,619	Grand Total: Decreases		6,374,955	45,226,106	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 8:48 am

		Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
			Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0	0	0	0	1.00
2.00	Land Improvements	6,671,495	0	0	0	0	2.00
3.00	Buildings and Fixtures	210,319,734	682,231	0	682,231	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	30,149,000	540,668	0	540,668	0	5.00
6.00	Movable Equipment	57,103,261	1,160,971	0	1,160,971	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	314,022,919	2,383,870	0	2,383,870	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	314,022,919	2,383,870	0	2,383,870	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0				1.00
2.00	Land Improvements	6,671,495	0				2.00
3.00	Buildings and Fixtures	211,001,965	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	30,689,668	0				5.00
6.00	Movable Equipment	58,264,232	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	316,406,789	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	316,406,789	0				10.00

Provider CCN: 14-0065

Period:
 From 01/01/2016
 To 12/31/2016

Worksheet A-7
 Part II
 Date/Time Prepared:
 5/24/2017 8:48 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 8:48 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	258,142,557	0	258,142,557	0.815857	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,264,232	0	58,264,232	0.184143	0	2.00
3.00	Total (sum of lines 1-2)	316,406,789	0	316,406,789	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,185,347	340,040	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,555,909	801,417	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,741,256	1,141,457	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	1,542,775	0	-15,356	0	11,052,806	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	493,834	0	0	0	4,851,160	2.00
3.00	Total (sum of lines 1-2)	2,036,609	0	-15,356	0	15,903,966	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			wkst. A-7	Ref.
				Cost Center	Line #			
				3.00	4.00	5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-83,465	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-28,817	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00	Investment income - other (chapter 2)	B	-239,281	ADMINISTRATIVE & GENERAL	5.00		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	-56,113	ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00	Television and radio service (chapter 21)	A	-47,200	OPERATION OF PLANT	7.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-604,096				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	18,905,734				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-687,087	DIETARY	10.00		0	14.00
15.00	Rental of quarters to employee and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts	B	-9,639	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	PHYSICIAN COLLECTION FEES	A	-86,685	ELECTROCARDIOLOGY	69.00		0	33.00
33.01	GOODWILL	A	-1,271,875	INTEREST EXPENSE	113.00		0	33.01

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.02	LEGAL	A	-101,589	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03	FEDERAL INCOME TAX	A	-336	INTEREST EXPENSE	113.00		0 33.03
33.04	OTHER OPERATING REVENUE	B	-153,418	ADMINISTRATIVE & GENERAL	5.00		0 33.04
33.05	OTHER OPERATING REVENUE	B	-67,442	OPERATION OF PLANT	7.00		0 33.05
33.06	OTHER OPERATING REVENUE	B	-5,659	HOUSEKEEPING	9.00		0 33.06
33.08	OTHER OPERATING REVENUE	B	-250	NURSING ADMINISTRATION	13.00		0 33.08
33.09	OTHER OPERATING REVENUE	B	-10,110	EMERGENCY	91.00		0 33.09
36.00	OTHER OPERATING REVENUE	B	-11,000	I&R SERVICES-OTHER PRGM	22.00		0 36.00
				COSTS APPRV			
37.00	OTHER OPERATING REVENUE	B	-6,635	ADULTS & PEDIATRICS	30.00		0 37.00
38.00	OTHER OPERATING REVENUE	B	-10,080	OPERATING ROOM	50.00		0 38.00
38.01	OTHER OPERATING REVENUE	B	-8,832	RADIOLOGY-DIAGNOSTIC	54.00		0 38.01
41.00	OTHER OPERATING REVENUE	B	-9,521	RADIOLOGY-THERAPEUTIC	55.00		0 41.00
42.00	OTHER OPERATING REVENUE	B	-2,730	LABORATORY	60.00		0 42.00
43.00	OTHER OPERATING REVENUE	B	-198	RESPIRATORY THERAPY	65.00		0 43.00
43.01	OTHER OPERATING REVENUE	B	-66,935	PHYSICAL THERAPY	66.00		0 43.01
43.02	OTHER OPERATING REVENUE	B	-3,150	ELECTROCARDIOLOGY	69.00		0 43.02
44.00	OTHER OPERATING REVENUE	B	-82,296	CARDIAC REHAB	69.02		0 44.00
44.01	OTHER OPERATING REVENUE	B	-3,262	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0 44.01
44.02	OTHER OPERATING REVENUE	B	-21,198	IMPL. DEV. CHARGED TO PATIENTS	72.00		0 44.02
44.03	OTHER OPERATING REVENUE	B	-1,461	DRUGS CHARGED TO PATIENTS	73.00		0 44.03
44.04	PROPERTY TAXES	A	-15,356	CAP REL COSTS-BLDG & FIXT	1.00		13 44.04
44.07	NON ALLOW PHYS FEES	A	-145,564	I&R SERVICES-OTHER PRGM	22.00		0 44.07
				COSTS APPRV			
44.08	NON ALLOW PHYS FEES	A	-126,500	ADULTS & PEDIATRICS	30.00		0 44.08
44.09	NON ALLOW PHYS FEE	A	-102,050	INTENSIVE CARE UNIT	31.00		0 44.09
45.00	NON ALLOW PHYS FEES	A	-301,950	NURSERY	43.00		0 45.00
45.01	NON ALLOW PHYS SUBSIDIES	A	-855,050	OPERATING ROOM	50.00		0 45.01
45.02	NON ALLOW PHYS SUBSIDIES	A	-676,669	EMERGENCY	91.00		0 45.02
45.03	NON ALLOW PHYS SUBSIDIES	A	-633,307	PHYSICIANS' PRIVATE OFFICES	192.00		0 45.03
45.04	GAIN/LOSS	A	-16,978	ADMINISTRATIVE & GENERAL	5.00		0 45.04
45.05	NON ALLOW LOBBYING	A	-27,708	ADMINISTRATIVE & GENERAL	5.00		0 45.05
45.06	SPECIAL EVENTS	A	-3,750	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.06
45.07	SPECIAL EVENTS	A	-17,295	ADMINISTRATIVE & GENERAL	5.00		0 45.07
45.08	STATE ASSESSMENT	A	-5,378,626	ADMINISTRATIVE & GENERAL	5.00		0 45.08
45.09	HOSPICE	A	-165	OPERATING ROOM	50.00		0 45.09
45.10	HOSPICE	A	-67	RADIOLOGY-DIAGNOSTIC	54.00		0 45.10
45.11	HOSPICE	A	-114	LABORATORY	60.00		0 45.11
45.12	HOSPICE	A	-6,383	RESPIRATORY THERAPY	65.00		0 45.12
45.13	HOSPICE	A	-21	ELECTROCARDIOLOGY	69.00		0 45.13
45.14	HOSPICE	A	-1,091	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0 45.14
45.15	HOSPICE	A	-47,831	DRUGS CHARGED TO PATIENTS	73.00		0 45.15
45.16	HOSPICE	A	-576	EMERGENCY	91.00		0 45.16
45.17	HOSPICE	A	-331,088	ADULTS & PEDIATRICS	30.00		0 45.17
45.18	HOSPICE	A	-1,785	INTENSIVE CARE UNIT	31.00		0 45.18
45.19	OUTSIDE SERVICES	A	-80,138	ADMINISTRATIVE & GENERAL	5.00		0 45.19
45.20	SPECIAL ADMIN	A	-120,831	ADMINISTRATIVE & GENERAL	5.00		0 45.20
45.21	SELF INSURED	A	-1,058,758	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.21
45.22	ADVERTISING	A	-15,652	ADMINISTRATIVE & GENERAL	5.00		0 45.22
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		5,260,071				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0065

Period: From 01/01/2016 To 12/31/2016

Worksheet A-8-1

Date/Time Prepared: 5/24/2017 8:48 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	16,899,190	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	129,293	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	428,848	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	156,198	71,625	3.01
4.00	5.00	ADMINISTRATIVE & GENERAL	7,374,246	7,729,269	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	25,766	0	4.01
4.02	31.00	INTENSIVE CARE UNIT	0	146,215	4.02
4.03	113.00	INTEREST EXPENSE	6,376,297	4,536,995	4.03
4.04	0.00		0	0	4.04
4.05	0.00		0	0	4.05
4.06	0.00		0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.		31,389,838	12,484,104	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. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	0.00	HINSDALE HEALTH SYSTEM	100.00	6.00
7.00	B	0.00	ADVENTIST HEALTH SYSTEM	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1
Date/Time Prepared:
5/24/2017 8:48 am

	Net Adjustments (col. 4 minus col. 5)*	6.00	wkst. A-7 Ref.	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	16,899,190		0		1.00
2.00	129,293		9		2.00
3.00	428,848		9		3.00
3.01	84,573		0		3.01
4.00	-355,023		0		4.00
4.01	25,766		0		4.01
4.02	-146,215		0		4.02
4.03	1,839,302		0		4.03
4.04	0		0		4.04
4.05	0		0		4.05
4.06	0		0		4.06
5.00	18,905,734				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	HLTHCARE MANAGEMENT		6.00
7.00	HLTHCARE MANAGEMENT		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.

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	65,825	65,825	0	0	0	0	0	0	0	0	0	0	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	98,830	98,830	0	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	5.00	DR. A	1,000	0	1,000	179,000	1	3.00										3.00
4.00	5.00	DR. B	1,500	0	1,500	179,000	1	4.00										4.00
5.00	22.00	DR. C	25,216	0	25,216	179,000	1	5.00										5.00
6.00	22.00	DR. D	4,442	0	4,442	179,000	34	6.00										6.00
7.00	22.00	DR. E	232,928	0	232,928	179,000	2,040	7.00										7.00
8.00	22.00	DR. F	162,216	0	162,216	179,000	2,040	8.00										8.00
9.00	22.00	DR. G	31,074	0	31,074	179,000	383	9.00										9.00
10.00	22.00	DR. H	101,615	0	101,615	179,000	968	10.00										10.00
11.00	22.00	DR. I	102,627	0	102,627	179,000	1,020	11.00										11.00
12.00	22.00	DR. J	42,071	0	42,071	179,000	394	12.00										12.00
13.00	22.00	DR. K	6,992	0	6,992	179,000	1	13.00										13.00
14.00	22.00	DR. L	155,901	0	155,901	179,000	2,040	14.00										14.00
15.00	22.00	DR. M	189,971	0	189,971	179,000	2,040	15.00										15.00
16.00	22.00	DR. N	187,794	0	187,794	179,000	2,040	16.00										16.00
17.00	22.00	DR. O	13,066	0	13,066	179,000	168	17.00										17.00
18.00	22.00	DR. P	36,603	0	36,603	179,000	340	18.00										18.00
19.00	22.00	DR. Q	49,300	0	49,300	179,000	680	19.00										19.00
20.00	192.01	DR. S	39,051	0	39,051	179,000	1	20.00										20.00
21.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,064	2,064	0	0	0	21.00										21.00
22.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	5,066	5,066	0	0	0	22.00										22.00
23.00	91.00	AGGREGATE-EMERGENCY	103,356	103,356	0	0	0	23.00										23.00
24.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	108,720	108,720	0	0	0	24.00										24.00
25.00	5.00	DR. T	375	0	375	179,000	3	25.00										25.00
26.00	5.00	DR. U	750	0	750	179,000	6	26.00										26.00
27.00	5.00	DR. V	312	0	312	179,000	2	27.00										27.00
28.00	5.00	DR. W	406	0	406	179,000	3	28.00										28.00
29.00	5.00	DR. X	281	0	281	179,000	2	29.00										29.00
30.00	5.00	DR. Y	531	0	531	179,000	4	30.00										30.00
31.00	5.00	DR. Z	281	0	281	179,000	2	31.00										31.00
32.00	5.00	DR. AA	375	0	375	179,000	3	32.00										32.00
33.00	5.00	DR. AB	187	0	187	179,000	2	33.00										33.00
34.00	5.00	DR. AC	93	0	93	179,000	1	34.00										34.00
35.00	5.00	DR. AD	125	0	125	179,000	1	35.00										35.00
36.00	5.00	DR. AE	375	0	375	179,000	3	36.00										36.00
37.00	5.00	DR. AF	375	0	375	179,000	3	37.00										37.00
38.00	5.00	DR. AG	531	0	531	179,000	4	38.00										38.00
39.00	5.00	DR. AH	125	0	125	179,000	1	39.00										39.00
40.00	22.00	DR. AI	800	0	800	179,000	4	40.00										40.00
41.00	22.00	DR. AJ	3,600	0	3,600	179,000	96	41.00										41.00
42.00	22.00	DR. AK	1,400	0	1,400	179,000	7	42.00										42.00
43.00	22.00	DR. AL	23,947	0	23,947	179,000	180	43.00										43.00
44.00	22.00	DR. AM	2,000	0	2,000	179,000	8	44.00										44.00
200.00			1,804,097	383,861	1,420,236		14,527	200.00										

