

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 12/5/2016 1:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 12/5/2016 Time: 1:24 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOLY CROSS HOSPITAL (140133) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	701,436	95,508	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	75,722	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	777,158	95,508	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: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 12/5/2016 1:00 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2701 WEST 68TH STREET			PO Box:				1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60629		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		HOLY CROSS HOSPITAL	140133	16974	1	07/01/1966	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		REHAB UNIT	14T133	16974	5	07/01/2000	N	P	P
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2015	06/30/2016		20.00
21.00	Type of Control (see instructions)						1		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	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.						1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				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.			3,517	360	0	21	10,183	491	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.			352	297	0	0	907		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 12/5/2016 1:00 pm			
		Urban/Rural	St	Date of Geogra			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
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.				1.00 N
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		118.01
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.				1.00 N
119.00	DO NOT USE THIS LINE				
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
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 12/5/2016 1:00 pm			
		1.00	2.00				
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			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00		
142.00	Street:	PO Box:			142.00		
143.00	City:	State:	Zip Code:		143.00		
			1.00				
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.20	OPT		N	N	N	161.20	
161.30	OOT		N	N	N	161.30	
161.40	OSP		N	N	N	161.40	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					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)					0.00169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 12/5/2016 1:00 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 12/5/2016 1:00 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
				Y/N		
				1.00		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2016	Y	10/31/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 12/5/2016 1:00 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
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.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	HOLY CROSS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140133

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

Worksheet S-2
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140133

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

Worksheet S-3
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	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	171	62,586	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)		171	62,586	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,686	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)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,444		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		226				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140133

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

Worksheet S-3
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,430	3,065	32,105			1.00
2.00 HMO and other (see instructions)	5,378	10,686				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	460	981				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,430	3,065	32,105			7.00
8.00 INTENSIVE CARE UNIT	2,205	441	5,035			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		369	764			13.00
14.00 Total (see instructions)	13,635	3,875	37,904	0.00	843.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,072	649	4,290	0.00	24.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	867.00	27.00
28.00 Observation Bed Days		833	6,268			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	5	27			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140133

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

Worksheet S-3
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,716	1,048	8,655	1.00
2.00 HMO and other (see instructions)			921	2,880		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				84		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,716	1,048	8,655	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	164	49	352	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140133

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

Worksheet S-3
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	53,926,021	2,612,739	56,538,760	1,841,229.00	30.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,396,450	891	1,397,341	50,385.00	27.73
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,425,730	0	1,425,730	21,128.00	67.48
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		302,377	0	302,377	3,100.00	97.54
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,585,564	0	9,585,564		17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00
19.00	Excluded areas		228,441	0	228,441		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	127,418	435,015	562,433	19,895.00	28.27
27.00	Administrative & General	5.00	4,433,611	2,177,724	6,611,335	165,032.00	40.06
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,392,261	0	2,392,261	119,007.00	20.10
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,034,343	0	1,034,343	79,781.00	12.96
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	793,776	-290,954	502,822	37,625.00	13.36
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	290,063	290,063	21,705.00	13.36
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,111,019	-306,992	804,027	36,653.00	21.94
39.00	Central Services and Supply	14.00	177,575	0	177,575	12,555.00	14.14
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140133

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

Worksheet S-3
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,033,905	0	1,033,905	42,138.00	24.54	41.00
42.00	Social Service	17.00	1,234,204	0	1,234,204	35,253.00	35.01	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140133

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

Worksheet S-3
Part III
Date/Time Prepared:
12/5/2016 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,926,021	2,612,739	56,538,760	1,841,229.00	30.71	1.00
2.00	Excluded area salaries (see instructions)	1,396,450	891	1,397,341	50,385.00	27.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,529,571	2,611,848	55,141,419	1,790,844.00	30.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,728,107	0	1,728,107	24,228.00	71.33	4.00
5.00	Subtotal wage-related costs (see inst.)	9,585,564	0	9,585,564	0.00	17.38	5.00
6.00	Total (sum of lines 3 thru 5)	63,843,242	2,611,848	66,455,090	1,815,072.00	36.61	6.00
7.00	Total overhead cost (see instructions)	12,338,112	2,304,856	14,642,968	569,644.00	25.71	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 12/5/2016 1:00 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	517,120	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	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)	3,171,744	8.00
9.00	Prescription Drug Plan	918,801	9.00
10.00	Dental, Hearing and Vision Plan	74,307	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	45,333	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)	256,375	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	570,877	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,912,809	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	102,866	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	15,333	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,585,565	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: 140133

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

Worksheet S-3
Part V
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 12/5/2016 1:00 pm	
				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)			0.195589	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,995,427	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			58,952,617	6.00
7.00	Medicaid cost (line 1 times line 6)			11,530,483	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)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			8,000,000	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	30,869,302	0	30,869,302	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,037,696	0	6,037,696	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,037,696	0	6,037,696	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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,317,296	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,013,768	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			8,303,528	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,624,079	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,661,775	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,661,775	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140133

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

Worksheet A
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		4,091,371	4,091,371	1,025,658	5,117,029	1.00
2.00	00200		4,561,607	4,561,607	0	4,561,607	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	127,418	10,444,539	10,571,957	18,036	10,589,993	4.00
5.01	00540	280,125	340,812	620,937	-157	620,780	5.01
5.02	00550	88,620	4,141,988	4,230,608	-10,325	4,220,283	5.02
5.03	00560	189,481	170,688	360,169	-2,446	357,723	5.03
5.04	00580	715,759	1,467,292	2,183,051	0	2,183,051	5.04
5.05	00590	3,159,626	9,753,741	12,913,367	227,087	13,140,454	5.05
6.00	00600	0	0	0	0	0	6.00
7.00	00700	2,392,261	3,241,186	5,633,447	0	5,633,447	7.00
8.00	00800	0	666,710	666,710	0	666,710	8.00
9.00	00900	1,034,343	763,194	1,797,537	0	1,797,537	9.00
10.00	01000	793,776	1,381,886	2,175,662	-797,192	1,378,470	10.00
11.00	01100	0	0	0	794,751	794,751	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,111,019	176,588	1,287,607	-393,473	894,134	13.00
14.00	01400	177,575	364,955	542,530	0	542,530	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	1,033,905	839,148	1,873,053	0	1,873,053	16.00
17.00	01700	1,234,204	35,255	1,269,459	0	1,269,459	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,869,598	2,596,901	15,466,499	-428,882	15,037,617	30.00
31.00	03100	3,869,135	1,175,957	5,045,092	-327,424	4,717,668	31.00
41.00	04100	1,396,450	220,083	1,616,533	-44,965	1,571,568	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,698,852	3,036,742	5,735,594	-2,199,676	3,535,918	50.00
51.00	05100	370,557	16,496	387,053	-8,864	378,189	51.00
52.00	05200	1,908,271	1,902,733	3,811,004	-63,701	3,747,303	52.00
53.00	05300	0	1,472,052	1,472,052	0	1,472,052	53.00
54.00	05400	1,877,003	13,396	1,890,399	-42,717	1,847,682	54.00
54.02	03630	676,239	84,895	761,134	-25,677	735,457	54.02
56.00	05600	305,537	231,210	536,747	-2,104	534,643	56.00
57.00	05700	587,291	302,386	889,677	-29,957	859,720	57.00
59.00	05900	225,729	394,113	619,842	-263,598	356,244	59.00
60.00	06000	1,866,763	3,073,468	4,940,231	-15,017	4,925,214	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,447,973	308,874	1,756,847	-63,737	1,693,110	65.00
66.00	06600	839,211	47,548	886,759	-658	886,101	66.00
67.00	06700	534,199	52,380	586,579	-215	586,364	67.00
68.00	06800	245,361	49,286	294,647	0	294,647	68.00
69.00	06900	631,025	67,552	698,577	-16,014	682,563	69.00
70.00	07000	57,617	2,301	59,918	-2,301	57,617	70.00
71.00	07100	0	0	0	3,551,878	3,551,878	71.00
72.00	07200	0	0	0	1,442,260	1,442,260	72.00
73.00	07300	2,025,602	3,825,706	5,851,308	-17,035	5,834,273	73.00
74.00	07400	566,588	187,512	754,100	-17,913	736,187	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	6,588,908	4,524,478	11,113,386	-1,030,210	10,083,176	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,257,853	1,257,853	-1,257,853	0	113.00
118.00		53,926,021	67,284,882	121,210,903	-2,441	121,208,462	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	2,441	2,441	190.01
192.00	19200	0	1,600	1,600	0	1,600	192.00
194.00	07950	0	0	0	0	0	194.00
200.00		53,926,021	67,286,482	121,212,503	0	121,212,503	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140133

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

Worksheet A
Date/Time Prepared:
12/5/2016 1:00 pm

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	-671,456	4,445,573	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,561,607	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,589,993	4.00
5.01	00540	NONPATIENT TELEPHONES	0	620,780	5.01
5.02	00550	DATA PROCESSING	0	4,220,283	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	357,723	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,183,051	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-602,983	12,537,471	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-227,109	5,406,338	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	666,710	8.00
9.00	00900	HOUSEKEEPING	0	1,797,537	9.00
10.00	01000	DIETARY	-11,598	1,366,872	10.00
11.00	01100	CAFETERIA	-50,254	744,497	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	-6,888	887,246	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	542,530	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,583	1,869,470	16.00
17.00	01700	SOCIAL SERVICE	0	1,269,459	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,022,149	14,015,468	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,717,668	31.00
41.00	04100	SUBPROVIDER - IIRF	-35,405	1,536,163	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,535,918	50.00
51.00	05100	RECOVERY ROOM	0	378,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,750,791	1,996,512	52.00
53.00	05300	ANESTHESIOLOGY	-1,472,052	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,847,682	54.00
54.02	03630	ULTRA SOUND	0	735,457	54.02
56.00	05600	RADIOISOTOPE	0	534,643	56.00
57.00	05700	CT SCAN	0	859,720	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	356,244	59.00
60.00	06000	LABORATORY	-6,500	4,918,714	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,693,110	65.00
66.00	06600	PHYSICAL THERAPY	0	886,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	586,364	67.00
68.00	06800	SPEECH PATHOLOGY	0	294,647	68.00
69.00	06900	ELECTROCARDIOLOGY	0	682,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57,617	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,551,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,442,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-205,769	5,628,504	73.00
74.00	07400	RENAL DIALYSIS	0	736,187	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-2,360,870	7,722,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
99.20	09921	OPT	0	0	99.20
99.30	09931	OOT	0	0	99.30
99.40	09941	OSP	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,427,407	112,781,055	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	2,441	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,600	0	192.00
194.00	07950	SEASON HOSPICE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-8,429,007	112,783,496	200.00