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	2.00
3.00	5.00	DR. A	86	4	0	0	0	0	0	0	3.00
4.00	5.00	DR. B	86	4	0	0	0	0	0	0	4.00
5.00	22.00	DR. C	86	4	0	0	0	0	0	0	5.00
6.00	22.00	DR. D	2,926	146	0	0	0	0	0	0	6.00
7.00	22.00	DR. E	175,558	8,778	0	0	0	0	0	0	7.00
8.00	22.00	DR. F	175,558	8,778	0	0	0	0	0	0	8.00
9.00	22.00	DR. G	32,960	1,648	0	0	0	0	0	0	9.00
10.00	22.00	DR. H	83,304	4,165	0	0	0	0	0	0	10.00
11.00	22.00	DR. I	87,779	4,389	0	0	0	0	0	0	11.00
12.00	22.00	DR. J	33,907	1,695	0	0	0	0	0	0	12.00
13.00	22.00	DR. K	86	4	0	0	0	0	0	0	13.00
14.00	22.00	DR. L	175,558	8,778	0	0	0	0	0	0	14.00
15.00	22.00	DR. M	175,558	8,778	0	0	0	0	0	0	15.00
16.00	22.00	DR. N	175,558	8,778	0	0	0	0	0	0	16.00
17.00	22.00	DR. O	14,458	723	0	0	0	0	0	0	17.00
18.00	22.00	DR. P	29,260	1,463	0	0	0	0	0	0	18.00

	1.00	2.00	8.00	9.00	12.00	13.00	14.00
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
19.00	22.00	DR. Q	58,519	2,926	0	0	0
20.00	192.01	DR. S	86	4	0	0	0
21.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0
22.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0
23.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0
24.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	0	0	0	0	0
25.00	5.00	DR. T	258	13	0	0	0
26.00	5.00	DR. U	516	26	0	0	0
27.00	5.00	DR. V	172	9	0	0	0
28.00	5.00	DR. W	258	13	0	0	0
29.00	5.00	DR. X	172	9	0	0	0
30.00	5.00	DR. Y	344	17	0	0	0
31.00	5.00	DR. Z	172	9	0	0	0
32.00	5.00	DR. AA	258	13	0	0	0
33.00	5.00	DR. AB	172	9	0	0	0
34.00	5.00	DR. AC	86	4	0	0	0
35.00	5.00	DR. AD	86	4	0	0	0
36.00	5.00	DR. AE	258	13	0	0	0
37.00	5.00	DR. AF	258	13	0	0	0
38.00	5.00	DR. AG	344	17	0	0	0
39.00	5.00	DR. AH	86	4	0	0	0
40.00	22.00	DR. AI	344	17	0	0	0
41.00	22.00	DR. AJ	8,262	413	0	0	0
42.00	22.00	DR. AK	602	30	0	0	0
43.00	22.00	DR. AL	15,490	775	0	0	0
44.00	22.00	DR. AM	688	34	0	0	0
200.00			1,250,159	62,507	0	0	0

	1.00	2.00	15.00	16.00	17.00	18.00
Wkst. A Line #	Cost Center/Physician Identifier		Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	65,825
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	98,830
3.00	5.00	DR. A	0	86	914	914
4.00	5.00	DR. B	0	86	1,414	1,414
5.00	22.00	DR. C	0	86	25,130	25,130
6.00	22.00	DR. D	0	2,926	1,516	1,516
7.00	22.00	DR. E	0	175,558	57,370	57,370
8.00	22.00	DR. F	0	175,558	0	0
9.00	22.00	DR. G	0	32,960	0	0
10.00	22.00	DR. H	0	83,304	18,311	18,311
11.00	22.00	DR. I	0	87,779	14,848	14,848
12.00	22.00	DR. J	0	33,907	8,164	8,164
13.00	22.00	DR. K	0	86	6,906	6,906
14.00	22.00	DR. L	0	175,558	0	0
15.00	22.00	DR. M	0	175,558	14,413	14,413
16.00	22.00	DR. N	0	175,558	12,236	12,236
17.00	22.00	DR. O	0	14,458	0	0
18.00	22.00	DR. P	0	29,260	7,343	7,343
19.00	22.00	DR. Q	0	58,519	0	0
20.00	192.01	DR. S	0	86	38,965	38,965
21.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	2,064
22.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	5,066
23.00	91.00	AGGREGATE-EMERGENCY	0	0	0	103,356
24.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	0	0	0	108,720
25.00	5.00	DR. T	0	258	117	117
26.00	5.00	DR. U	0	516	234	234
27.00	5.00	DR. V	0	172	140	140
28.00	5.00	DR. W	0	258	148	148
29.00	5.00	DR. X	0	172	109	109
30.00	5.00	DR. Y	0	344	187	187
31.00	5.00	DR. Z	0	172	109	109
32.00	5.00	DR. AA	0	258	117	117
33.00	5.00	DR. AB	0	172	15	15

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 8:48 am

	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		
34.00	5.00	DR. AC	0	86	7	7		34.00
35.00	5.00	DR. AD	0	86	39	39		35.00
36.00	5.00	DR. AE	0	258	117	117		36.00
37.00	5.00	DR. AF	0	258	117	117		37.00
38.00	5.00	DR. AG	0	344	187	187		38.00
39.00	5.00	DR. AH	0	86	39	39		39.00
40.00	22.00	DR. AI	0	344	456	456		40.00
41.00	22.00	DR. AJ	0	8,262	0	0		41.00
42.00	22.00	DR. AK	0	602	798	798		42.00
43.00	22.00	DR. AL	0	15,490	8,457	8,457		43.00
44.00	22.00	DR. AM	0	688	1,312	1,312		44.00
200.00			0	1,250,159	220,235	604,096		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,052,806	11,052,806			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,851,160		4,851,160		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,064,728		0	6,064,728	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	50,418,473	615,758	273,280	886,009	52,193,520
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	7,023,562	2,938,265	1,367,758	181,568	11,511,153
8.00 00800	LAUNDRY & LINEN SERVICE	256,153	0	0	0	256,153
9.00 00900	HOUSEKEEPING	2,757,945	200,734	89,088	74,550	3,122,317
10.00 01000	DIETARY	331,263	56,543	25,094	94	412,994
11.00 01100	CAFETERIA	1,999,980	143,581	0	185	2,143,746
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,941,945	0	0	162,301	2,104,246
14.00 01400	CENTRAL SERVICES & SUPPLY	1,877,975	252,183	111,921	80,137	2,322,216
15.00 01500	PHARMACY	1,848,174	318,931	141,545	231,345	2,539,995
16.00 01600	MEDICAL RECORDS & LIBRARY	877,946	3,402	1,510	66,297	949,155
17.00 01700	SOCIAL SERVICE	1,583,362	46,162	20,487	136,814	1,786,825
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,287,186	0	0	121,279	1,408,465
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,979,442	654,907	290,655	169,225	3,094,229
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,533,072	1,354,616	601,194	1,120,724	15,609,606
31.00 03100	INTENSIVE CARE UNIT	3,677,533	232,608	103,234	279,858	4,293,233
41.00 04100	SUBPROVIDER - IRF	2,541,257	224,409	99,595	182,449	3,047,710
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	194,130	0	0	36,178	230,308
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,865,197	1,041,372	462,173	467,101	9,835,843
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	804,171	52,338	23,228	73,297	953,034
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,171,398	0	0	85,429	1,256,827
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,716,739	81,595	36,213	230,010	3,064,557
54.01 05401	NUCLEAR MEDICINE	299,400	41,871	18,583	27,061	386,915
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	2,972	0	0	1,146	4,118
57.00 05700	CT SCAN	1,077,303	23,622	10,484	85,187	1,196,596
58.00 05800	MRI	454,623	25,820	11,459	39,344	531,246
59.00 05900	CARDIAC CATHETERIZATION	734,232	152,950	67,881	57,404	1,012,467
60.00 06000	LABORATORY	4,763,217	197,350	87,586	217,437	5,265,590
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,554,416	299,636	132,982	115,951	2,102,985
66.00 06600	PHYSICAL THERAPY	4,066,402	90,824	40,309	132,785	4,330,320
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	913,467	14,445	6,411	86,065	1,020,388
68.00 06800	SPEECH PATHOLOGY	214,423	0	0	20,146	234,569
69.00 06900	ELECTROCARDIOLOGY	918,341	464,798	206,282	76,328	1,665,749
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	442,281	50,402	22,369	48,689	563,741
70.00 07000	ELECTROENCEPHALOGRAPHY	362,570	299,200	132,788	3,282	797,840
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,329,995	0	0	0	4,329,995
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,522,577	0	0	0	9,522,577
73.00 07300	DRUGS CHARGED TO PATIENTS	5,576,839	0	0	0	5,576,839
76.00 03020	HEMODIALYSIS	533,378	0	0	0	533,378
76.01 03952	LITHOTRIPSY	0	0	0	0	0
76.02 03950	WOUND CARE	1,235,863	0	0	59,864	1,295,727
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	58,529	0	0	4,740	63,269
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	3,731,825	589,467	261,612	312,545	4,895,449