RECLASSIFICATIONS

Provider CCN: 140133

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

Worksheet A-6
Date/Time Prepared:
12/5/2016 1:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	290,063	0	1.00
2.00	SISTERS & PRIESTS MAINTENANCE	190.01	891	0	2.00
3.00	CAFETERIA	11.00	0	504,688	3.00
4.00	SISTERS & PRIESTS MAINTENANCE	190.01	0	1,550	4.00
	O		290,954	506,238	
B - BED & PT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	86,481	1.00
	O		0	86,481	
C - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	909,787	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	348,066	2.00
	O		0	1,257,853	
D - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	115,871	1.00
	O		0	115,871	
E - MED SUPPLY & INPLANTABLE DEVICE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,604,345	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,442,260	23.00
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
32.00		0.00	0	0	32.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	O		0	5,046,605	
F - SINAI HEALTH SYSTEM RECLASS					
1.00	DATA PROCESSING	5.02	1,449,071	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	537,984	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	281,782	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	72,575	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	80,658	0	5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.05	25,211	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,050	7.00
8.00	PURCHASING RECEIVING AND STORES	5.03	118,416	0	8.00
9.00	NONPATIENT TELEPHONES	5.01	47,042	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
	O		2,612,739	23,050	
G - DIRECTORSHIP RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	0	82,500	1.00
	O		0	82,500	
H - NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	306,992	0	1.00
	TOTALS		306,992	0	
500.00	Grand Total: Increases		3,210,685	7,118,598	500.00

RECLASSIFICATIONS

Provider CCN: 140133

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

Worksheet A-6
Date/Time Prepared:
12/5/2016 1:00 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA RECLASS						
1.00	DIETARY	10.00	290,954	0	0	1.00
2.00	DIETARY	10.00	0	506,238	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
			290,954	506,238		
B - BED & PT RENTAL						
1.00	NURSING ADMINISTRATION	13.00	0	86,481	0	1.00
			0	86,481		
C - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	1,257,853	11	1.00
2.00		0.00	0	0	0	2.00
			0	1,257,853		
D - INSURANCE RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	115,871	12	1.00
			0	115,871		
E - MED SUPPLY & INPLANTABLE DEVICE						
1.00	ADULTS & PEDIATRICS	30.00	0	739,321	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	409,924	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	44,965	0	3.00
4.00	OPERATING ROOM	50.00	0	912,761	0	4.00
5.00	RECOVERY ROOM	51.00	0	8,864	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	63,701	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,376	0	7.00
8.00	ULTRA SOUND	54.02	0	25,677	0	8.00
9.00	RADIOISOTOPE	56.00	0	2,104	0	9.00
10.00	CT SCAN	57.00	0	28,346	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	116,670	0	11.00
12.00	LABORATORY	60.00	0	14,389	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	63,728	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	658	0	14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	215	0	15.00
17.00	ELECTROCARDIOLOGY	69.00	0	16,014	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,301	0	18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,035	0	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	52,467	0	20.00
21.00	RENAL DIALYSIS	74.00	0	17,913	0	21.00
22.00	EMERGENCY	91.00	0	1,029,915	0	22.00
23.00	ADULTS & PEDIATRICS	30.00	0	534	0	23.00
26.00	OPERATING ROOM	50.00	0	1,286,915	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,341	0	27.00
28.00	CT SCAN	57.00	0	1,611	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	146,928	0	29.00
32.00	EMERGENCY	91.00	0	295	0	32.00
34.00	LABORATORY	60.00	0	628	0	34.00
35.00	RESPIRATORY THERAPY	65.00	0	9	0	35.00
			0	5,046,605		
F - SINAI HEALTH SYSTEM RECLASS						
1.00	DATA PROCESSING	5.02	0	1,449,071	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	537,984	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	435,015	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	118,416	0	4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	1,832	0	5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	25,211	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,014	0	7.00
8.00	DATA PROCESSING	5.02	0	10,325	0	8.00
9.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	3,276	0	9.00
10.00	PURCHASING RECEIVING AND STORES	5.03	0	2,446	0	10.00
11.00	NONPATIENT TELEPHONES	5.01	0	47,042	0	11.00
12.00	NONPATIENT TELEPHONES	5.01	0	157	0	12.00
			0	2,635,789		
G - DIRECTORSHIP RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	82,500	0	1.00
			0	82,500		

RECLASSIFICATIONS

Provider CCN: 140133

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

Worksheet A-6

Date/Time Prepared:
12/5/2016 1:00 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
H - NURSING ADMIN							
1.00	NURSING ADMINISTRATION	13.00	306,992	0	0	1.00	
TOTALS			306,992	0			
500.00	Grand Total: Decreases		597,946	9,731,337		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

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

Worksheet A-7
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,700,000	0	0	0	1.00
2.00	Land Improvements	707,906	0	0	0	2.00
3.00	Buildings and Fixtures	83,434,304	114,927	0	114,927	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	27,541,323	1,287,717	0	1,287,717	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	113,383,533	1,402,644	0	1,402,644	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	113,383,533	1,402,644	0	1,402,644	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,700,000	0			1.00
2.00	Land Improvements	707,906	0			2.00
3.00	Buildings and Fixtures	83,549,231	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	28,754,040	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	114,711,177	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	114,711,177	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

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

Worksheet A-7
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,091,371	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,561,607	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,652,978	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	4,091,371				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,561,607				2.00
3.00	Total (sum of lines 1-2)	0	8,652,978				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140133

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

Worksheet A-7
Part III
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	85,957,137	0	85,957,137	0.749335	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,754,040	0	28,754,040	0.250665	0	2.00
3.00	Total (sum of lines 1-2)	114,711,177	0	114,711,177	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	4,091,371	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,561,607	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,652,978	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	238,331	115,871	0	0	4,445,573	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,561,607	2.00
3.00	Total (sum of lines 1-2)	238,331	115,871	0	0	9,007,180	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140133

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

Worksheet A-8

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,437,640				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	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			0		0.00	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	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	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 NURSING ADMIN A8-1	B	-6,888		NURSING ADMINISTRATION	13.00	0	33.00
33.01 LAB ADMIN A8-1	B	-6,500		LABORATORY	60.00	0	33.01
33.02 HIM A8-1	B	-3,583		MEDICAL RECORDS & LIBRARY	16.00	0	33.02
33.03 VENDING INC A8-1	B	-11,598		DIETARY	10.00	0	33.03

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 #		
				1.00	2.00		
33.04	CAFETERIA INC A8-1	B	-50,254	CAFETERIA	11.00	0	33.04
33.05	PARKING INC A8-1	B	-98,865	OPERATION OF PLANT	7.00	0	33.05
33.06			0		0.00	0	33.06
33.07	340B REVENUE OTH CONTRACT A8-1	B	-10,229	DRUGS CHARGED TO PATIENTS	73.00	0	33.07
33.08			0		0.00	0	33.08
33.09	MARKETING OFFSET A8-3	A	-133,227	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.09
33.10	LOBBYISTS OFFSET A8-4	A	-88,360	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.10
33.11	INTEREST INCOME A8-5	A	-671,456	CAP REL COSTS-BLDG & FIXT	1.00	11	33.11
33.12	INTEREST INCOME A8-5	A	-256,964	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.12
33.13	PRIVATE PHYSICIANS OFFICE A8-6	A	-1,600	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.13
33.14			0		0.00	0	33.14
33.15	DONATION OFFSET A8-8	A	-1,214	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.15
33.16	LOBBYING OFFSET A8-9	A	-11,433	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.16
33.17	HOSPICE OFFSET A8-10	A	-25,752	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.17
33.18	340 B REV OFFSET A8-1	B	-195,540	DRUGS CHARGED TO PATIENTS	73.00	0	33.18
33.19			0		0.00	0	33.19
33.20	OPERATION AND PLANT A8-2	B	-55,809	OPERATION OF PLANT	7.00	0	33.20
33.21			0		0.00	0	33.21
33.22	OTH MISC INC A8-2	B	-42,823	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.22
33.23	OTH MISC INC A8-2	B	-18,978	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.23
33.24	PART B OFFSET A8-13	A	-1,009,313	ADULTS & PEDIATRICS	30.00	0	33.24
33.25	PART B OFFSET A8-13	A	-218,546	EMERGENCY	91.00	0	33.25
33.26	OPERATION & PLANT A8-2	B	-72,435	OPERATION OF PLANT	7.00	0	33.26
33.27			0		0.00	0	33.27
33.28			0		0.00	0	33.28
33.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,429,007				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: 140133

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

Worksheet A-8-1

Date/Time Prepared:
12/5/2016 1:00 pm

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	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY & OTHER	1,026,180	1,026,180 1.00
2.00	5.02	DATA PROCESSING	SALARY & OTHER	4,121,016	4,121,016 2.00
3.00	60.00	LABORATORY	SALARY & OTHER	1,154,934	1,154,934 3.00
3.01	5.01	NONPATIENT TELEPHONES		300,288	300,288 3.01
4.00	5.05	OTHER ADMINISTRATIVE & GENERAL	SALARY & OTHER	1,343,942	1,343,942 4.00
5.00	TOTALS (sum of lines 1-4).			7,946,360	7,946,360 5.00
Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	E	SINAI HLTH SYST	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140133

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

Worksheet A-8-1

Date/Time Prepared:
12/5/2016 1:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
4.00	0	0		4.00
5.00	0	0		5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140133