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,133,521	149,600	66,394	99,221	1,448,736	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	169,581,771	10,617,389	4,712,115	5,972,045	168,914,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	239,088	0	0	11,860	250,948	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	100,000	0	0	0	100,000	192.00
192.01	19201	CFPC CLINIC	1,002,422	227,217	100,842	61,680	1,392,161	192.01
194.00	07950	OFFICE BUILDINGS	847,388	37,875	16,810	0	902,073	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	228,958	48,203	21,393	19,143	317,697	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	122,122	0	0	122,122	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	171,999,627	11,052,806	4,851,160	6,064,728	171,999,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:48 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		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	52,193,520				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	5,019,945		16,531,098		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	111,707			367,860	8.00	
9.00	00900	HOUSEKEEPING	1,361,624		458,775	4,942,716	9.00	
10.00	01000	DIETARY	180,104		129,227	39,741	10.00	
11.00	01100	CAFETERIA	934,875		0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0		0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	917,649		0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,012,704		576,360	177,248	14.00	
15.00	01500	PHARMACY	1,107,677		728,913	224,162	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	413,921		7,775	2,391	16.00	
17.00	01700	SOCIAL SERVICE	779,224		105,503	32,445	17.00	
20.00	02000	NURSING SCHOOL	0		0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	614,223		0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,349,375		1,496,781	460,305	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,807,307	0	3,095,955	278,544	952,097	30.00
31.00	03100	INTENSIVE CARE UNIT	1,872,253	0	531,623	32,418	163,490	31.00
41.00	04100	SUBPROVIDER - IRF	1,329,088	0	512,882	48,384	157,727	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	100,436	0	0	8,514	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,289,352	0	2,380,041	0	731,933	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	415,612	0	119,618	0	36,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	548,095	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,336,435	0	186,485	0	57,350	54.00
54.01	05401	NUCLEAR MEDICINE	168,731	0	95,694	0	29,429	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,796	0	0	0	0	55.00
57.00	05700	CT SCAN	521,828	0	53,988	0	16,603	57.00
58.00	05800	MRI	231,673	0	59,012	0	18,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	441,531	0	349,564	0	107,501	59.00
60.00	06000	LABORATORY	2,296,292	0	451,040	0	138,708	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	917,099	0	684,813	0	210,600	65.00
66.00	06600	PHYSICAL THERAPY	1,888,427	0	207,577	0	63,836	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	444,985	0	33,015	0	10,153	67.00
68.00	06800	SPEECH PATHOLOGY	102,294	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	726,423	0	1,062,288	0	326,685	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	245,844	0	115,192	0	35,425	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	347,933	0	683,817	0	210,294	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,888,285	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,152,739	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,432,026	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	232,603	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	565,059	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	27,591	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,134,876	0	1,347,218	0	414,310	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	631,785	0	341,908	0	105,147	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:48 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	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,901,426	0	15,815,064	367,860	4,722,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,437	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	43,609	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	607,113	0	519,302	0	159,701	192.01
194.00	07950 OFFICE BUILDINGS	393,389	0	86,564	0	26,621	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	138,546	0	110,168	0	33,880	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	52,193,520	0	16,531,098	367,860	4,942,716	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
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	762,066					10.00
11.00	01100	0	3,078,621				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	101,510	0	3,123,405		13.00
14.00	01400	0	50,121	0	0	4,138,649	14.00
15.00	01500	0	144,693	0	0	10,906	15.00
16.00	01600	0	41,465	0	0	0	16.00
17.00	01700	0	85,569	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	75,853	0	0	0	21.00
22.00	02200	0	105,841	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	577,038	700,938	0	2,365,051	217,418	30.00
31.00	03100	67,158	175,035	0	275,254	90,547	31.00
41.00	04100	100,233	114,111	0	410,813	21,762	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,637	22,628	0	72,287	2,952	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	292,145	0	0	334,473	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	45,843	0	0	7,951	51.00
52.00	05200	0	53,431	0	0	0	52.00
54.00	05400	0	143,858	0	0	15,379	54.00
54.01	05401	0	16,925	0	0	373	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	717	0	0	0	55.00
57.00	05700	0	53,280	0	0	20,630	57.00
58.00	05800	0	24,608	0	0	2,563	58.00
59.00	05900	0	35,903	0	0	25,979	59.00
60.00	06000	0	135,995	0	0	16,883	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	72,520	0	0	37,625	65.00
66.00	06600	0	83,050	0	0	4,265	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	53,828	0	0	102	67.00
68.00	06800	0	12,600	0	0	227	68.00
69.00	06900	0	47,739	0	0	2,876	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	30,452	0	0	1,017	69.02
70.00	07000	0	2,053	0	0	149	70.00
71.00	07100	0	0	0	0	866,799	71.00
72.00	07200	0	0	0	0	2,303,308	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	37,441	0	0	19,559	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,965	0	0	127	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	195,479	0	0	102,896	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	62,057	0	0	29,652	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	762,066	3,020,653	0	3,123,405	4,136,418	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,418	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	38,577	0	0	1,987	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	244	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	11,973	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	762,066	3,078,621	0	3,123,405	4,138,649	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
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						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	4,756,346	1,414,707				16.00
17.00	01700	0	0	2,789,566	0		17.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0	2,098,541	21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	85,417	2,112,267	0	1,482,984	30.00
31.00	03100	0	17,944	245,834	0	0	31.00
41.00	04100	0	16,613	366,904	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,132	64,561	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	40,198	211,690	0	0	192,535	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	17,821	0	0	0	51.00
52.00	05200	0	5,033	0	0	0	52.00
54.00	05400	0	93,735	0	0	34,450	54.00
54.01	05401	0	15,163	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	423	0	0	0	55.00
57.00	05700	0	141,726	0	0	0	57.00
58.00	05800	0	40,935	0	0	0	58.00
59.00	05900	0	32,460	0	0	0	59.00
60.00	06000	0	168,546	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	39,743	0	0	0	65.00
66.00	06600	0	37,265	0	0	8,312	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	9,034	0	0	0	67.00
68.00	06800	0	3,597	0	0	0	68.00
69.00	06900	0	41,636	0	0	65,084	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,844	0	0	18,140	69.02
70.00	07000	0	6,645	0	0	0	70.00
71.00	07100	0	56,185	0	0	0	71.00
72.00	07200	44	80,263	0	0	0	72.00
73.00	07300	4,583,932	109,423	0	0	0	73.00
76.00	03020	0	3,245	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	11,525	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	146	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	141,112	0	0	127,921	91.00
91.01	09101	0	0	0	0	149,145	91.01
91.02	09102	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00 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		
12.00 01200	MAINTENANCE OF PERSONNEL				12.00		
13.00 01300	NURSING ADMINISTRATION				13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00 01500	PHARMACY				15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00		
17.00 01700	SOCIAL SERVICE				17.00		
20.00 02000	NURSING SCHOOL				20.00		
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00		
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,506,531			22.00		
23.00 02300	PARAMED ED PRGM-(SPECIFY)		0		23.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	4,597,995	0	38,882,617	-6,080,979	32,801,638	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	7,764,789	0	7,764,789	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	6,126,227	0	6,126,227	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	521,455	0	521,455	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	596,955	0	18,905,165	-789,490	18,115,675	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	1,596,665	0	1,596,665	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,863,386	0	1,863,386	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	106,813	0	5,039,062	-141,263	4,897,799	54.00
54.01 05401	NUCLEAR MEDICINE	0	0	713,230	0	713,230	54.01
54.02 05402	ULTRASOUND	0	0	0	0	0	54.02
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	7,054	0	7,054	55.00
57.00 05700	CT SCAN	0	0	2,004,651	0	2,004,651	57.00
58.00 05800	MRI	0	0	908,185	0	908,185	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	2,005,405	0	2,005,405	59.00
60.00 06000	LABORATORY	0	0	8,473,054	0	8,473,054	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	4,065,385	0	4,065,385	65.00
66.00 06600	PHYSICAL THERAPY	25,771	0	6,648,823	-34,083	6,614,740	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,571,505	0	1,571,505	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	353,287	0	353,287	68.00
69.00 06900	ELECTROCARDIOLOGY	201,794	0	4,140,274	-266,878	3,873,396	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	56,243	0	1,069,898	-74,383	995,515	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	2,048,731	0	2,048,731	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,141,308	0	7,141,308	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,642,819	0	20,642,819	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	8,118,288	0	8,118,288	73.00
76.00 03020	HEMODIALYSIS	0	0	769,226	0	769,226	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	1,929,311	0	1,929,311	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	94,098	0	94,098	90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	396,619	0	9,755,880	-524,540	9,231,340	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

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Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT	462,425	0	611,570	-611,570	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	2,640,691	0	2,640,691	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,444,615	0	166,412,039	-8,523,186	157,888,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	367,803	0	367,803	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,916	0	225,495	-81,886	143,609	192.00
192.01	19201	CFPC CLINIC	0	0	2,851,013	0	2,851,013	192.01
194.00	07950	OFFICE BUILDINGS	0	0	1,408,891	0	1,408,891	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	612,264	0	612,264	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	122,122	0	122,122	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,506,531	0	171,999,627	-8,605,072	163,394,555	202.00

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	7	SQ FT	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIE	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	2	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	7	SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	3	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	7	SQ FT	9.00
10.00	DIETARY	3	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIE	11.00
12.00	MAINTENANCE OF PERSONNEL	4	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	3	PATIENT DAYS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	3	PATIENT DAYS	17.00
20.00	NURSING SCHOOL	8	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	9	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	9	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	10	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	615,758	273,280	889,038	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,938,265	1,367,758	4,306,023	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	200,734	89,088	289,822	9.00
10.00 01000	DIETARY	0	56,543	25,094	81,637	10.00
11.00 01100	CAFETERIA	0	143,581	0	143,581	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	252,183	111,921	364,104	14.00
15.00 01500	PHARMACY	0	318,931	141,545	460,476	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	3,402	1,510	4,912	16.00
17.00 01700	SOCIAL SERVICE	0	46,162	20,487	66,649	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	654,907	290,655	945,562	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,354,616	601,194	1,955,810	30.00
31.00 03100	INTENSIVE CARE UNIT	0	232,608	103,234	335,842	31.00
41.00 04100	SUBPROVIDER - IRF	0	224,409	99,595	324,004	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,041,372	462,173	1,503,545	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	52,338	23,228	75,566	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	81,595	36,213	117,808	54.00
54.01 05401	NUCLEAR MEDICINE	0	41,871	18,583	60,454	54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05405	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	23,622	10,484	34,106	57.00
58.00 05800	MRI	0	25,820	11,459	37,279	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	152,950	67,881	220,831	59.00
60.00 06000	LABORATORY	0	197,350	87,586	284,936	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	299,636	132,982	432,618	65.00
66.00 06600	PHYSICAL THERAPY	0	90,824	40,309	131,133	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	14,445	6,411	20,856	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	464,798	206,282	671,080	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	50,402	22,369	72,771	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	299,200	132,788	431,988	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	0	0	0	73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	0	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	589,467	261,612	851,079	91.00
91.01 09101	OP DEPARTMENT	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

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Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	149,600	66,394	215,994	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00						118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	227,217	100,842	328,059	0	192.01
194.00 07950 OFFICE BUILDINGS	0	37,875	16,810	54,685	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	48,203	21,393	69,596	0	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	122,122	0	122,122	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	11,052,806	4,851,160	15,903,966	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	889,038					5.00
6.00	00600		0				6.00
7.00	00700	85,505	0	4,391,528			7.00
8.00	00800	1,903	0		1,903		8.00
9.00	00900	23,193	0	121,875	0	434,890	9.00
10.00	01000	3,068	0	34,330	0	3,497	10.00
11.00	01100	15,924	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	15,630	0	0	0	0	13.00
14.00	01400	17,249	0	153,111	0	15,595	14.00
15.00	01500	18,867	0	193,637	0	19,723	15.00
16.00	01600	7,050	0	2,065	0	210	16.00
17.00	01700	13,273	0	28,027	0	2,855	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	10,462	0	0	0	0	21.00
22.00	02200	22,984	0	397,624	0	40,500	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	115,972	0	822,448	1,441	83,772	30.00
31.00	03100	31,890	0	141,227	168	14,385	31.00
41.00	04100	22,638	0	136,249	250	13,878	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,711	0	0	44	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	73,061	0	632,264	0	64,400	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	7,079	0	31,777	0	3,237	51.00
52.00	05200	9,336	0	0	0	0	52.00
54.00	05400	22,764	0	49,540	0	5,046	54.00
54.01	05401	2,874	0	25,421	0	2,589	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	31	0	0	0	0	55.00
57.00	05700	8,888	0	14,342	0	1,461	57.00
58.00	05800	3,946	0	15,677	0	1,597	58.00
59.00	05900	7,521	0	92,863	0	9,459	59.00
60.00	06000	39,113	0	119,820	0	12,204	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	15,621	0	181,922	0	18,530	65.00
66.00	06600	32,166	0	55,143	0	5,617	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	7,579	0	8,770	0	893	67.00
68.00	06800	1,742	0	0	0	0	68.00
69.00	06900	12,373	0	282,200	0	28,744	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	4,187	0	30,601	0	3,117	69.02
70.00	07000	5,926	0	181,658	0	18,503	70.00
71.00	07100	32,163	0	0	0	0	71.00
72.00	07200	70,734	0	0	0	0	72.00
73.00	07300	41,425	0	0	0	0	73.00
76.00	03020	3,962	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	9,625	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	470	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	36,363	0	357,892	0	36,453	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	10,761	0	90,829	0	9,251	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	867,029	0	4,201,312	1,903	415,516	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,864	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	743	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	10,341	0	137,954	0	14,051	192.01
194.00	07950	OFFICE BUILDINGS	6,701	0	22,996	0	2,342	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	2,360	0	29,266	0	2,981	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	889,038	0	4,391,528	1,903	434,890	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
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	122,532					10.00
11.00	01100	0	159,505				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	5,259	0	20,889		13.00
14.00	01400	0	2,597	0	0	552,656	14.00
15.00	01500	0	7,497	0	0	1,456	15.00
16.00	01600	0	2,148	0	0	0	16.00
17.00	01700	0	4,433	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	3,930	0	0	0	21.00
22.00	02200	0	5,484	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	92,782	36,318	0	15,818	29,033	30.00
31.00	03100	10,798	9,069	0	1,841	12,091	31.00
41.00	04100	16,116	5,912	0	2,747	2,906	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,836	1,172	0	483	394	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	15,136	0	0	44,664	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	2,375	0	0	1,062	51.00
52.00	05200	0	2,768	0	0	0	52.00
54.00	05400	0	7,453	0	0	2,054	54.00
54.01	05401	0	877	0	0	50	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	37	0	0	0	55.00
57.00	05700	0	2,760	0	0	2,755	57.00
58.00	05800	0	1,275	0	0	342	58.00
59.00	05900	0	1,860	0	0	3,469	59.00
60.00	06000	0	7,046	0	0	2,255	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,757	0	0	5,024	65.00
66.00	06600	0	4,303	0	0	570	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	2,789	0	0	14	67.00
68.00	06800	0	653	0	0	30	68.00
69.00	06900	0	2,473	0	0	384	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	1,578	0	0	136	69.02
70.00	07000	0	106	0	0	20	70.00
71.00	07100	0	0	0	0	115,749	71.00
72.00	07200	0	0	0	0	307,571	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	1,940	0	0	2,612	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	154	0	0	17	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	10,128	0	0	13,740	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	3,215	0	0	3,960	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