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

Worksheet A-8-2

Date/Time Prepared:
12/5/2016 1:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	26,605	0	26,605	179,000	160	1.00
2.00	31.00	INTENSIVE CARE UNIT	82,500	0	82,500	179,000	1,533	2.00
3.00	41.00	SUBPROVIDER - IRF	129,360	0	129,360	211,500	924	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,750,791	1,750,791	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,472,052	1,472,052	0	0	0	5.00
6.00	60.00	LABORATORY	5,000	0	5,000	260,300	80	6.00
7.00	5.05	OTHER ADMINISTRATIVE & GENERAL	58,913	0	58,913	179,000	403	7.00
8.00	91.00	EMERGENCY	2,142,324	2,142,324	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,667,545	5,365,167	302,378		3,100	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	13,769	688	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	131,926	6,596	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	93,955	4,698	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	10,012	501	0	0	0	6.00
7.00	5.05	OTHER ADMINISTRATIVE & GENERAL	34,681	1,734	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			284,343	14,217	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	13,769	12,836	12,836		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	131,926	0	0		2.00
3.00	41.00	SUBPROVIDER - IRF	0	93,955	35,405	35,405		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,750,791		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,472,052		5.00
6.00	60.00	LABORATORY	0	10,012	0	0		6.00
7.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	34,681	24,232	24,232		7.00
8.00	91.00	EMERGENCY	0	0	0	2,142,324		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	284,343	72,473	5,437,640		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,445,573	4,445,573			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,561,607		4,561,607		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,589,993	38,538	564	10,629,095	4.00
5.01 00540	NONPATIENT TELEPHONES	620,780	4,755	91,733	62,124	779,392 5.01
5.02 00550	DATA PROCESSING	4,220,283	27,065	1,349,755	291,986	18,994 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	357,723	18,739	0	58,465	11,396 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,183,051	39,422	168	135,913	46,852 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	12,537,471	666,195	16,129	706,912	215,267 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	5,406,338	261,458	45,077	454,257	31,024 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	666,710	283,555	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,797,537	0	0	196,407	0 9.00
10.00 01000	DIETARY	1,366,872	175,313	20,602	95,479	14,562 10.00
11.00 01100	CAFETERIA	744,497	132,815	0	55,079	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	887,246	20,506	223,006	152,673	1,266 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	542,530	106,598	303,519	33,719	6,965 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,869,470	41,190	3,683	196,324	51,917 16.00
17.00 01700	SOCIAL SERVICE	1,269,459	0	0	234,358	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,015,468	789,021	138,727	2,502,025	144,988 30.00
31.00 03100	INTENSIVE CARE UNIT	4,717,668	219,737	89,953	734,695	13,296 31.00
41.00 04100	SUBPROVIDER - I RF	1,536,163	118,796	17,212	265,166	19,627 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,535,918	276,926	305,485	512,474	56,349 50.00
51.00 05100	RECOVERY ROOM	378,189	19,428	11,861	70,364	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,996,512	174,305	176,140	362,354	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,847,682	241,216	932,596	356,417	58,249 54.00
54.02 03630	ULTRA SOUND	735,457	9,369	911	128,408	0 54.02
56.00 05600	RADIOISOTOPE	534,643	20,330	96,020	58,017	0 56.00
57.00 05700	CT SCAN	859,720	18,032	197,347	111,518	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	356,244	0	28,976	42,863	4,432 59.00
60.00 06000	LABORATORY	4,918,714	153,799	60,083	354,472	26,592 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	1,693,110	28,108	84,081	274,950	0 65.00
66.00 06600	PHYSICAL THERAPY	886,101	78,844	2,233	159,354	6,965 66.00
67.00 06700	OCCUPATIONAL THERAPY	586,364	33,235	0	101,437	0 67.00
68.00 06800	SPEECH PATHOLOGY	294,647	26,517	0	46,591	0 68.00
69.00 06900	ELECTROCARDIOLOGY	682,563	27,401	167,795	119,823	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	57,617	33,270	4,442	10,941	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,551,878	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,442,260	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,628,504	39,775	68,612	384,633	13,929 73.00
74.00 07400	RENAL DIALYSIS	736,187	0	29,730	107,587	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	7,722,306	253,679	95,167	1,251,141	36,722 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	112,781,055	4,377,937	4,561,607	10,628,926	779,392 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,785	0	0	0 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	2,441	0	0	169	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	0	35,851	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	112,783,496	4,445,573	4,561,607	10,629,095	779,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B Part I Date/Time Prepared: 12/5/2016 1:00 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	5,908,083					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	74,484	520,807				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,250,206	2,216	3,657,828			5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	1,608,355	6,679	0	15,757,008	15,757,008	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	67,965	25,342	0	6,291,461	1,021,727	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,142	52,888	0	1,016,295	165,045	8.00
9.00	00900	HOUSEKEEPING	0	6,467	0	2,000,411	324,865	9.00
10.00	01000	DIETARY	0	14,408	0	1,687,236	274,005	10.00
11.00	01100	CAFETERIA	0	0	0	932,391	151,419	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,701	5,416	0	1,294,814	210,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,906	24,256	0	1,058,493	171,898	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	399,978	1,141	0	2,563,703	416,343	16.00
17.00	01700	SOCIAL SERVICE	0	575	0	1,504,392	244,312	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	796,479	22,827	478,507	18,888,042	3,067,402	30.00
31.00	03100	INTENSIVE CARE UNIT	167,475	9,151	150,106	6,102,081	990,972	31.00
41.00	04100	SUBPROVIDER - IIRF	62,975	2,541	41,043	2,063,523	335,114	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	251,700	129,651	215,871	5,284,374	858,177	50.00
51.00	05100	RECOVERY ROOM	0	157	46,394	526,393	85,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	85,603	2,747	49,171	2,846,832	462,323	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	188,040	525	157,481	3,782,206	614,226	54.00
54.02	03630	ULTRA SOUND	0	4,703	89,753	968,601	157,300	54.02
56.00	05600	RADIOISOTOPE	29,931	17,447	28,701	785,089	127,498	56.00
57.00	05700	CT SCAN	0	21,789	351,232	1,559,638	253,284	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,044	25,583	479,142	77,812	59.00
60.00	06000	LABORATORY	0	91,945	445,025	6,050,630	982,616	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	39,717	7,257	132,911	2,260,134	367,044	65.00
66.00	06600	PHYSICAL THERAPY	20,515	0	26,733	1,180,745	191,752	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,180	210	23,913	750,339	121,854	67.00
68.00	06800	SPEECH PATHOLOGY	10,805	3,464	11,762	393,786	63,950	68.00
69.00	06900	ELECTROCARDIOLOGY	110,190	3,006	111,653	1,222,431	198,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,062	110,332	17,918	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	55,611	3,607,489	585,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	36,049	1,478,309	240,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,845	10,253	278,028	6,706,579	1,089,142	73.00
74.00	07400	RENAL DIALYSIS	11,254	10,026	24,442	919,226	149,281	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	385,637	22,676	873,797	10,641,125	1,728,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,908,083	520,807	3,657,828	112,713,250	15,745,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	31,785	5,162	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	2,610	424	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	35,851	5,822	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,908,083	520,807	3,657,828	112,783,496	15,757,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	7,313,188			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	611,816	1,793,156		8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,325,276	9.00
10.00	01000	DIETARY	0	378,266	0	131,253	2,470,760
11.00	01100	CAFETERIA	0	286,570	0	99,435	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	44,246	0	15,353	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	230,003	0	79,808	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	88,874	0	30,838	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,702,445	561,017	590,722	1,915,013
31.00	03100	INTENSIVE CARE UNIT	0	474,119	108,864	164,512	300,070
41.00	04100	SUBPROVIDER - I RF	0	256,322	107,454	88,940	255,677
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	597,513	84,075	207,328	0
51.00	05100	RECOVERY ROOM	0	41,919	17,294	14,545	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	376,092	76,026	130,498	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	520,463	80,356	180,593	0
54.02	03630	ULTRA SOUND	0	20,216	0	7,015	0
56.00	05600	RADIOISOTOPE	0	43,865	6,524	15,220	0
57.00	05700	CT SCAN	0	38,906	23,536	13,500	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,795	0	0
60.00	06000	LABORATORY	0	331,845	0	115,145	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	60,648	0	21,044	0
66.00	06600	PHYSICAL THERAPY	0	170,118	3,893	59,029	0
67.00	06700	OCCUPATIONAL THERAPY	0	71,709	0	24,882	0
68.00	06800	SPEECH PATHOLOGY	0	57,215	0	19,853	0
69.00	06900	ELECTROCARDIOLOGY	0	59,122	5,574	20,514	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71,785	0	24,908	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	85,822	0	29,779	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	547,354	709,748	189,924	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.20	09921	OPT	0	0	0	0	0
99.30	09931	OOT	0	0	0	0	0
99.40	09941	OSP	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,167,253	1,793,156	2,274,638	2,470,760
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68,581	0	23,797	0
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SEASON HOSPICE	0	77,354	0	26,841	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	7,313,188	1,793,156	2,325,276	2,470,760

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
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	1,469,815					11.00
12.00	01200	0	0				12.00
13.00	01300	38,360	0	1,603,049			13.00
14.00	01400	13,130	0	0	1,553,332		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	44,247	0	0	0	0	16.00
17.00	01700	36,894	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	456,757	0	744,545	0	0	30.00
31.00	03100	90,966	0	159,070	0	0	31.00
41.00	04100	52,715	0	74,013	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	88,012	0	145,578	0	0	50.00
51.00	05100	9,322	0	13,741	0	0	51.00
52.00	05200	53,481	0	86,211	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	60,856	0	8,883	0	0	54.00
54.02	03630	17,090	0	0	0	0	54.02
56.00	05600	6,324	0	0	0	0	56.00
57.00	05700	14,421	0	0	0	0	57.00
59.00	05900	4,289	0	0	0	0	59.00
60.00	06000	67,946	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	45,210	0	0	0	0	65.00
66.00	06600	25,099	0	0	0	0	66.00
67.00	06700	15,384	0	0	0	0	67.00
68.00	06800	6,390	0	0	0	0	68.00
69.00	06900	25,209	0	0	0	0	69.00
70.00	07000	1,969	0	0	0	0	70.00
71.00	07100	0	0	0	1,109,409	0	71.00
72.00	07200	0	0	0	443,923	0	72.00
73.00	07300	52,540	0	0	0	0	73.00
74.00	07400	14,114	0	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	229,090	0	371,008	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,469,815	0	1,603,049	1,553,332	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,469,815	0	1,603,049	1,553,332	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
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	3,144,005				16.00
17.00	01700	SOCIAL SERVICE	0	1,785,598			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	411,310	1,339,198	0	29,676,451	30.00
31.00	03100	INTENSIVE CARE UNIT	129,027	267,840	0	8,787,521	31.00
41.00	04100	SUBPROVIDER - I RF	35,279	0	0	3,269,037	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	185,556	0	0	7,450,613	50.00
51.00	05100	RECOVERY ROOM	39,879	0	0	748,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,266	35,712	0	4,109,441	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,366	0	0	5,382,949	54.00
54.02	03630	ULTRA SOUND	77,149	0	0	1,247,371	54.02
56.00	05600	RADIOISOTOPE	24,671	0	0	1,009,191	56.00
57.00	05700	CT SCAN	301,908	0	0	2,205,193	57.00
59.00	05900	CARDIAC CATHETERIZATION	21,991	0	0	592,029	59.00
60.00	06000	LABORATORY	382,529	0	0	7,930,711	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	114,246	0	0	2,868,326	65.00
66.00	06600	PHYSICAL THERAPY	22,979	0	0	1,653,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,555	0	0	1,004,723	67.00
68.00	06800	SPEECH PATHOLOGY	10,110	0	0	551,304	68.00
69.00	06900	ELECTROCARDIOLOGY	95,974	0	0	1,627,346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,491	0	0	230,403	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,802	0	0	5,350,553	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,987	0	0	2,193,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	238,984	0	0	8,202,846	73.00
74.00	07400	RENAL DIALYSIS	21,010	0	0	1,103,631	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	750,936	142,848	0	15,310,141	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,144,005	1,785,598	0	112,505,269	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	129,325	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	3,034	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	145,868	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
202.00 TOTAL (sum lines 118-201)	3,144,005	1,785,598	19,000	112,783,496	25,000	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140133

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

Worksheet B
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Total	
		26.00	
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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	29,676,451
31.00	03100	INTENSIVE CARE UNIT	8,787,521
41.00	04100	SUBPROVIDER - IRF	3,269,037
43.00	04300	NURSERY	0
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	7,450,613
51.00	05100	RECOVERY ROOM	748,579
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,109,441
53.00	05300	ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,382,949
54.02	03630	ULTRA SOUND	1,247,371
56.00	05600	RADIOISOTOPE	1,009,191
57.00	05700	CT SCAN	2,205,193
59.00	05900	CARDIAC CATHETERIZATION	592,029
60.00	06000	LABORATORY	7,930,711
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0
65.00	06500	RESPIRATORY THERAPY	2,868,326
66.00	06600	PHYSICAL THERAPY	1,653,615
67.00	06700	OCCUPATIONAL THERAPY	1,004,723
68.00	06800	SPEECH PATHOLOGY	551,304
69.00	06900	ELECTROCARDIOLOGY	1,627,346
70.00	07000	ELECTROENCEPHALOGRAPHY	230,403
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,350,553
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,193,295
73.00	07300	DRUGS CHARGED TO PATIENTS	8,202,846
74.00	07400	RENAL DIALYSIS	1,103,631
76.97	07697	CARDIAC REHABILITATION	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0
76.99	07699	LITHOTRIPSY	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0
91.00	09100	EMERGENCY	15,310,141
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0
99.20	09921	OPT	0
99.30	09931	OOT	0
99.40	09941	OSP	0
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,505,269
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,325
190.01	19001	SISTERS & PRIESTS MAINTENANCE	3,034
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	SEASON HOSPICE	145,868
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	112,783,496

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

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

Worksheet B
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

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	38,538	564	39,102	39,102 4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,755	91,733	96,488	229 5.01
5.02 00550	DATA PROCESSING	0	27,065	1,349,755	1,376,820	1,075 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	18,739	0	18,739	215 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	39,422	168	39,590	500 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	0	666,195	16,129	682,324	2,602 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	261,458	45,077	306,535	1,672 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	283,555	0	283,555	0 8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	723 9.00
10.00 01000	DIETARY	0	175,313	20,602	195,915	351 10.00
11.00 01100	CAFETERIA	0	132,815	0	132,815	203 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	20,506	223,006	243,512	562 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	106,598	303,519	410,117	124 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	41,190	3,683	44,873	723 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	863 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	789,021	138,727	927,748	9,183 30.00
31.00 03100	INTENSIVE CARE UNIT	0	219,737	89,953	309,690	2,705 31.00
41.00 04100	SUBPROVIDER - IIRF	0	118,796	17,212	136,008	976 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	276,926	305,485	582,411	1,886 50.00
51.00 05100	RECOVERY ROOM	0	19,428	11,861	31,289	259 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	174,305	176,140	350,445	1,334 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	241,216	932,596	1,173,812	1,312 54.00
54.02 03630	ULTRA SOUND	0	9,369	911	10,280	473 54.02
56.00 05600	RADIOISOTOPE	0	20,330	96,020	116,350	214 56.00
57.00 05700	CT SCAN	0	18,032	197,347	215,379	411 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	28,976	28,976	158 59.00
60.00 06000	LABORATORY	0	153,799	60,083	213,882	1,305 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	28,108	84,081	112,189	1,012 65.00
66.00 06600	PHYSICAL THERAPY	0	78,844	2,233	81,077	587 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	33,235	0	33,235	373 67.00
68.00 06800	SPEECH PATHOLOGY	0	26,517	0	26,517	172 68.00
69.00 06900	ELECTROCARDIOLOGY	0	27,401	167,795	195,196	441 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,270	4,442	37,712	40 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	39,775	68,612	108,387	1,416 73.00
74.00 07400	RENAL DIALYSIS	0	0	29,730	29,730	396 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	253,679	95,167	348,846	4,606 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,377,937	4,561,607	8,939,544	39,101 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,785	0	31,785	0 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	1 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	0	35,851	0	35,851	0 194.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

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

Worksheet B
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	4,445,573	4,561,607	9,007,180	39,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	96,717					5.01
5.02	00550	DATA PROCESSING	2,357	1,380,252				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,414	17,401	37,769			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,814	292,074	161	338,139		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	26,713	375,747	484	0	1,087,870	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,850	15,878	1,838	0	70,540	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,070	3,836	0	11,395	8.00
9.00	00900	HOUSEKEEPING	0	0	469	0	22,429	9.00
10.00	01000	DIETARY	1,807	0	1,045	0	18,917	10.00
11.00	01100	CAFETERIA	0	0	0	0	10,454	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	157	1,098	393	0	14,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	864	9,556	1,759	0	11,868	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,443	93,443	83	0	28,744	16.00
17.00	01700	SOCIAL SERVICE	0	0	42	0	16,867	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,992	186,074	1,655	44,246	211,782	30.00
31.00	03100	INTENSIVE CARE UNIT	1,650	39,126	664	13,880	68,417	31.00
41.00	04100	SUBPROVIDER - IIRF	2,436	14,712	184	3,795	23,136	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,993	58,802	9,402	19,961	59,248	50.00
51.00	05100	RECOVERY ROOM	0	0	11	4,290	5,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,999	199	4,547	31,919	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,228	43,930	38	14,562	42,406	54.00
54.02	03630	ULTRA SOUND	0	0	341	8,299	10,860	54.02
56.00	05600	RADIOISOTOPE	0	6,993	1,265	2,654	8,802	56.00
57.00	05700	CT SCAN	0	0	1,580	32,478	17,487	57.00
59.00	05900	CARDIAC CATHETERIZATION	550	0	1,526	2,366	5,372	59.00
60.00	06000	LABORATORY	3,300	0	6,668	41,150	67,840	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	9,279	526	12,290	25,341	65.00
66.00	06600	PHYSICAL THERAPY	864	4,793	0	2,472	13,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,210	15	2,211	8,413	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,524	251	1,088	4,415	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,743	218	10,324	13,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	376	1,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,142	40,447	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,333	16,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,728	66,078	744	25,709	75,194	73.00
74.00	07400	RENAL DIALYSIS	0	2,629	727	2,260	10,306	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,557	90,093	1,645	80,706	119,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,717	1,380,252	37,769	338,139	1,087,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	356	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	29	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	402	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	96,717	1,380,252	37,769	338,139	1,087,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 12/5/2016 1:00 pm		
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		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
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS	0			6.00
7.00	00700	OPERATION OF PLANT	0	400,313		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,490	335,346	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9.00
10.00	01000	DIETARY	0	20,706	0	23,621
11.00	01100	CAFETERIA	0	15,686	0	1,333
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	1,010
13.00	01300	NURSING ADMINISTRATION	0	2,422	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,590	0	156
15.00	01500	PHARMACY	0	0	0	811
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,865	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	93,188	104,918	5,999
31.00	03100	INTENSIVE CARE UNIT	0	25,953	20,359	1,671
41.00	04100	SUBPROVIDER - I RF	0	14,031	20,096	903
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	32,707	15,723	2,106
51.00	05100	RECOVERY ROOM	0	2,295	3,234	148
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,587	14,218	1,326
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,489	15,028	1,835
54.02	03630	ULTRA SOUND	0	1,107	0	71
56.00	05600	RADIOISOTOPE	0	2,401	1,220	155
57.00	05700	CT SCAN	0	2,130	4,402	137
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,645	0
60.00	06000	LABORATORY	0	18,165	0	1,170
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,320	0	214
66.00	06600	PHYSICAL THERAPY	0	9,312	728	600
67.00	06700	OCCUPATIONAL THERAPY	0	3,925	0	253
68.00	06800	SPEECH PATHOLOGY	0	3,132	0	202
69.00	06900	ELECTROCARDIOLOGY	0	3,236	1,042	208
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,929	0	253
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,698	0	303
74.00	07400	RENAL DIALYSIS	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
91.00	09100	EMERGENCY	0	29,961	132,733	1,929
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
99.20	09921	OPT	0	0	0	0
99.30	09931	OOT	0	0	0	0
99.40	09941	OSP	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	392,325	335,346	23,106
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,754	0	242
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
194.00	07950	SEASON HOSPICE	0	4,234	0	273
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	400,313	335,346	23,621