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Part II
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	122,532	156,502	0	20,889	552,358 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	384	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	CFPC CLINIC	0	1,999	0	0	265 192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	33 194.00
194.01	07951	MARKETING	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	0	620	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0 194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					0 201.00
202.00		TOTAL (sum lines 118-201)	122,532	159,505	0	20,889	552,656 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
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						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	701,656	16,385				16.00
17.00	01700	0	0	115,237			17.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0		14,392	21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,001	87,258			30.00
31.00	03100	0	210	10,155			31.00
41.00	04100	0	195	15,157			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	25	2,667			43.00
45.00	04500	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,930	2,284	0			50.00
50.01	05001	0	0	0			50.01
50.02	05002	0	0	0			50.02
51.00	05100	0	209	0			51.00
52.00	05200	0	59	0			52.00
54.00	05400	0	1,099	0			54.00
54.01	05401	0	178	0			54.01
54.02	05402	0	0	0			54.02
54.03	05403	0	0	0			54.03
54.04	05404	0	0	0			54.04
54.05	05405	0	0	0			54.05
54.06	05406	0	0	0			54.06
54.07	05407	0	0	0			54.07
55.00	05500	0	5	0			55.00
57.00	05700	0	1,661	0			57.00
58.00	05800	0	480	0			58.00
59.00	05900	0	380	0			59.00
60.00	06000	0	1,975	0			60.00
60.01	06001	0	0	0			60.01
65.00	06500	0	466	0			65.00
66.00	06600	0	437	0			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	0			66.02
66.03	06603	0	0	0			66.03
67.00	06700	0	106	0			67.00
68.00	06800	0	42	0			68.00
69.00	06900	0	488	0			69.00
69.01	06901	0	0	0			69.01
69.02	06902	0	45	0			69.02
70.00	07000	0	78	0			70.00
71.00	07100	6	659	0			71.00
72.00	07200	676,222	941	0			72.00
73.00	07300	0	1,282	0			73.00
76.00	03020	0	38	0			76.00
76.01	03952	0	0	0			76.01
76.02	03950	0	135	0			76.02
76.98	07698	0	0	0			76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0			89.00
90.00	09000	0	2	0			90.00
90.01	09001	0	0	0			90.01
91.00	09100	0	1,654	0			91.00
91.01	09101	0	0	0			91.01
91.02	09102	0	0	0			91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
92.00	09200						92.00
92.01	09201	0	251	0			92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0			99.10
101.00	10100	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0			109.00
110.00	11000	0	0	0			110.00
111.00	11100	0	0	0			111.00
113.00	11300						113.00
118.00		682,158	16,385	115,237	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0			190.00
192.00	19200	0	0	0			192.00
192.01	19201	19,498	0	0			192.01
194.00	07950	0	0	0			194.00
194.01	07951	0	0	0			194.01
194.02	07952	0	0	0			194.02
194.03	07953	0	0	0			194.03
194.04	07954	0	0	0			194.04
200.00					0	14,392	200.00
201.00		0	0	0	0	0	201.00
202.00		701,656	16,385	115,237	0	14,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00				
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,412,154				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS			3,241,653	0	3,241,653
31.00 03100 INTENSIVE CARE UNIT			567,676	0	567,676
41.00 04100 SUBPROVIDER - IRF			540,052	0	540,052
42.00 04200 SUBPROVIDER			0	0	0
43.00 04300 NURSERY			9,332	0	9,332
45.00 04500 NURSING FACILITY			0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM			2,341,284	0	2,341,284
50.01 05001 ENDOSCOPY			0	0	0
50.02 05002 DAY SURGERY			0	0	0
51.00 05100 RECOVERY ROOM			121,305	0	121,305
52.00 05200 DELIVERY ROOM & LABOR ROOM			12,163	0	12,163
54.00 05400 RADIOLOGY-DIAGNOSTIC			205,764	0	205,764
54.01 05401 NUCLEAR MEDICINE			92,443	0	92,443
54.02 05402 ULTRASOUND			0	0	0
54.03 05403 GRANT SQUARE IMAGING			0	0	0
54.04 05406 WINDSOR MEDICAL RADIOLOGY			0	0	0
54.05 05407 PET SCAN			0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC			73	0	73
57.00 05700 CT SCAN			65,973	0	65,973
58.00 05800 MRI			60,596	0	60,596
59.00 05900 CARDIAC CATHETERIZATION			336,383	0	336,383
60.00 06000 LABORATORY			467,349	0	467,349
60.01 06001 BLOOD LABORATORY			0	0	0
65.00 06500 RESPIRATORY THERAPY			657,938	0	657,938
66.00 06600 PHYSICAL THERAPY			229,369	0	229,369
66.01 06601 FAIRVIEW REHAB CTR			0	0	0
66.02 06602 WESTCHESTER REHAB CTR			0	0	0
66.03 06603 LAGRANGE REHAB CTR			0	0	0
67.00 06700 OCCUPATIONAL THERAPY			41,007	0	41,007
68.00 06800 SPEECH PATHOLOGY			2,467	0	2,467
69.00 06900 ELECTROCARDIOLOGY			997,742	0	997,742
69.01 06901 VASCULAR LAB			0	0	0
69.02 06902 CARDIAC REHAB			112,435	0	112,435
70.00 07000 ELECTROENCEPHALOGRAPHY			638,279	0	638,279
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT			148,577	0	148,577
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS			1,055,468	0	1,055,468
73.00 07300 DRUGS CHARGED TO PATIENTS			42,707	0	42,707
76.00 03020 HEMODIALYSIS			4,000	0	4,000
76.01 03952 LITHOTRIPSY			0	0	0
76.02 03950 WOUND CARE			14,312	0	14,312
76.98 07698 HYPERBARIC OXYGEN THERAPY			0	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0
90.00 09000 CLINIC			643	0	643
90.01 09001 PAIN MGMT CLINIC			0	0	0
91.00 09100 EMERGENCY			1,307,309	0	1,307,309

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT			0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY			0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			334,261	0	334,261	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	13,648,560	0	13,648,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,248	0	2,248	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			743	0	743	192.00
192.01	19201	CFPC CLINIC			512,167	0	512,167	192.01
194.00	07950	OFFICE BUILDINGS			86,757	0	86,757	194.00
194.01	07951	MARKETING			0	0	0	194.01
194.02	07952	FOUNDATION			104,823	0	104,823	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA			122,122	0	122,122	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	0	194.04
200.00		Cross Foot Adjustments	1,412,154	0	1,426,546	0	1,426,546	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,412,154	0	15,903,966	0	15,903,966	202.00

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	633,542				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		626,542			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	59,807,149		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,295	35,295	8,737,327	-52,193,520	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	168,420	176,650	1,790,524	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	256,153	8.00
9.00	00900	HOUSEKEEPING	11,506	11,506	735,168	0	9.00
10.00	01000	DIETARY	3,241	3,241	931	0	10.00
11.00	01100	CAFETERIA	8,230	0	1,827	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,600,519	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,455	14,455	790,265	0	14.00
15.00	01500	PHARMACY	18,281	18,281	2,281,401	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	195	195	653,786	0	16.00
17.00	01700	SOCIAL SERVICE	2,646	2,646	1,349,181	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,195,990	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	1,668,804	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,646	77,646	11,052,103	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,333	13,333	2,759,805	0	31.00
41.00	04100	SUBPROVIDER - IRF	12,863	12,863	1,799,211	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	356,772	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,691	59,691	4,606,294	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,000	3,000	722,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	842,449	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,677	4,677	2,268,236	0	54.00
54.01	05401	NUCLEAR MEDICINE	2,400	2,400	266,862	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	11,305	0	55.00
57.00	05700	CT SCAN	1,354	1,354	840,069	0	57.00
58.00	05800	MRI	1,480	1,480	387,991	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,767	8,767	566,082	0	59.00
60.00	06000	LABORATORY	11,312	11,312	2,144,248	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	17,175	17,175	1,143,441	0	65.00
66.00	06600	PHYSICAL THERAPY	5,206	5,206	1,309,457	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	828	828	848,721	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	198,670	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,642	26,642	752,704	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	2,889	2,889	480,143	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	17,150	17,150	32,366	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	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	590,341	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	46,744	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	33,788	33,788	3,082,148	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)			
		1.00	2.00	4.00			
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,575	8,575	978,464	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	608,584	608,584	58,893,159	-52,193,520	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	116,958	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	13,024	13,024	608,257	0	192.01
194.00	07950	OFFICE BUILDINGS	2,171	2,171	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	2,763	2,763	188,775	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	0	0	-122,122	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	11,052,806	4,851,160	6,064,728		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	17.446051	7.742753	0.101405		203.00
204.00		Cost to be allocated (per wkst. B, Part II)			0		204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ. FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	414,597			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	37,764		8.00
9.00	00900	HOUSEKEEPING	0	11,506	0	403,091	9.00
10.00	01000	DIETARY	0	3,241	0	3,241	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,455	0	14,455	14.00
15.00	01500	PHARMACY	0	18,281	0	18,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	195	0	195	16.00
17.00	01700	SOCIAL SERVICE	0	2,646	0	2,646	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	37,539	0	37,539	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	77,646	28,595	77,646	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,333	3,328	13,333	31.00
41.00	04100	SUBPROVIDER - IRF	0	12,863	4,967	12,863	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	874	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	59,691	0	59,691	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,000	0	3,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,677	0	4,677	54.00
54.01	05401	NUCLEAR MEDICINE	0	2,400	0	2,400	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,354	0	1,354	57.00
58.00	05800	MRI	0	1,480	0	1,480	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,767	0	8,767	59.00
60.00	06000	LABORATORY	0	11,312	0	11,312	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	17,175	0	17,175	65.00
66.00	06600	PHYSICAL THERAPY	0	5,206	0	5,206	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	828	0	828	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,642	0	26,642	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	2,889	0	2,889	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,150	0	17,150	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	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	33,788	0	33,788	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	8,575	0	8,575	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet 8-1