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

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

Worksheet B
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
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	160,168					11.00
12.00	01200	0	0				12.00
13.00	01300	4,180	0	266,997			13.00
14.00	01400	1,431	0	0	449,120		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	4,822	0	0	0	0	16.00
17.00	01700	4,020	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	49,775	0	124,008	0	0	30.00
31.00	03100	9,913	0	26,494	0	0	31.00
41.00	04100	5,744	0	12,327	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,591	0	24,247	0	0	50.00
51.00	05100	1,016	0	2,289	0	0	51.00
52.00	05200	5,828	0	14,359	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	6,632	0	1,480	0	0	54.00
54.02	03630	1,862	0	0	0	0	54.02
56.00	05600	689	0	0	0	0	56.00
57.00	05700	1,571	0	0	0	0	57.00
59.00	05900	467	0	0	0	0	59.00
60.00	06000	7,404	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	4,927	0	0	0	0	65.00
66.00	06600	2,735	0	0	0	0	66.00
67.00	06700	1,676	0	0	0	0	67.00
68.00	06800	696	0	0	0	0	68.00
69.00	06900	2,747	0	0	0	0	69.00
70.00	07000	215	0	0	0	0	70.00
71.00	07100	0	0	0	320,768	0	71.00
72.00	07200	0	0	0	128,352	0	72.00
73.00	07300	5,725	0	0	0	0	73.00
74.00	07400	1,538	0	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	24,964	0	61,793	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		160,168	0	266,997	449,120	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		160,168	0	266,997	449,120	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140133

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

Worksheet B
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
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	184,309				16.00
17.00	01700	SOCIAL SERVICE	0	21,792			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,080	16,344		2,003,066	0 30.00
31.00	03100	INTENSIVE CARE UNIT	7,554	3,269		560,502	0 31.00
41.00	04100	SUBPROVIDER - I RF	2,065	0		261,256	0 41.00
43.00	04300	NURSERY	0	0		0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,863	0		833,940	0 50.00
51.00	05100	RECOVERY ROOM	2,335	0		53,068	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,474	436		467,671	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,925	0		1,344,677	0 54.00
54.02	03630	ULTRA SOUND	4,517	0		37,810	0 54.02
56.00	05600	RADIO SOTOPE	1,444	0		142,187	0 56.00
57.00	05700	CT SCAN	17,675	0		293,250	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	1,287	0		42,347	0 59.00
60.00	06000	LABORATORY	22,395	0		383,279	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		0	0 62.30
65.00	06500	RESPIRATORY THERAPY	6,688	0		175,786	0 65.00
66.00	06600	PHYSICAL THERAPY	1,345	0		117,752	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,203	0		52,514	0 67.00
68.00	06800	SPEECH PATHOLOGY	592	0		39,589	0 68.00
69.00	06900	ELECTROCARDIOLOGY	5,619	0		258,480	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	204	0		43,966	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,798	0		369,155	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,814	0		150,074	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,991	0		303,973	0 73.00
74.00	07400	RENAL DIALYSIS	1,230	0		48,816	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0		0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0 76.98
76.99	07699	LITHOTRIPSY	0	0		0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0		0	0 90.00
91.00	09100	EMERGENCY	44,211	1,743		947,095	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0 94.00
99.20	09921	OPT	0	0		0	0 99.20
99.30	09931	OOT	0	0		0	0 99.30
99.40	09941	OSP	0	0		0	0 99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	184,309	21,792	0	8,930,253	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		36,137	0 190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0		30	0 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0 192.00
194.00	07950	SEASON HOSPICE	0	0		40,760	0 194.00
200.00		Cross Foot Adjustments			0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
202.00	TOTAL (sum lines 118-201)	184,309	21,792	0	9,007,180	25.00	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 12/5/2016 1:00 pm
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Cost Center Description		Total	
		26.00	
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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,003,066
31.00	03100	INTENSIVE CARE UNIT	560,502
41.00	04100	SUBPROVIDER - IRF	261,256
43.00	04300	NURSERY	0
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	833,940
51.00	05100	RECOVERY ROOM	53,068
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,671
53.00	05300	ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,344,677
54.02	03630	ULTRA SOUND	37,810
56.00	05600	RADIOISOTOPE	142,187
57.00	05700	CT SCAN	293,250
59.00	05900	CARDIAC CATHETERIZATION	42,347
60.00	06000	LABORATORY	383,279
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0
65.00	06500	RESPIRATORY THERAPY	175,786
66.00	06600	PHYSICAL THERAPY	117,752
67.00	06700	OCCUPATIONAL THERAPY	52,514
68.00	06800	SPEECH PATHOLOGY	39,589
69.00	06900	ELECTROCARDIOLOGY	258,480
70.00	07000	ELECTROENCEPHALOGRAPHY	43,966
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	369,155
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,074
73.00	07300	DRUGS CHARGED TO PATIENTS	303,973
74.00	07400	RENAL DIALYSIS	48,816
76.97	07697	CARDIAC REHABILITATION	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0
76.99	07699	LITHOTRIPSY	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0
91.00	09100	EMERGENCY	947,095
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0
99.20	09921	OPT	0
99.30	09931	OOT	0
99.40	09941	OSP	0
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,930,253
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,137
190.01	19001	SISTERS & PRIESTS MAINTENANCE	30
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	SEASON HOSPICE	40,760
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	9,007,180

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared: 12/5/2016 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	251,475				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,039,806			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,180	376	55,976,327		4.00
5.01 00540	NONPATIENT TELEPHONES	269	61,130	327,167	1,231	5.01
5.02 00550	DATA PROCESSING	1,531	899,461	1,537,691	30	1,182,745 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,060	0	307,897	18	14,911 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,230	112	715,759	74	250,280 5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	37,685	10,748	3,722,821	340	321,978 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	14,790	30,039	2,392,261	49	13,606 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	16,040	0	0	0	2,631 8.00
9.00 00900	HOUSEKEEPING	0	0	1,034,343	0	0 9.00
10.00 01000	DIETARY	9,917	13,729	502,822	23	0 10.00
11.00 01100	CAFETERIA	7,513	0	290,063	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,160	148,609	804,027	2	941 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,030	202,262	177,575	11	8,189 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,330	2,454	1,033,905	82	80,072 16.00
17.00 01700	SOCIAL SERVICE	0	0	1,234,204	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	44,633	92,446	13,176,590	229	159,448 30.00
31.00 03100	INTENSIVE CARE UNIT	12,430	59,944	3,869,135	21	33,527 31.00
41.00 04100	SUBPROVIDER - I RF	6,720	11,470	1,396,450	31	12,607 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,665	203,572	2,698,852	89	50,388 50.00
51.00 05100	RECOVERY ROOM	1,099	7,904	370,557	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,860	117,378	1,908,271	0	17,137 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,645	621,472	1,877,003	92	37,644 54.00
54.02 03630	ULTRA SOUND	530	607	676,239	0	0 54.02
56.00 05600	RADIOISOTOPE	1,150	63,987	305,537	0	5,992 56.00
57.00 05700	CT SCAN	1,020	131,510	587,291	0	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	19,309	225,729	7	0 59.00
60.00 06000	LABORATORY	8,700	40,039	1,866,763	42	0 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	1,590	56,031	1,447,973	0	7,951 65.00
66.00 06600	PHYSICAL THERAPY	4,460	1,488	839,211	11	4,107 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,880	0	534,199	0	1,037 67.00
68.00 06800	SPEECH PATHOLOGY	1,500	0	245,361	0	2,163 68.00
69.00 06900	ELECTROCARDIOLOGY	1,550	111,817	631,025	0	22,059 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,882	2,960	57,617	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	2,250	45,722	2,025,602	22	56,623 73.00
74.00 07400	RENAL DIALYSIS	0	19,812	566,588	0	2,253 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	14,350	63,418	6,588,908	58	77,201 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20 09921	OPT	0	0	0	0	0 99.20
99.30 09931	OOT	0	0	0	0	0 99.30
99.40 09941	OSP	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	247,649	3,039,806	55,975,436	1,231	1,182,745 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	0	0	0 190.00
190.01 19001	SISTERS & PRIESTS MAINTENANCE	0	0	891	0	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	SEASON HOSPICE	2,028	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,445,573	4,561,607	10,629,095	779,392	5,908,083	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.677992	1.500624	0.189886	633.137287	4.995230	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			39,102	96,717	1,380,252	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000699	78.567831	1.166990	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	6,327,875					5.03
5.04	00580	26,926	575,211,538				5.04
5.05	00590	81,154	0	-15,757,008	97,026,488		5.05
6.00	00600	0	0	0	0	0	6.00
7.00	00700	307,902	0	0	6,291,461	0	7.00
8.00	00800	642,599	0	0	1,016,295	0	8.00
9.00	00900	78,571	0	0	2,000,411	0	9.00
10.00	01000	175,064	0	0	1,687,236	0	10.00
11.00	01100	0	0	0	932,391	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	65,805	0	0	1,294,814	0	13.00
14.00	01400	294,718	0	0	1,058,493	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	13,866	0	0	2,563,703	0	16.00
17.00	01700	6,986	0	0	1,504,392	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	277,345	75,248,807	0	18,888,042	0	30.00
31.00	03100	111,180	23,605,319	0	6,102,081	0	31.00
41.00	04100	30,868	6,454,300	0	2,063,523	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,575,321	33,947,321	0	5,284,374	0	50.00
51.00	05100	1,903	7,295,751	0	526,393	0	51.00
52.00	05200	33,372	7,732,571	0	2,846,832	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	6,379	24,765,005	0	3,782,206	0	54.00
54.02	03630	57,140	14,114,289	0	968,601	0	54.02
56.00	05600	211,987	4,513,514	0	785,089	0	56.00
57.00	05700	264,737	55,233,863	0	1,559,638	0	57.00
59.00	05900	255,682	4,023,193	0	479,142	0	59.00
60.00	06000	1,117,141	69,983,427	0	6,050,630	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	88,179	20,901,254	0	2,260,134	0	65.00
66.00	06600	0	4,203,959	0	1,180,745	0	66.00
67.00	06700	2,549	3,760,497	0	750,339	0	67.00
68.00	06800	42,084	1,849,616	0	393,786	0	68.00
69.00	06900	36,521	17,558,290	0	1,222,431	0	69.00
70.00	07000	0	638,706	0	110,332	0	70.00
71.00	07100	0	8,745,273	0	3,607,489	0	71.00
72.00	07200	0	5,669,002	0	1,478,309	0	72.00
73.00	07300	124,575	43,721,949	0	6,706,579	0	73.00
74.00	07400	121,811	3,843,747	0	919,226	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	275,510	137,401,885	0	10,641,125	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		6,327,875	575,211,538	-15,757,008	96,956,242	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	31,785	0	190.00
190.01	19001	0	0	0	2,610	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	35,851	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	520,807	3,657,828		15,757,008		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.082304	0.006359		0.162399	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,769	338,139		1,087,870		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005969	0.000588		0.011212	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	191,730				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,040	1,120,573			8.00
9.00	00900	HOUSEKEEPING	0	0	175,690		9.00
10.00	01000	DIETARY	9,917	0	9,917	154,057	10.00
11.00	01100	CAFETERIA	7,513	0	7,513	0	67,168
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,160	0	1,160	0	1,753
14.00	01400	CENTRAL SERVICES & SUPPLY	6,030	0	6,030	0	600
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,330	0	2,330	0	2,022
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,686
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,633	350,589	44,633	119,405	20,873
31.00	03100	INTENSIVE CARE UNIT	12,430	68,031	12,430	18,710	4,157
41.00	04100	SUBPROVIDER - IRF	6,720	67,150	6,720	15,942	2,409
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,665	52,540	15,665	0	4,022
51.00	05100	RECOVERY ROOM	1,099	10,807	1,099	0	426
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,860	47,510	9,860	0	2,444
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,645	50,216	13,645	0	2,781
54.02	03630	ULTRA SOUND	530	0	530	0	781
56.00	05600	RADIOISOTOPE	1,150	4,077	1,150	0	289
57.00	05700	CT SCAN	1,020	14,708	1,020	0	659
59.00	05900	CARDIAC CATHETERIZATION	0	5,496	0	0	196
60.00	06000	LABORATORY	8,700	0	8,700	0	3,105
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,590	0	1,590	0	2,066
66.00	06600	PHYSICAL THERAPY	4,460	2,433	4,460	0	1,147
67.00	06700	OCCUPATIONAL THERAPY	1,880	0	1,880	0	703
68.00	06800	SPEECH PATHOLOGY	1,500	0	1,500	0	292
69.00	06900	ELECTROCARDIOLOGY	1,550	3,483	1,550	0	1,152
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882	0	1,882	0	90
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,250	0	2,250	0	2,401
74.00	07400	RENAL DIALYSIS	0	0	0	0	645
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	14,350	443,533	14,350	0	10,469
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.20	09921	OPT	0	0	0	0	0
99.30	09931	OOT	0	0	0	0	0
99.40	09941	OSP	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	187,904	1,120,573	171,864	154,057	67,168
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	1,798	0	0
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SEASON HOSPICE	2,028	0	2,028	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	7,313,188	1,793,156	2,325,276	2,470,760	1,469,815	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.143160	1.600213	13.235107	16.037960	21.882667	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	400,313	335,346	23,621	240,074	160,168	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.087900	0.299263	0.134447	1.558345	2.384588	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00580						5.04
5.05	00590						5.05
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	0					12.00
13.00	01300	0	945,433				13.00
14.00	01400	0	0	5,046,605			14.00
15.00	01500	0	0	0	0		15.00
16.00	01600	0	0	0	0	575,211,538	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	439,111	0	0	75,248,807	30.00
31.00	03100	0	93,815	0	0	23,605,319	31.00
41.00	04100	0	43,651	0	0	6,454,300	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	85,858	0	0	33,947,321	50.00
51.00	05100	0	8,104	0	0	7,295,751	51.00
52.00	05200	0	50,845	0	0	7,732,571	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	5,239	0	0	24,765,005	54.00
54.02	03630	0	0	0	0	14,114,289	54.02
56.00	05600	0	0	0	0	4,513,514	56.00
57.00	05700	0	0	0	0	55,233,863	57.00
59.00	05900	0	0	0	0	4,023,193	59.00
60.00	06000	0	0	0	0	69,983,427	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	20,901,254	65.00
66.00	06600	0	0	0	0	4,203,959	66.00
67.00	06700	0	0	0	0	3,760,497	67.00
68.00	06800	0	0	0	0	1,849,616	68.00
69.00	06900	0	0	0	0	17,558,290	69.00
70.00	07000	0	0	0	0	638,706	70.00
71.00	07100	0	0	3,604,345	0	8,745,273	71.00
72.00	07200	0	0	1,442,260	0	5,669,002	72.00
73.00	07300	0	0	0	0	43,721,949	73.00
74.00	07400	0	0	0	0	3,843,747	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	218,810	0	0	137,401,885	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
99.20	09921	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		0	945,433	5,046,605	0	575,211,538	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,603,049	1,553,332	0	3,144,005	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.695571	0.307797	0.000000	0.005466	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	266,997	449,120	0	184,309	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.282407	0.088994	0.000000	0.000320	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
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	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	75	30.00
31.00	03100	INTENSIVE CARE UNIT	15	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.02	03630	ULTRA SOUND	0	54.02
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
99.20	09921	OPT	0	99.20
99.30	09931	OOT	0	99.30
99.40	09941	OSP	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	SEASON HOSPICE	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140133

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

Worksheet B-1

Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,785,598	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17,855.980000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,792	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	217.920000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140133

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

Worksheet C
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	29,676,451		29,676,451	12,836	29,689,287	30.00
31.00	03100 INTENSIVE CARE UNIT	8,787,521		8,787,521	0	8,787,521	31.00
41.00	04100 SUBPROVIDER - I RF	3,269,037		3,269,037	35,405	3,304,442	41.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,450,613		7,450,613	0	7,450,613	50.00
51.00	05100 RECOVERY ROOM	748,579		748,579	0	748,579	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,109,441		4,109,441	0	4,109,441	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,382,949		5,382,949	0	5,382,949	54.00
54.02	03630 ULTRASOUND	1,247,371		1,247,371	0	1,247,371	54.02
56.00	05600 RADIOISOTOPE	1,009,191		1,009,191	0	1,009,191	56.00
57.00	05700 CT SCAN	2,205,193		2,205,193	0	2,205,193	57.00
59.00	05900 CARDIAC CATHETERIZATION	592,029		592,029	0	592,029	59.00
60.00	06000 LABORATORY	7,930,711		7,930,711	0	7,930,711	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,868,326	0	2,868,326	0	2,868,326	65.00
66.00	06600 PHYSICAL THERAPY	1,653,615	0	1,653,615	0	1,653,615	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,004,723	0	1,004,723	0	1,004,723	67.00
68.00	06800 SPEECH PATHOLOGY	551,304	0	551,304	0	551,304	68.00
69.00	06900 ELECTROCARDIOLOGY	1,627,346		1,627,346	0	1,627,346	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	230,403		230,403	0	230,403	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,350,553		5,350,553	0	5,350,553	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,193,295		2,193,295	0	2,193,295	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,202,846		8,202,846	0	8,202,846	73.00
74.00	07400 RENAL DIALYSIS	1,103,631		1,103,631	0	1,103,631	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
91.00	09100 EMERGENCY	15,310,141		15,310,141	0	15,310,141	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,849,552		4,849,552	0	4,849,552	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
99.20	09921 OPT	0		0	0	0	99.20
99.30	09931 OOT	0		0	0	0	99.30
99.40	09941 OSP	0		0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	117,354,821	0	117,354,821	48,241	117,403,062	200.00
201.00	Less Observation Beds	4,849,552		4,849,552		4,849,552	201.00
202.00	Total (see instructions)	112,505,269	0	112,505,269	48,241	112,553,510	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140133

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

Worksheet C
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,502,116		65,502,116		30.00
31.00	03100	INTENSIVE CARE UNIT	23,605,319		23,605,319		31.00
41.00	04100	SUBPROVIDER - IRF	6,454,300		6,454,300		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,896,112	14,051,209	33,947,321	0.219476	50.00
51.00	05100	RECOVERY ROOM	3,659,971	3,635,780	7,295,751	0.102605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,319,029	1,413,542	7,732,571	0.531446	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,113,968	14,651,037	24,765,005	0.217361	54.00
54.02	03630	ULTRA SOUND	6,557,861	7,556,428	14,114,289	0.088376	54.02
56.00	05600	RADIOISOTOPE	2,540,597	1,972,917	4,513,514	0.223593	56.00
57.00	05700	CT SCAN	23,742,878	31,490,985	55,233,863	0.039925	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,106,594	916,599	4,023,193	0.147154	59.00
60.00	06000	LABORATORY	36,828,307	33,155,120	69,983,427	0.113323	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	19,269,240	1,632,014	20,901,254	0.137232	65.00
66.00	06600	PHYSICAL THERAPY	3,454,357	749,602	4,203,959	0.393347	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,330,931	429,566	3,760,497	0.267178	67.00
68.00	06800	SPEECH PATHOLOGY	1,407,065	442,551	1,849,616	0.298064	68.00
69.00	06900	ELECTROCARDIOLOGY	10,410,273	7,148,017	17,558,290	0.092682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,579	246,127	638,706	0.360734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,488,170	1,257,103	8,745,273	0.611822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,518,371	1,150,631	5,669,002	0.386893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,434,723	9,287,226	43,721,949	0.187614	73.00
74.00	07400	RENAL DIALYSIS	3,527,766	315,981	3,843,747	0.287124	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	40,079,284	97,322,601	137,401,885	0.111426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	9,746,691	0.497559	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
99.20	09921	OPT	0	0	0		99.20
99.30	09931	OOT	0	0	0		99.30
99.40	09941	OSP	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	336,639,811	238,571,727	575,211,538		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	336,639,811	238,571,727	575,211,538		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 12/5/2016 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.219476		50.00
51.00	05100 RECOVERY ROOM	0.102605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.531446		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217361		54.00
54.02	03630 ULTRA SOUND	0.088376		54.02
56.00	05600 RADIOISOTOPE	0.223593		56.00
57.00	05700 CT SCAN	0.039925		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147154		59.00
60.00	06000 LABORATORY	0.113323		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.137232		65.00
66.00	06600 PHYSICAL THERAPY	0.393347		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267178		67.00
68.00	06800 SPEECH PATHOLOGY	0.298064		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092682		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360734		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.611822		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.386893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.187614		73.00
74.00	07400 RENAL DIALYSIS	0.287124		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.111426		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.497559		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
99.20	09921 OPT			99.20
99.30	09931 OOT			99.30
99.40	09941 OSP			99.40
	SPECIAL PURPOSE COST CENTERS			
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: 140133