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ FT)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	396,639	37,764	385,133	37,764	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	13,024	0	13,024	0	192.01
194.00	07950 OFFICE BUILDINGS	0	2,171	0	2,171	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	2,763	0	2,763	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	16,531,098	367,860	4,942,716	762,066	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	39.872691	9.741023	12.262035	20.179695	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	4,391,528	1,903	434,890	122,532	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	10.592281	0.050392	1.078888	3.244677	205.00

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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						10.00
11.00	01100	48,541,372					11.00
12.00	01200	0	0				12.00
13.00	01300	1,600,519		37,764			13.00
14.00	01400	790,265		0	17,148,503		14.00
15.00	01500	2,281,401			45,189	5,837,744	15.00
16.00	01600	653,786			0	0	16.00
17.00	01700	1,349,181			0	0	17.00
20.00	02000	0			0	0	20.00
21.00	02100	1,195,990			0	0	21.00
22.00	02200	1,668,804			0	0	22.00
23.00	02300	0			0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,052,103	0	28,595	900,869	0	30.00
31.00	03100	2,759,805	0	3,328	375,180	0	31.00
41.00	04100	1,799,211	0	4,967	90,172	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	356,772	0	874	12,232	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,606,294	0	0	1,385,887	49,337	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	722,810	0	0	32,945	0	51.00
52.00	05200	842,449	0	0	0	0	52.00
54.00	05400	2,268,236	0	0	63,724	0	54.00
54.01	05401	266,862	0	0	1,545	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	11,305	0	0	0	0	55.00
57.00	05700	840,069	0	0	85,479	0	57.00
58.00	05800	387,991	0	0	10,619	0	58.00
59.00	05900	566,082	0	0	107,643	0	59.00
60.00	06000	2,144,248	0	0	69,955	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,143,441	0	0	155,899	0	65.00
66.00	06600	1,309,457	0	0	17,672	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	848,721	0	0	424	0	67.00
68.00	06800	198,670	0	0	939	0	68.00
69.00	06900	752,704	0	0	11,918	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	480,143	0	0	4,212	0	69.02
70.00	07000	32,366	0	0	619	0	70.00
71.00	07100	0	0	0	3,591,580	54	71.00
72.00	07200	0	0	0	9,543,775	5,626,131	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	590,341	0	0	81,041	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	46,744	0	0	526	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	3,082,148	0	0	426,349	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02

Provider CCN: 14-0065

Period:
 From 01/01/2016
 To 12/31/2016

Worksheet B-1

Date/Time Prepared:
 5/24/2017 8:48 am

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	978,464	0	0	122,864	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,627,382	0	37,764	17,139,257	5,675,522 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,958	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	608,257	0	0	8,235	162,222 192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	1,011	0 194.00
194.01	07951	MARKETING	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	188,775	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0 194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	3,078,621	0	3,123,405	4,138,649	4,756,346 202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.063423	0.000000	82.708532	0.241342	0.814758 203.00
204.00		Cost to be allocated (per wkst. B, Part II)	159,505	0	20,889	552,656	701,656 204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.003286	0.000000	0.553146	0.032228	0.120193 205.00