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

Worksheet C
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	29,676,451	29,676,451	12,836	29,689,287	30.00	
31.00	03100 INTENSIVE CARE UNIT	8,787,521	8,787,521	0	8,787,521	31.00	
41.00	04100 SUBPROVIDER - IRF	3,269,037	3,269,037	35,405	3,304,442	41.00	
43.00	04300 NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,450,613	7,450,613	0	7,450,613	50.00	
51.00	05100 RECOVERY ROOM	748,579	748,579	0	748,579	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,109,441	4,109,441	0	4,109,441	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,382,949	5,382,949	0	5,382,949	54.00	
54.02	03630 ULTRASOUND	1,247,371	1,247,371	0	1,247,371	54.02	
56.00	05600 RADIOISOTOPE	1,009,191	1,009,191	0	1,009,191	56.00	
57.00	05700 CT SCAN	2,205,193	2,205,193	0	2,205,193	57.00	
59.00	05900 CARDIAC CATHETERIZATION	592,029	592,029	0	592,029	59.00	
60.00	06000 LABORATORY	7,930,711	7,930,711	0	7,930,711	60.00	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	2,868,326	2,868,326	0	2,868,326	65.00	
66.00	06600 PHYSICAL THERAPY	1,653,615	1,653,615	0	1,653,615	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,004,723	1,004,723	0	1,004,723	67.00	
68.00	06800 SPEECH PATHOLOGY	551,304	551,304	0	551,304	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,627,346	1,627,346	0	1,627,346	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	230,403	230,403	0	230,403	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,350,553	5,350,553	0	5,350,553	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,193,295	2,193,295	0	2,193,295	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	8,202,846	8,202,846	0	8,202,846	73.00	
74.00	07400 RENAL DIALYSIS	1,103,631	1,103,631	0	1,103,631	74.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90.00	
91.00	09100 EMERGENCY	15,310,141	15,310,141	0	15,310,141	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,849,552	4,849,552	0	4,849,552	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
99.20	09921 OPT	0	0	0	0	99.20	
99.30	09931 OOT	0	0	0	0	99.30	
99.40	09941 OSP	0	0	0	0	99.40	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	117,354,821	117,354,821	48,241	117,403,062	200.00	
201.00	Less Observation Beds	4,849,552	4,849,552		4,849,552	201.00	
202.00	Total (see instructions)	112,505,269	112,505,269	48,241	112,553,510	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140133

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

Worksheet C
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		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	65,502,116		65,502,116		30.00
31.00	03100	INTENSIVE CARE UNIT	23,605,319		23,605,319		31.00
41.00	04100	SUBPROVIDER - IRF	6,454,300		6,454,300		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,896,112	14,051,209	33,947,321	0.219476	50.00
51.00	05100	RECOVERY ROOM	3,659,971	3,635,780	7,295,751	0.102605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,319,029	1,413,542	7,732,571	0.531446	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,113,968	14,651,037	24,765,005	0.217361	54.00
54.02	03630	ULTRA SOUND	6,557,861	7,556,428	14,114,289	0.088376	54.02
56.00	05600	RADIOISOTOPE	2,540,597	1,972,917	4,513,514	0.223593	56.00
57.00	05700	CT SCAN	23,742,878	31,490,985	55,233,863	0.039925	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,106,594	916,599	4,023,193	0.147154	59.00
60.00	06000	LABORATORY	36,828,307	33,155,120	69,983,427	0.113323	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	19,269,240	1,632,014	20,901,254	0.137232	65.00
66.00	06600	PHYSICAL THERAPY	3,454,357	749,602	4,203,959	0.393347	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,330,931	429,566	3,760,497	0.267178	67.00
68.00	06800	SPEECH PATHOLOGY	1,407,065	442,551	1,849,616	0.298064	68.00
69.00	06900	ELECTROCARDIOLOGY	10,410,273	7,148,017	17,558,290	0.092682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,579	246,127	638,706	0.360734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,488,170	1,257,103	8,745,273	0.611822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,518,371	1,150,631	5,669,002	0.386893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,434,723	9,287,226	43,721,949	0.187614	73.00
74.00	07400	RENAL DIALYSIS	3,527,766	315,981	3,843,747	0.287124	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	40,079,284	97,322,601	137,401,885	0.111426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	9,746,691	0.497559	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
99.20	09921	OPT	0	0	0		99.20
99.30	09931	OOT	0	0	0		99.30
99.40	09941	OSP	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	336,639,811	238,571,727	575,211,538		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	336,639,811	238,571,727	575,211,538		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 12/5/2016 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.219476		50.00
51.00	05100 RECOVERY ROOM	0.102605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.531446		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217361		54.00
54.02	03630 ULTRA SOUND	0.088376		54.02
56.00	05600 RADIOISOTOPE	0.223593		56.00
57.00	05700 CT SCAN	0.039925		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147154		59.00
60.00	06000 LABORATORY	0.113323		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.137232		65.00
66.00	06600 PHYSICAL THERAPY	0.393347		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267178		67.00
68.00	06800 SPEECH PATHOLOGY	0.298064		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092682		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360734		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.611822		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.386893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.187614		73.00
74.00	07400 RENAL DIALYSIS	0.287124		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.111426		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.497559		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
99.20	09921 OPT			99.20
99.30	09931 OOT			99.30
99.40	09941 OSP			99.40
	SPECIAL PURPOSE COST CENTERS			
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140133

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

Worksheet C Part II Date/Time Prepared: 12/5/2016 1:00 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,450,613	833,940	6,616,673	0	0 50.00
51.00	05100	RECOVERY ROOM	748,579	53,068	695,511	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,109,441	467,671	3,641,770	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,382,949	1,344,677	4,038,272	0	0 54.00
54.02	03630	ULTRA SOUND	1,247,371	37,810	1,209,561	0	0 54.02
56.00	05600	RADIOISOTOPE	1,009,191	142,187	867,004	0	0 56.00
57.00	05700	CT SCAN	2,205,193	293,250	1,911,943	0	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	592,029	42,347	549,682	0	0 59.00
60.00	06000	LABORATORY	7,930,711	383,279	7,547,432	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	2,868,326	175,786	2,692,540	0	0 65.00
66.00	06600	PHYSICAL THERAPY	1,653,615	117,752	1,535,863	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,004,723	52,514	952,209	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	551,304	39,589	511,715	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,627,346	258,480	1,368,866	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,403	43,966	186,437	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,350,553	369,155	4,981,398	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,193,295	150,074	2,043,221	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,202,846	303,973	7,898,873	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,103,631	48,816	1,054,815	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	15,310,141	947,095	14,363,046	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,849,552	327,190	4,522,362	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
99.20	09921	OPT	0	0	0	0	0 99.20
99.30	09931	OOT	0	0	0	0	0 99.30
99.40	09941	OSP	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	75,621,812	6,432,619	69,189,193	0	0 200.00
201.00		Less Observation Beds	4,849,552	327,190	4,522,362	0	0 201.00
202.00		Total (line 200 minus line 201)	70,772,260	6,105,429	64,666,831	0	0 202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140133

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

Worksheet C Part II Date/Time Prepared: 12/5/2016 1:00 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,450,613	33,947,321	0.219476		50.00
51.00	05100 RECOVERY ROOM	748,579	7,295,751	0.102605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,109,441	7,732,571	0.531446		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,382,949	24,765,005	0.217361		54.00
54.02	03630 ULTRA SOUND	1,247,371	14,114,289	0.088376		54.02
56.00	05600 RADIOISOTOPE	1,009,191	4,513,514	0.223593		56.00
57.00	05700 CT SCAN	2,205,193	55,233,863	0.039925		57.00
59.00	05900 CARDIAC CATHETERIZATION	592,029	4,023,193	0.147154		59.00
60.00	06000 LABORATORY	7,930,711	69,983,427	0.113323		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	2,868,326	20,901,254	0.137232		65.00
66.00	06600 PHYSICAL THERAPY	1,653,615	4,203,959	0.393347		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,004,723	3,760,497	0.267178		67.00
68.00	06800 SPEECH PATHOLOGY	551,304	1,849,616	0.298064		68.00
69.00	06900 ELECTROCARDIOLOGY	1,627,346	17,558,290	0.092682		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	230,403	638,706	0.360734		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,350,553	8,745,273	0.611822		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,193,295	5,669,002	0.386893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,202,846	43,721,949	0.187614		73.00
74.00	07400 RENAL DIALYSIS	1,103,631	3,843,747	0.287124		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	15,310,141	137,401,885	0.111426		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,849,552	9,746,691	0.497559		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
99.20	09921 OPT	0	0	0.000000		99.20
99.30	09931 OOT	0	0	0.000000		99.30
99.40	09941 OSP	0	0	0.000000		99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	75,621,812	479,649,803			200.00
201.00	Less Observation Beds	4,849,552	0			201.00
202.00	Total (line 200 minus line 201)	70,772,260	479,649,803			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,003,066	0	2,003,066	38,373	52.20	30.00
31.00	INTENSIVE CARE UNIT	560,502		560,502	5,035	111.32	31.00
41.00	SUBPROVIDER - IRF	261,256	0	261,256	4,290	60.90	41.00
43.00	NURSERY	0		0	764	0.00	43.00
200.00	Total (lines 30-199)	2,824,824		2,824,824	48,462		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,430	596,646				
31.00	INTENSIVE CARE UNIT	2,205	245,461				
41.00	SUBPROVIDER - IRF	2,072	126,185				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	15,707	968,292				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140133