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	592,125,493				16.00
17.00	01700	SOCIAL SERVICE	0	37,764			17.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	40,143		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	40,143	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,754,247	28,595	0	28,368	30.00
31.00	03100	INTENSIVE CARE UNIT	7,511,030	3,328	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,953,800	4,967	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	892,270	874	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,560,495	0	0	3,683	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	7,459,795	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,106,924	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,236,289	0	0	659	54.00
54.01	05401	NUCLEAR MEDICINE	6,347,100	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	177,115	0	0	0	55.00
57.00	05700	CT SCAN	59,324,214	0	0	0	57.00
58.00	05800	MRI	17,134,850	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,587,150	0	0	0	59.00
60.00	06000	LABORATORY	70,550,955	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,635,994	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,598,727	0	0	159	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,781,493	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,505,599	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,428,218	0	0	1,245	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,609,057	0	0	347	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,781,365	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,518,039	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,596,734	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,802,663	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,358,100	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	4,824,315	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	61,260	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	59,067,520	0	0	2,447	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)
			16.00	17.00	20.00	21.00	22.00	
91.01	09101	OP DEPARTMENT	0	0	0	2,853	2,853	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,960,175	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	592,125,493	37,764	0	39,761	39,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	382	382	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	1,414,707	2,789,566	0	2,098,541	6,506,531	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.002389	73.868393	0.000000	52.276636	162.083825	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	16,385	115,237	0	14,392	1,412,154	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000028	3.051504	0.000000	0.358518	35.178088	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	0	43.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	54.01
54.02	05402 ULTRASOUND	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407 PET SCAN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020 HEMODIALYSIS	0	76.00
76.01	03952 LITHOTRIPSY	0	76.01
76.02	03950 WOUND CARE	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
91.01	09101 OP DEPARTMENT	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 CFPC CLINIC	0	192.01
194.00	07950 OFFICE BUILDINGS	0	194.00
194.01	07951 MARKETING	0	194.01
194.02	07952 FOUNDATION	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	194.04
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII Hospital		PPS		
				Costs				
				Total Costs	RCE Disallowance		Total Costs	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,801,638		32,801,638	0	32,801,638	30.00
31.00	03100	INTENSIVE CARE UNIT	7,764,789		7,764,789	0	7,764,789	31.00
41.00	04100	SUBPROVIDER - IRF	6,126,227		6,126,227	0	6,126,227	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	521,455		521,455	0	521,455	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,115,675		18,115,675	0	18,115,675	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,596,665		1,596,665	0	1,596,665	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,863,386		1,863,386	0	1,863,386	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,897,799		4,897,799	0	4,897,799	54.00
54.01	05401	NUCLEAR MEDICINE	713,230		713,230	0	713,230	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	7,054		7,054	0	7,054	55.00
57.00	05700	CT SCAN	2,004,651		2,004,651	0	2,004,651	57.00
58.00	05800	MRI	908,185		908,185	0	908,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,005,405		2,005,405	0	2,005,405	59.00
60.00	06000	LABORATORY	8,473,054		8,473,054	0	8,473,054	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,065,385	0	4,065,385	0	4,065,385	65.00
66.00	06600	PHYSICAL THERAPY	6,614,740	0	6,614,740	0	6,614,740	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,571,505	0	1,571,505	0	1,571,505	67.00
68.00	06800	SPEECH PATHOLOGY	353,287	0	353,287	0	353,287	68.00
69.00	06900	ELECTROCARDIOLOGY	3,873,396	0	3,873,396	0	3,873,396	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	995,515		995,515	0	995,515	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,048,731		2,048,731	0	2,048,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,141,308		7,141,308	0	7,141,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,642,819		20,642,819	0	20,642,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,118,288		8,118,288	0	8,118,288	73.00
76.00	03020	HEMODIALYSIS	769,226		769,226	0	769,226	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	1,929,311		1,929,311	0	1,929,311	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	94,098		94,098	0	94,098	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	9,231,340		9,231,340	0	9,231,340	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	791,437		791,437	0	791,437	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,640,691		2,640,691	0	2,640,691	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	158,680,290	0	158,680,290	0	158,680,290	200.00
201.00		Less Observation Beds	791,437		791,437		791,437	201.00
202.00		Total (see instructions)	157,888,853	0	157,888,853	0	157,888,853	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:48 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,019,712		34,019,712		30.00
31.00	03100	INTENSIVE CARE UNIT	7,511,030		7,511,030		31.00
41.00	04100	SUBPROVIDER - IRF	6,953,800		6,953,800		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	892,270		892,270		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,246,138	48,314,357	88,560,495	0.204557	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,277,375	4,182,420	7,459,795	0.214036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,788,245	318,679	2,106,924	0.884411	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,356,480	28,879,809	39,236,289	0.124828	54.00
54.01	05401	NUCLEAR MEDICINE	2,431,300	3,915,800	6,347,100	0.112371	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05405	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	26,055	151,060	177,115	0.039827	55.00
57.00	05700	CT SCAN	18,218,770	41,105,444	59,324,214	0.033791	57.00
58.00	05800	MRI	4,500,100	12,634,750	17,134,850	0.053002	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,916,200	5,670,950	13,587,150	0.147596	59.00
60.00	06000	LABORATORY	40,151,754	30,399,201	70,550,955	0.120098	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,549,704	1,086,290	16,635,994	0.244373	65.00
66.00	06600	PHYSICAL THERAPY	5,676,210	9,922,517	15,598,727	0.424056	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,643,994	137,499	3,781,493	0.415578	67.00
68.00	06800	SPEECH PATHOLOGY	1,457,135	48,464	1,505,599	0.234649	68.00
69.00	06900	ELECTROCARDIOLOGY	8,519,616	8,908,602	17,428,218	0.222249	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	83,137	1,525,920	1,609,057	0.618695	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	273,540	2,507,825	2,781,365	0.736592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,445,253	12,072,786	23,518,039	0.303652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,730,749	11,865,985	33,596,734	0.614429	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,535,485	8,267,178	45,802,663	0.177245	73.00
76.00	03020	HEMODIALYSIS	1,358,100	0	1,358,100	0.566399	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	40,740	4,783,575	4,824,315	0.399914	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	630	60,630	61,260	1.536043	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	17,460,273	41,607,247	59,067,520	0.156285	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	629,100	1,105,435	1,734,535	0.456282	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,173,901	7,786,274	8,960,175	0.294714	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	304,866,796	287,258,697	592,125,493		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	304,866,796	287,258,697	592,125,493		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.204557		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
50.02	05002	DAY SURGERY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.214036		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.884411		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124828		54.00
54.01	05401	NUCLEAR MEDICINE	0.112371		54.01
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407	PET SCAN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039827		55.00
57.00	05700	CT SCAN	0.033791		57.00
58.00	05800	MRI	0.053002		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.147596		59.00
60.00	06000	LABORATORY	0.120098		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.244373		65.00
66.00	06600	PHYSICAL THERAPY	0.424056		66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700	OCCUPATIONAL THERAPY	0.415578		67.00
68.00	06800	SPEECH PATHOLOGY	0.234649		68.00
69.00	06900	ELECTROCARDIOLOGY	0.222249		69.00
69.01	06901	VASCULAR LAB	0.000000		69.01
69.02	06902	CARDIAC REHAB	0.618695		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.736592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303652		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614429		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177245		73.00
76.00	03020	HEMODIALYSIS	0.566399		76.00
76.01	03952	LITHOTRIPSY	0.000000		76.01
76.02	03950	WOUND CARE	0.399914		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.536043		90.00
90.01	09001	PAIN MGMT CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.156285		91.00
91.01	09101	OP DEPARTMENT	0.000000		91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.456282		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.294714		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:48 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
			Total Costs	RCE Disallowance		
			1.00	2.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,801,638		32,801,638	30.00
31.00	03100	INTENSIVE CARE UNIT	7,764,789		7,764,789	31.00
41.00	04100	SUBPROVIDER - IRF	6,126,227		6,126,227	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	521,455		521,455	43.00
45.00	04500	NURSING FACILITY	0		0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,115,675		18,115,675	50.00
50.01	05001	ENDOSCOPY	0		0	50.01
50.02	05002	DAY SURGERY	0		0	50.02
51.00	05100	RECOVERY ROOM	1,596,665		1,596,665	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,863,386		1,863,386	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,897,799		4,897,799	54.00
54.01	05401	NUCLEAR MEDICINE	713,230		713,230	54.01
54.02	05402	ULTRASOUND	0		0	54.02
54.03	05403	GRANT SQUARE IMAGING	0		0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	54.04
54.05	05407	PET SCAN	0		0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	7,054		7,054	55.00
57.00	05700	CT SCAN	2,004,651		2,004,651	57.00
58.00	05800	MRI	908,185		908,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,005,405		2,005,405	59.00
60.00	06000	LABORATORY	8,473,054		8,473,054	60.00
60.01	06001	BLOOD LABORATORY	0		0	60.01
65.00	06500	RESPIRATORY THERAPY	4,065,385	0	4,065,385	65.00
66.00	06600	PHYSICAL THERAPY	6,614,740	0	6,614,740	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,571,505	0	1,571,505	67.00
68.00	06800	SPEECH PATHOLOGY	353,287	0	353,287	68.00
69.00	06900	ELECTROCARDIOLOGY	3,873,396	0	3,873,396	69.00
69.01	06901	VASCULAR LAB	0	0	0	69.01
69.02	06902	CARDIAC REHAB	995,515	0	995,515	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,048,731	0	2,048,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,141,308	0	7,141,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,642,819	0	20,642,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,118,288	0	8,118,288	73.00
76.00	03020	HEMODIALYSIS	769,226	0	769,226	76.00
76.01	03952	LITHOTRIPSY	0	0	0	76.01
76.02	03950	WOUND CARE	1,929,311	0	1,929,311	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	94,098	0	94,098	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	90.01
91.00	09100	EMERGENCY	9,231,340	0	9,231,340	91.00
91.01	09101	OP DEPARTMENT	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	791,437	0	791,437	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,640,691	0	2,640,691	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
200.00		Subtotal (see instructions)	158,680,290	0	158,680,290	200.00
201.00		Less Observation Beds	791,437	0	791,437	201.00
202.00		Total (see instructions)	157,888,853	0	157,888,853	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 8:48 am	
			Title XIX			Hospital		Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,019,712		34,019,712			30.00
31.00	03100	INTENSIVE CARE UNIT	7,511,030		7,511,030			31.00
41.00	04100	SUBPROVIDER - IRF	6,953,800		6,953,800			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	892,270		892,270			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,246,138	48,314,357	88,560,495	0.204557	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,277,375	4,182,420	7,459,795	0.214036	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,788,245	318,679	2,106,924	0.884411	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,356,480	28,879,809	39,236,289	0.124828	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	2,431,300	3,915,800	6,347,100	0.112371	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	26,055	151,060	177,115	0.039827	0.000000	55.00
57.00	05700	CT SCAN	18,218,770	41,105,444	59,324,214	0.033791	0.000000	57.00
58.00	05800	MRI	4,500,100	12,634,750	17,134,850	0.053002	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,916,200	5,670,950	13,587,150	0.147596	0.000000	59.00
60.00	06000	LABORATORY	40,151,754	30,399,201	70,550,955	0.120098	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,549,704	1,086,290	16,635,994	0.244373	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,676,210	9,922,517	15,598,727	0.424056	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,643,994	137,499	3,781,493	0.415578	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,457,135	48,464	1,505,599	0.234649	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,519,616	8,908,602	17,428,218	0.222249	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIAC REHAB	83,137	1,525,920	1,609,057	0.618695	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	273,540	2,507,825	2,781,365	0.736592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,445,253	12,072,786	23,518,039	0.303652	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,730,749	11,865,985	33,596,734	0.614429	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,535,485	8,267,178	45,802,663	0.177245	0.000000	73.00
76.00	03020	HEMODIALYSIS	1,358,100	0	1,358,100	0.566399	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01
76.02	03950	WOUND CARE	40,740	4,783,575	4,824,315	0.399914	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	630	60,630	61,260	1.536043	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	17,460,273	41,607,247	59,067,520	0.156285	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	629,100	1,105,435	1,734,535	0.456282	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,173,901	7,786,274	8,960,175	0.294714	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
200.00		Subtotal (see instructions)	304,866,796	287,258,697	592,125,493			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	304,866,796	287,258,697	592,125,493			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
45.00	04500 NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 ENDOSCOPY	0.000000			50.01
50.02	05002 DAY SURGERY	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 NUCLEAR MEDICINE	0.000000			54.01
54.02	05402 ULTRASOUND	0.000000			54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407 PET SCAN	0.000000			54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 VASCULAR LAB	0.000000			69.01
69.02	06902 CARDIAC REHAB	0.000000			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020 HEMODIALYSIS	0.000000			76.00
76.01	03952 LITHOTRIPSY	0.000000			76.01
76.02	03950 WOUND CARE	0.000000			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 PAIN MGMT CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 OP DEPARTMENT	0.000000			91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part I
Date/Time Prepared:
5/24/2017 8:48 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	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,241,653	0	3,241,653	29,302	110.63	30.00
31.00	INTENSIVE CARE UNIT	567,676		567,676	3,328	170.58	31.00
41.00	SUBPROVIDER - IRF	540,052	0	540,052	4,967	108.73	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	9,332		9,332	874	10.68	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,358,713		4,358,713	38,471		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,943	1,763,774				
31.00	INTENSIVE CARE UNIT	1,959	334,166				
41.00	SUBPROVIDER - IRF	3,716	404,041				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	21,618	2,501,981				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,341,284	88,560,495	0.026437	20,537,433	542,948	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	121,305	7,459,795	0.016261	1,615,309	26,267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,163	2,106,924	0.005773	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205,764	39,236,289	0.005244	5,862,788	30,744	54.00
54.01	05401	NUCLEAR MEDICINE	92,443	6,347,100	0.014565	1,422,087	20,713	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	73	177,115	0.000412	13,377	6	55.00
57.00	05700	CT SCAN	65,973	59,324,214	0.001112	9,500,805	10,565	57.00
58.00	05800	MRI	60,596	17,134,850	0.003536	2,261,410	7,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	336,383	13,587,150	0.024757	3,857,303	95,495	59.00
60.00	06000	LABORATORY	467,349	70,550,955	0.006624	21,603,741	143,103	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	657,938	16,635,994	0.039549	9,359,146	370,145	65.00
66.00	06600	PHYSICAL THERAPY	229,369	15,598,727	0.014704	2,304,560	33,886	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	41,007	3,781,493	0.010844	987,285	10,706	67.00
68.00	06800	SPEECH PATHOLOGY	2,467	1,505,599	0.001639	504,390	827	68.00
69.00	06900	ELECTROCARDIOLOGY	997,742	17,428,218	0.057249	4,862,164	278,354	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	112,435	1,609,057	0.069876	38,474	2,688	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	638,279	2,781,365	0.229484	150,042	34,432	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,577	23,518,039	0.006318	5,616,393	35,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,055,468	33,596,734	0.031416	10,308,930	323,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,707	45,802,663	0.000932	19,747,387	18,405	73.00
76.00	03020	HEMODIALYSIS	4,000	1,358,100	0.002945	846,874	2,494	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	14,312	4,824,315	0.002967	25,587	76	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	643	61,260	0.010496	129	1	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	1,307,309	59,067,520	0.022132	9,275,255	205,280	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	78,215	1,734,535	0.045093	378,837	17,083	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	334,261	8,960,175	0.037305	719,073	26,825	92.01
200.00		Total (lines 50-199)	9,368,062	542,748,681		131,798,779	2,238,388	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 8:48 am
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Cost Center Description		Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,302	0.00	15,943	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,328	0.00	1,959	0	0 31.00
41.00	04100	SUBPROVIDER - IRF	4,967	0.00	3,716	0	0 41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0 42.00
43.00	04300	NURSERY	874	0.00	0	0	0 43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0 45.00
200.00		Total (lines 30-199)	38,471		21,618	0	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
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
45.00	04500	NURSING FACILITY	0	0			45.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03020 HEMODIALYSIS	0	0	0	0	0	0	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	0	0	0	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 OP DEPARTMENT	0	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:48 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII			Hospital		PPS
			Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,560,495	0.000000	0.000000	20,537,433	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	7,459,795	0.000000	0.000000	1,615,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,106,924	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,236,289	0.000000	0.000000	5,862,788	54.00
54.01	05401	NUCLEAR MEDICINE	0	6,347,100	0.000000	0.000000	1,422,087	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	177,115	0.000000	0.000000	13,377	55.00
57.00	05700	CT SCAN	0	59,324,214	0.000000	0.000000	9,500,805	57.00
58.00	05800	MRI	0	17,134,850	0.000000	0.000000	2,261,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,587,150	0.000000	0.000000	3,857,303	59.00
60.00	06000	LABORATORY	0	70,550,955	0.000000	0.000000	21,603,741	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,635,994	0.000000	0.000000	9,359,146	65.00
66.00	06600	PHYSICAL THERAPY	0	15,598,727	0.000000	0.000000	2,304,560	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	3,781,493	0.000000	0.000000	987,285	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,505,599	0.000000	0.000000	504,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,428,218	0.000000	0.000000	4,862,164	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0	1,609,057	0.000000	0.000000	38,474	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,781,365	0.000000	0.000000	150,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,518,039	0.000000	0.000000	5,616,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,596,734	0.000000	0.000000	10,308,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,802,663	0.000000	0.000000	19,747,387	73.00
76.00	03020	HEMODIALYSIS	0	1,358,100	0.000000	0.000000	846,874	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.01
76.02	03950	WOUND CARE	0	4,824,315	0.000000	0.000000	25,587	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	61,260	0.000000	0.000000	129	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	59,067,520	0.000000	0.000000	9,275,255	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,734,535	0.000000	0.000000	378,837	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	8,960,175	0.000000	0.000000	719,073	92.01
200.00		Total (lines 50-199)	0	542,748,681			131,798,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 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	16,071,806	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	985,242	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	823	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,758,781	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,745,976	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	59,040	0	0	0	55.00
57.00	05700	CT SCAN	0	13,391,615	0	0	0	57.00
58.00	05800	MRI	0	4,062,755	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,612,936	0	0	0	59.00
60.00	06000	LABORATORY	0	6,515,684	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	430,399	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	200,248	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	69,668	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,145	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,970,960	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	852,486	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	683,724	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,052,297	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,421,144	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,182,733	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	2,417,675	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	41,288	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	8,908,866	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	363,646	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,774,654	0	0	0	92.01
200.00		Total (lines 50-199)	0	85,584,591	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
50.01	05001 ENDOSCOPY	0	0			50.01
50.02	05002 DAY SURGERY	0	0			50.02
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401 NUCLEAR MEDICINE	0	0			54.01
54.02	05402 ULTRASOUND	0	0			54.02
54.03	05405 GRANT SQUARE IMAGING	0	0			54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0			54.04
54.05	05407 PET SCAN	0	0			54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0			66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0			66.02
66.03	06603 LAGRANGE REHAB CTR	0	0			66.03
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
69.01	06901 VASCULAR LAB	0	0			69.01
69.02	06902 CARDIAC REHAB	0	0			69.02
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
76.00	03020 HEMODIALYSIS	0	0			76.00
76.01	03952 LITHOTRIPSY	0	0			76.01
76.02	03950 WOUND CARE	0	0			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 PAIN MGMT CLINIC	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 OP DEPARTMENT	0	0			91.01
91.02	09102 MEDICAL ONCOLOGY	0	0			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 8:48 am
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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.)	
		2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.204557	16,071,806	0	0	3,287,600	50.00
50.01 05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.214036	985,242	0	0	210,877	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.884411	823	0	0	728	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.124828	7,758,781	0	0	968,513	54.00
54.01 05401 NUCLEAR MEDICINE	0.112371	1,745,976	0	0	196,197	54.01
54.02 05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05 05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0.039827	59,040	0	0	2,351	55.00
57.00 05700 CT SCAN	0.033791	13,391,615	0	0	452,516	57.00
58.00 05800 MRI	0.053002	4,062,755	0	0	215,334	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.147596	2,612,936	0	0	385,659	59.00
60.00 06000 LABORATORY	0.120098	6,515,684	0	0	782,521	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.244373	430,399	0	0	105,178	65.00
66.00 06600 PHYSICAL THERAPY	0.424056	200,248	0	0	84,916	66.00
66.01 06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0.415578	69,668	0	0	28,952	67.00
68.00 06800 SPEECH PATHOLOGY	0.234649	10,145	0	0	2,381	68.00
69.00 06900 ELECTROCARDIOLOGY	0.222249	2,970,960	0	0	660,293	69.00
69.01 06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0.618695	852,486	0	0	527,429	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0.736592	683,724	0	0	503,626	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303652	5,052,297	0	0	1,534,140	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.614429	4,421,144	0	0	2,716,479	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.177245	3,182,733	0	135,296	564,124	73.00
76.00 03020 HEMODIALYSIS	0.566399	0	0	0	0	76.00
76.01 03952 LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02 03950 WOUND CARE	0.399914	2,417,675	0	0	966,862	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	1.536043	41,288	0	105	63,420	90.00
90.01 09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.156285	8,908,866	0	0	1,392,322	91.00
91.01 09101 OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.456282	363,646	0	0	165,925	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.294714	2,774,654	0	0	817,729	92.01
200.00		Subtotal (see instructions)	85,584,591	135,401	16,636,072	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	85,584,591	135,401	16,636,072	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 8:48 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
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
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
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	23,981		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03952 LITHOTRIPSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	161		90.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	24,142		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	24,142		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 8:48 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	2,341,284	88,560,495	0.026437	30,483	806	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	121,305	7,459,795	0.016261	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,163	2,106,924	0.005773	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	205,764	39,236,289	0.005244	134,860	707	54.00
54.01	05401 NUCLEAR MEDICINE	92,443	6,347,100	0.014565	7,918	115	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	73	177,115	0.000412	0	0	55.00
57.00	05700 CT SCAN	65,973	59,324,214	0.001112	125,740	140	57.00
58.00	05800 MRI	60,596	17,134,850	0.003536	58,631	207	58.00
59.00	05900 CARDIAC CATHETERIZATION	336,383	13,587,150	0.024757	0	0	59.00
60.00	06000 LABORATORY	467,349	70,550,955	0.006624	892,501	5,912	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	657,938	16,635,994	0.039549	460,183	18,200	65.00
66.00	06600 PHYSICAL THERAPY	229,369	15,598,727	0.014704	1,609,884	23,672	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	41,007	3,781,493	0.010844	1,588,110	17,221	67.00
68.00	06800 SPEECH PATHOLOGY	2,467	1,505,599	0.001639	539,682	885	68.00
69.00	06900 ELECTROCARDIOLOGY	997,742	17,428,218	0.057249	32,091	1,837	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	112,435	1,609,057	0.069876	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	638,279	2,781,365	0.229484	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	148,577	23,518,039	0.006318	47,862	302	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,055,468	33,596,734	0.031416	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,707	45,802,663	0.000932	1,208,698	1,127	73.00
76.00	03020 HEMODIALYSIS	4,000	1,358,100	0.002945	63,090	186	76.00
76.01	03952 LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950 WOUND CARE	14,312	4,824,315	0.002967	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	643	61,260	0.010496	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,307,309	59,067,520	0.022132	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,734,535	0.000000	8,640	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	334,261	8,960,175	0.037305	0	0	92.01
200.00	Total (lines 50-199)	9,289,847	542,748,681		6,808,373	71,317	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 8:48 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	0 50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0 50.01
50.02 05002 DAY SURGERY	0	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02 05402 ULTRASOUND	0	0	0	0	0 54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0 54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0 54.04
54.05 05407 PET SCAN	0	0	0	0	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MRI	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0 66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0 66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0 66.03
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
69.01 06901 VASCULAR LAB	0	0	0	0	0 69.01
69.02 06902 CARDIAC REHAB	0	0	0	0	0 69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020 HEMODIALYSIS	0	0	0	0	0 76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0 76.01
76.02 03950 WOUND CARE	0	0	0	0	0 76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0 90.01
91.00 09100 EMERGENCY	0	0	0	0	0 91.00
91.01 09101 OP DEPARTMENT	0	0	0	0	0 91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0 91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
200.00 Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	88,560,495	0.000000	0.000000	30,483	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	7,459,795	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,106,924	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,236,289	0.000000	0.000000	134,860	54.00
54.01	05401 NUCLEAR MEDICINE	0	6,347,100	0.000000	0.000000	7,918	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	177,115	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	59,324,214	0.000000	0.000000	125,740	57.00
58.00	05800 MRI	0	17,134,850	0.000000	0.000000	58,631	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,587,150	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	70,550,955	0.000000	0.000000	892,501	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	16,635,994	0.000000	0.000000	460,183	65.00
66.00	06600 PHYSICAL THERAPY	0	15,598,727	0.000000	0.000000	1,609,884	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	3,781,493	0.000000	0.000000	1,588,110	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,505,599	0.000000	0.000000	539,682	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,428,218	0.000000	0.000000	32,091	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902 CARDIAC REHAB	0	1,609,057	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,781,365	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,518,039	0.000000	0.000000	47,862	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,596,734	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,802,663	0.000000	0.000000	1,208,698	73.00
76.00	03020 HEMODIALYSIS	0	1,358,100	0.000000	0.000000	63,090	76.00
76.01	03952 LITHOTRIPSY	0	0	0.000000	0.000000	0	76.01
76.02	03950 WOUND CARE	0	4,824,315	0.000000	0.000000	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	61,260	0.000000	0.000000	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	59,067,520	0.000000	0.000000	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0.000000	0.000000	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,734,535	0.000000	0.000000	8,640	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8,960,175	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	542,748,681			6,808,373	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
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
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	630	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	630	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 8:48 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
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
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	69.02
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
76.00	03020 HEMODIALYSIS	0	0	76.00
76.01	03952 LITHOTRIPSY	0	0	76.01
76.02	03950 WOUND CARE	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 8:48 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
								1.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.204557	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.214036	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.884411	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124828	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.112371	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039827	0	0	0	0	55.00
57.00	05700	CT SCAN	0.033791	0	0	0	0	57.00
58.00	05800	MRI	0.053002	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.147596	0	0	0	0	59.00
60.00	06000	LABORATORY	0.120098	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.244373	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.424056	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.415578	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.234649	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.222249	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.618695	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.736592	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303652	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614429	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177245	0	0	2,511	0	73.00
76.00	03020	HEMODIALYSIS	0.566399	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.399914	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.536043	630	0	0	968	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.156285	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456282	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.294714	0	0	0	0	92.01
200.00		Subtotal (see instructions)		630	0	2,511	968	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		630	0	2,511	968	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part V
Date/Time Prepared:
5/24/2017 8:48 am

Component CCN: 14-T065

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
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
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
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	445		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03952 LITHOTRIPSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	445		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	445		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:48 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			29,302 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			29,302 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			28,595 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)			15,943 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			32,801,638 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)			32,801,638 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			32,801,638 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,119.43 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			17,847,072 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)			17,847,072 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,764,789	3,328	2,333.17	1,959	4,570,680	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)					27,915,864	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,333,616	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)					2,097,940	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					2,238,388	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,336,328	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,997,288	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)					707	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,119.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					791,437	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D-1

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	3,241,653	32,801,638	0.098826	791,437	78,215	90.00
91.00 Nursing School cost	0	32,801,638	0.000000	791,437	0	91.00
92.00 Allied health cost	0	32,801,638	0.000000	791,437	0	92.00
93.00 All other Medical Education	0	32,801,638	0.000000	791,437	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 8:48 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,967	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,967	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,967	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,716	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,126,227	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)	6,126,227	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,126,227	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,233.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,583,277	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)	4,583,277	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 14-T065				Date/Time Prepared: 5/24/2017 8:48 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				1,995,839		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				6,579,116		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)				404,041		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				71,317		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				475,358		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				6,103,758		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period: From 01/01/2016

Worksheet D-1

Component CCN: 14-T065

To 12/31/2016

Date/Time Prepared: 5/24/2017 8:48 am

Title XVIII

Subprovider -

PPS

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	540,052	6,126,227	0.088154	0	0	90.00
91.00 Nursing School cost	0	6,126,227	0.000000	0	0	91.00
92.00 Allied health cost	0	6,126,227	0.000000	0	0	92.00
93.00 All other Medical Education	0	6,126,227	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet D-3

Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,804,211		30.00
31.00	03100 INTENSIVE CARE UNIT		4,253,194		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204557	20,537,433	4,201,076	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.214036	1,615,309	345,734	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.884411	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124828	5,862,788	731,840	54.00
54.01	05401 NUCLEAR MEDICINE	0.112371	1,422,087	159,801	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.039827	13,377	533	55.00
57.00	05700 CT SCAN	0.033791	9,500,805	321,042	57.00
58.00	05800 MRI	0.053002	2,261,410	119,859	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.147596	3,857,303	569,322	59.00
60.00	06000 LABORATORY	0.120098	21,603,741	2,594,566	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.244373	9,359,146	2,287,123	65.00
66.00	06600 PHYSICAL THERAPY	0.424056	2,304,560	977,262	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.415578	987,285	410,294	67.00
68.00	06800 SPEECH PATHOLOGY	0.234649	504,390	118,355	68.00
69.00	06900 ELECTROCARDIOLOGY	0.222249	4,862,164	1,080,611	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	0.618695	38,474	23,804	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.736592	150,042	110,520	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303652	5,616,393	1,705,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.614429	10,308,930	6,334,106	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177245	19,747,387	3,500,126	73.00
76.00	03020 HEMODIALYSIS	0.566399	846,874	479,669	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	76.01
76.02	03950 WOUND CARE	0.399914	25,587	10,233	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.536043	129	198	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.156285	9,275,255	1,449,583	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.456282	378,837	172,857	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.294714	719,073	211,921	92.01
200.00	Total (sum of lines 50-94 and 96-98)		131,798,779	27,915,864	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)		131,798,779		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 8:48 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		5,199,809	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.204557	30,483	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.214036	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.884411	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124828	134,860	54.00
54.01	05401	NUCLEAR MEDICINE	0.112371	7,918	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05405	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.039827	0	55.00
57.00	05700	CT SCAN	0.033791	125,740	57.00
58.00	05800	MRI	0.053002	58,631	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.147596	0	59.00
60.00	06000	LABORATORY	0.120098	892,501	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.244373	460,183	65.00
66.00	06600	PHYSICAL THERAPY	0.424056	1,609,884	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.415578	1,588,110	67.00
68.00	06800	SPEECH PATHOLOGY	0.234649	539,682	68.00
69.00	06900	ELECTROCARDIOLOGY	0.222249	32,091	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.618695	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.736592	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303652	47,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614429	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177245	1,208,698	73.00
76.00	03020	HEMODIALYSIS	0.566399	63,090	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	76.01
76.02	03950	WOUND CARE	0.399914	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.536043	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.156285	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.456282	8,640	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.294714	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		6,808,373	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,808,373	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 8:48 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		24,851,764	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,257,510	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)		518,232	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		6,925,248	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.56	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		19.00	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)		0.35	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)		18.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.30	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)		18.65	12.00
13.00	Total allowable FTE count for the prior year.		18.65	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.		18.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.65	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		18.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.115437	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.116359	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.115437	21.00
22.00	IME payment adjustment (see instructions)		2,022,016	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		422,932	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.65	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)		2,022,016	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		422,932	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.13	30.00
31.00	Percentage of Medicaid patient days (see instructions)		9.11	31.00
32.00	Sum of lines 30 and 31		10.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 8:48 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000095604	0.000083961	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		35,649,522		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			36,072,454	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)			3,016,703	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).			1,490,441	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			28,036	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see 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)			40,607,634	59.00
60.00	Primary payer payments			6,175	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,601,459	61.00
62.00	Deductibles billed to program beneficiaries			3,420,032	62.00
63.00	Coinsurance billed to program beneficiaries			70,196	63.00
64.00	Allowable bad debts (see instructions)			262,317	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			170,506	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			229,142	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			37,281,737	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			214,456	70.93
70.94	HRR adjustment amount (see instructions)			-549,377	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 8:48 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			36,946,816	71.00
71.01	Sequestration adjustment (see instructions)			738,936	71.01
72.00	Interim payments			35,985,091	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)			222,789	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet DSH

Date/Time Prepared:
5/24/2017 8:48 am

		Title XVIII		Hospital		PPS	
		Original .mcrx values	Adjusted .mcax values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.13	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	9.11	0.00			9.11	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	10.24	0.00			9.11	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	161.56	0.00			161.56	5.00
6.00	Disproportionate Share Payment Percentage (transferred from worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (worksheet L, Part I, line 1 geater 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)	1.13	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")	Yes				Yes	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
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (worksheet S-2, line 24, column 1)	438	0			438	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	315	0			315	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)	2,239	0			2,239	19.00
20.00	Other Medicaid days (worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,992	0			2,992	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	32,797	0			32,797	22.00
23.00	Plus total labor room days (worksheet S-3, Part I, Column 8, Line 32)	45	0			45	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)	32,842	0			32,842	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	9.11	0.00			9.11	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet DSH

Date/Time Prepared:
5/24/2017 8:48 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	
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	False	0.00		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	True	5.59		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.59		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.		0.00		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	
DETERMINATION OF PROVIDER TYPE							
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")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	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)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet DSH

Date/Time Prepared:
5/24/2017 8:48 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	6.33	29.00
30.00	Line 28 or 29 as applicable	6.33	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

Provider CCN: 14-0065

Period:
 From 01/01/2016
 To 12/31/2016

Worksheet E
 Part A Exhibit 4
 Date/Time Prepared:
 5/24/2017 8:48 am

		Title XVIII				Hospital		PPS	
		w/S E, Part A line	Amounts (from E, Part A) 1.00	Pre/Post Entitlement 2.00	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4) 5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,851,764	0	24,851,764			24,851,764	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,257,510	0		8,257,510		8,257,510	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	518,232	0	383,940	134,292		518,232	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	6,925,248	0	0	6,925,248		6,925,248	4.00
Indirect Medical Education Adjustment									
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.115437	0.115437	0.115437	0.115437			5.00
6.00	IME payment adjustment (see instructions)	22.00	2,022,016	0	1,517,722	504,294		2,022,016	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	422,932	0	422,932	0		422,932	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,022,016	0	1,517,722	504,294		2,022,016	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	422,932	0	422,932	0		422,932	9.01
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0		0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0		0	11.01
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	35,649,522	0	26,753,426	8,896,096		35,649,522	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,072,454	0	27,176,358	8,896,096		36,072,454	15.00
16.00	Payment for inpatient program capital	50.00	3,016,703	0	2,265,213	751,490		3,016,703	16.00
17.00	Special add-on payments for new technologies	54.00	28,036	0	19,679	8,357		28,036	17.00
17.01	Net organ acquisition cost								17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		0	18.00

Provider CCN: 14-0065

Period:
 From 01/01/2016
 To 12/31/2016

Worksheet E
 Part A Exhibit 4
 Date/Time Prepared:
 5/24/2017 8:48 am

		Title XVIII			Hospital		PPS	
		w/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	29,461,250	9,655,943	39,117,193	19.00
		w/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,661,762	0	1,993,403	668,359	2,661,762	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	134,015	0	106,358	27,657	134,015	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0621	0.0621	0.0621	0.0621		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	165,295	0	123,790	41,505	165,295	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0209	0.0209	0.0209	0.0209		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	55,631	0	41,662	13,969	55,631	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,016,703	0	2,265,213	751,490	3,016,703	26.00
		w/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital		PPS
	wkst. E, Pt. A, line	Amt. from wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,851,764	24,851,764		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,257,510		8,257,510	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	518,232	383,940	134,292	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	6,925,248	0	6,925,248	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.115437	0.115437	0.115437	5.00	
6.00	IME payment adjustment (see instructions)	22.00	2,022,016	1,517,722	504,294	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	422,932	0	422,932	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,022,016	1,517,722	504,294	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	422,932	0	422,932	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	35,649,522	26,753,426	8,896,096	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,072,454	26,753,426	9,319,028	15.00	
16.00	Payment for inpatient program capital	50.00	3,016,703	2,265,213	751,490	16.00	
17.00	Special add-on payments for new technologies	54.00	28,036	19,679	8,357	17.00	
17.01	Net organ acquisition cost					17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			29,038,318	10,078,875	39,117,193	19.00

		Title XVIII				Hospital	PPS	
	wkst. L, line	(Amt. from wkst. L)						
	0	1.00	2.00	3.00	4.00			
20.00	Capital DRG other than outlier	1.00	2,661,762	1,993,403	668,359	2,661,762	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	134,015	106,358	27,657	134,015	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0621	0.0621	0.0621		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	165,295	123,790	41,505	165,295	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0209	0.0209	0.0209		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	55,631	41,662	13,969	55,631	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,016,703	2,265,213	751,490	3,016,703	26.00	
	wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)						
	0	1.00	2.00	3.00	4.00			
27.00		70.96	0	0		0	27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	214,456	119,541	94,915	214,456	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-549,377	-455,146	-94,231	-549,377	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
					(Amt. to wkst. E, Pt. A)			
	0	1.00	2.00	3.00	4.00			
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 8:48 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,142	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,636,072	2.00
3.00	PPS payments		13,760,573	3.00
4.00	Outlier payment (see instructions)		16,335	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)		24,142	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		135,401	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)		135,401	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		135,401	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		111,259	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)		24,142	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)		13,776,908	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,611,176	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)		11,189,874	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		436,314	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)		11,626,188	30.00
31.00	Primary payer payments		2,709	31.00
32.00	Subtotal (line 30 minus line 31)		11,623,479	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		207,868	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		135,114	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		182,505	36.00
37.00	Subtotal (see instructions)		11,758,593	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)		11,758,593	40.00
40.01	Sequestration adjustment (see instructions)		235,172	40.01
41.00	Interim payments		11,500,754	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		22,667	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 8:48 am
		Component CCN: 14-T065	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		445	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		968	2.00
3.00	PPS payments		188	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)		445	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,511	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)		2,511	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,511	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,066	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)		445	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)		188	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		633	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)		633	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		633	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		633	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)		633	40.00
40.01	Sequestration adjustment (see instructions)		13	40.01
41.00	Interim payments		923	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-303	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 8:48 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		35,992,037		11,655,299		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	11/01/2016	6,946	11/01/2016	154,545		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)		-6,946		-154,545		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)		35,985,091		11,500,754		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		222,789		22,667		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		36,207,880		11,523,421		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0065
Component CCN: 14-T065

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 8:48 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,952,945		923	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	10/26/2016	54,072		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)		54,072		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)		6,007,017		923	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		36,656		303	6.02
7.00	Total Medicare program liability (see instructions)		5,970,361		620	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2017 8:48 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14			7,541 1.00
2.00	Medicare days from wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			17,902 2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3,891 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			31,923 4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			592,125,493 5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6,256,109 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065 Component CCN:14-T065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 8:48 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,090,315 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			31,061 3.00
4.00	Outlier Payments			45,211 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.571038 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,166,587 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,166,587 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,166,587 19.00
20.00	Deductibles			47,656 20.00
21.00	Subtotal (line 19 minus line 20)			6,118,931 21.00
22.00	Coinsurance			26,726 22.00
23.00	Subtotal (line 21 minus line 22)			6,092,205 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,092,205 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,092,205 32.00
32.01	Sequestration adjustment (see instructions)			121,844 32.01
33.00	Interim payments			6,007,017 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-36,656 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			45,211 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 8:48 am
		Title XVIII	Hospital	PPS
				1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			19.00 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.35 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			18.65 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.30 6.00
7.00	Enter the lesser of line 5 or line 6			18.65 7.00
		Primary Care	Other	Total
		1.00	2.00	3.00
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	19.30	0.00	19.30 8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.65	0.00	18.65 9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00	10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00	10.01
11.00	Total weighted FTE count	18.65	0.00	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.65	0.00	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.65	0.00	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.65	0.00	14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count	18.65	0.00	17.00
18.00	Per resident amount	152,881.72	0.00	18.00
19.00	Approved amount for resident costs	2,851,244	0	2,851,244 19.00
				1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00 20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.65 21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00 22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00 23.00
24.00	Multiply line 22 time line 23			0 24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,851,244 25.00
		Inpatient Part A	Managed care	
		1.00	2.00	3.00
COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	21,618	3,891	26.00
27.00	Total Inpatient Days (see instructions)	36,935	36,935	27.00
28.00	Ratio of inpatient days to total inpatient days	0.585298	0.105347	28.00
29.00	Program direct GME amount	1,668,827	300,370	29.00
30.00	Reduction for direct GME payments for Medicare Advantage		42,442	30.00
31.00	Net Program direct GME amount			1,926,755 31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 8:48 am
	Title XVIII	Hospital	PPS

		1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	56,912,732	37.00
38.00	Organ acquisition costs (wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	6,175	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	56,906,557	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	16,661,627	42.00
43.00	Primary payer payments (see instructions)	2,709	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	16,658,918	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	73,565,475	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.773550	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.226450	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	1,926,755	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,490,441	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	436,314	50.00

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

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet G

Date/Time Prepared:
5/24/2017 8:48 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	13,006,911	0	0	0	1.00
2.00	Temporary investments	22,870	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	36,078,634	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,080,866	0	0	0	6.00
7.00	Inventory	5,247,512	0	0	0	7.00
8.00	Prepaid expenses	337,505	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,612,566	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,671,495	0	0	0	13.00
14.00	Accumulated depreciation	-6,352,961	0	0	0	14.00
15.00	Buildings	211,001,965	0	0	0	15.00
16.00	Accumulated depreciation	-121,288,549	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	30,689,668	0	0	0	19.00
20.00	Accumulated depreciation	-26,793,769	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	58,264,232	0	0	0	23.00
24.00	Accumulated depreciation	-50,479,320	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	111,492,190	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,724,395	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	16,362,163	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,086,558	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	177,191,314	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,940,097	0	0	0	38.00
39.00	Payroll taxes payable	6,147,040	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,542,353	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,324,349	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,953,839	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	118,395,012	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,909,971	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	120,304,983	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	162,258,822	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,932,492	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,932,492	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	177,191,314	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
5/24/2017 8:48 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		22,550,060		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-2,943,637			2.00
3.00	Total (sum of line 1 and line 2)		19,606,423		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		19,606,423		0	11.00
12.00	GENERAL FUND BALANCE	3,964,885		0		12.00
13.00	DONOR RESTRICTED FUND BALANCE	708,682		0		13.00
14.00	ROUNDING	364		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)		4,673,931		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,932,492		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	GENERAL FUND BALANCE		0			12.00
13.00	DONOR RESTRICTED FUND BALANCE		0			13.00
14.00	ROUNDING		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 8:48 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	36,609,006		36,609,006	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,953,800		6,953,800	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,562,806		43,562,806	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,537,190		7,537,190	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)	7,537,190		7,537,190	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,099,996		51,099,996	17.00
18.00	Ancillary services	236,558,261	246,092,588	482,650,849	18.00
19.00	Outpatient services	17,465,223	41,607,247	59,072,470	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	5,361,325	5,361,325	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	305,123,480	293,061,160	598,184,640	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		166,739,556		29.00
30.00	BAD DEBT	4,568,636			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)		4,568,636		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)		171,308,192		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/24/2017 8:48 am
				1.00
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)		598,184,640	1.00
2.00	Less contractual allowances and discounts on patients' accounts		433,044,118	2.00
3.00	Net patient revenues (line 1 minus line 2)		165,140,522	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)		171,308,192	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-6,167,670	5.00
	OTHER INCOME			
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	EHR REVENUE		3,224,033	24.00
25.00	Total other income (sum of lines 6-24)		3,224,033	25.00
26.00	Total (line 5 plus line 25)		-2,943,637	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)		-2,943,637	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 8:48 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,661,762	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		134,015	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)		87.34	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		6.21	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)		165,295	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		1.13	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		9.11	8.00
9.00	Sum of lines 7 and 8		10.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.09	10.00
11.00	Disproportionate share adjustment (see instructions)		55,631	11.00
12.00	Total prospective capital payments (see instructions)		3,016,703	12.00
			1.00	
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00