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

Worksheet D
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	833,940	33,947,321	0.024566	7,340,889	180,336	50.00
51.00	05100 RECOVERY ROOM	53,068	7,295,751	0.007274	1,358,778	9,884	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,671	7,732,571	0.060481	2,409	146	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,344,677	24,765,005	0.054297	3,682,060	199,925	54.00
54.02	03630 ULTRA SOUND	37,810	14,114,289	0.002679	1,010,506	2,707	54.02
56.00	05600 RADIOISOTOPE	142,187	4,513,514	0.031503	835,261	26,313	56.00
57.00	05700 CT SCAN	293,250	55,233,863	0.005309	8,041,685	42,693	57.00
59.00	05900 CARDIAC CATHETERIZATION	42,347	4,023,193	0.010526	1,222,051	12,863	59.00
60.00	06000 LABORATORY	383,279	69,983,427	0.005477	15,121,321	82,819	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	175,786	20,901,254	0.008410	8,671,416	72,927	65.00
66.00	06600 PHYSICAL THERAPY	117,752	4,203,959	0.028010	563,576	15,786	66.00
67.00	06700 OCCUPATIONAL THERAPY	52,514	3,760,497	0.013965	452,745	6,323	67.00
68.00	06800 SPEECH PATHOLOGY	39,589	1,849,616	0.021404	344,453	7,373	68.00
69.00	06900 ELECTROCARDIOLOGY	258,480	17,558,290	0.014721	5,434,559	80,002	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	43,966	638,706	0.068836	163,585	11,261	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	369,155	8,745,273	0.042212	3,204,119	135,252	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	150,074	5,669,002	0.026473	2,258,419	59,787	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	303,973	43,721,949	0.006952	11,949,334	83,072	73.00
74.00	07400 RENAL DIALYSIS	48,816	3,843,747	0.012700	1,667,806	21,181	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	947,095	137,401,885	0.006893	12,621,791	87,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	327,190	9,746,691	0.033569	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	6,432,619	479,649,803		85,946,763	1,137,652	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 12/5/2016 1:00 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,373	0.00	11,430	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,035	0.00	2,205	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,290	0.00	2,072	0		41.00
43.00	04300	NURSERY	764	0.00	0	0		43.00
200.00		Total (lines 30-199)	48,462		15,707	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

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

Worksheet D
Part IV
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Title XVIII				Hospital	PPS
		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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

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

Worksheet D
Part IV
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,947,321	0.000000	0.000000	7,340,889	50.00
51.00	05100	RECOVERY ROOM	0	7,295,751	0.000000	0.000000	1,358,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,732,571	0.000000	0.000000	2,409	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,765,005	0.000000	0.000000	3,682,060	54.00
54.02	03630	ULTRA SOUND	0	14,114,289	0.000000	0.000000	1,010,506	54.02
56.00	05600	RADIOISOTOPE	0	4,513,514	0.000000	0.000000	835,261	56.00
57.00	05700	CT SCAN	0	55,233,863	0.000000	0.000000	8,041,685	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,023,193	0.000000	0.000000	1,222,051	59.00
60.00	06000	LABORATORY	0	69,983,427	0.000000	0.000000	15,121,321	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	20,901,254	0.000000	0.000000	8,671,416	65.00
66.00	06600	PHYSICAL THERAPY	0	4,203,959	0.000000	0.000000	563,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,760,497	0.000000	0.000000	452,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,849,616	0.000000	0.000000	344,453	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,558,290	0.000000	0.000000	5,434,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	638,706	0.000000	0.000000	163,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,745,273	0.000000	0.000000	3,204,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,669,002	0.000000	0.000000	2,258,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,721,949	0.000000	0.000000	11,949,334	73.00
74.00	07400	RENAL DIALYSIS	0	3,843,747	0.000000	0.000000	1,667,806	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	137,401,885	0.000000	0.000000	12,621,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	479,649,803			85,946,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,648,144	0	50.00
51.00	05100 RECOVERY ROOM	0	849,398	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,243,082	0	54.00
54.02	03630 ULTRA SOUND	0	483,860	0	54.02
56.00	05600 RADIOISOTOPE	0	393,254	0	56.00
57.00	05700 CT SCAN	0	5,301,696	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	364,845	0	59.00
60.00	06000 LABORATORY	0	3,224,928	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	829,567	0	65.00
66.00	06600 PHYSICAL THERAPY	0	21,173	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,661	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	36,946	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,017,349	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	51,155	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	229,930	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	527,491	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,755,570	0	73.00
74.00	07400 RENAL DIALYSIS	0	1,267	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	8,345,575	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,602,518	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	32,929,409	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.219476	3,648,144	0	800,680	50.00
51.00	05100 RECOVERY ROOM	0.102605	849,398	0	87,152	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.531446	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.217361	2,243,082	0	487,559	54.00
54.02	03630 ULTRA SOUND	0.088376	483,860	0	42,762	54.02
56.00	05600 RADIOISOTOPE	0.223593	393,254	0	87,929	56.00
57.00	05700 CT SCAN	0.039925	5,301,696	0	211,670	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147154	364,845	0	53,688	59.00
60.00	06000 LABORATORY	0.113323	3,224,928	0	365,459	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.137232	829,567	0	113,843	65.00
66.00	06600 PHYSICAL THERAPY	0.393347	21,173	0	8,328	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267178	1,661	0	444	67.00
68.00	06800 SPEECH PATHOLOGY	0.298064	36,946	0	11,012	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092682	2,017,349	0	186,972	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360734	51,155	0	18,453	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.611822	229,930	0	140,676	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.386893	527,491	0	204,083	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.187614	1,755,570	0	329,370	73.00
74.00	07400 RENAL DIALYSIS	0.287124	1,267	0	364	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.111426	8,345,575	0	929,914	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.497559	2,602,518	0	1,294,906	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		32,929,409	0	5,375,264	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		32,929,409	0	5,375,264	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140133 Component CCN: 14T133		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 12/5/2016 1:00 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	833,940	33,947,321	0.024566	63,546	1,561	50.00
51.00	05100	RECOVERY ROOM	53,068	7,295,751	0.007274	6,274	46	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,671	7,732,571	0.060481	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,344,677	24,765,005	0.054297	56,734	3,080	54.00
54.02	03630	ULTRA SOUND	37,810	14,114,289	0.002679	30,452	82	54.02
56.00	05600	RADIOISOTOPE	142,187	4,513,514	0.031503	5,994	189	56.00
57.00	05700	CT SCAN	293,250	55,233,863	0.005309	58,112	309	57.00
59.00	05900	CARDIAC CATHETERIZATION	42,347	4,023,193	0.010526	17,921	189	59.00
60.00	06000	LABORATORY	383,279	69,983,427	0.005477	386,866	2,119	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	175,786	20,901,254	0.008410	303,688	2,554	65.00
66.00	06600	PHYSICAL THERAPY	117,752	4,203,959	0.028010	1,070,674	29,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,514	3,760,497	0.013965	1,105,658	15,441	67.00
68.00	06800	SPEECH PATHOLOGY	39,589	1,849,616	0.021404	315,163	6,746	68.00
69.00	06900	ELECTROCARDIOLOGY	258,480	17,558,290	0.014721	51,591	759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,966	638,706	0.068836	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	369,155	8,745,273	0.042212	135,389	5,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,074	5,669,002	0.026473	3,645	96	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,973	43,721,949	0.006952	746,956	5,193	73.00
74.00	07400	RENAL DIALYSIS	48,816	3,843,747	0.012700	78,770	1,000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	947,095	137,401,885	0.006893	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	6,105,429	479,649,803		4,437,433	75,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	33,947,321	0.000000	0.000000	63,546	50.00
51.00 05100 RECOVERY ROOM	0	7,295,751	0.000000	0.000000	6,274	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,732,571	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	24,765,005	0.000000	0.000000	56,734	54.00
54.02 03630 ULTRA SOUND	0	14,114,289	0.000000	0.000000	30,452	54.02
56.00 05600 RADIOISOTOPE	0	4,513,514	0.000000	0.000000	5,994	56.00
57.00 05700 CT SCAN	0	55,233,863	0.000000	0.000000	58,112	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,023,193	0.000000	0.000000	17,921	59.00
60.00 06000 LABORATORY	0	69,983,427	0.000000	0.000000	386,866	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	20,901,254	0.000000	0.000000	303,688	65.00
66.00 06600 PHYSICAL THERAPY	0	4,203,959	0.000000	0.000000	1,070,674	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,760,497	0.000000	0.000000	1,105,658	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,849,616	0.000000	0.000000	315,163	68.00
69.00 06900 ELECTROCARDIOLOGY	0	17,558,290	0.000000	0.000000	51,591	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	638,706	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,745,273	0.000000	0.000000	135,389	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,669,002	0.000000	0.000000	3,645	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	43,721,949	0.000000	0.000000	746,956	73.00
74.00 07400 RENAL DIALYSIS	0	3,843,747	0.000000	0.000000	78,770	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	137,401,885	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00 Total (lines 50-199)	0	479,649,803			4,437,433	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 12/5/2016 1:00 pm
		Title XIX	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,003,066	0	2,003,066	38,373	52.20	30.00
31.00 INTENSIVE CARE UNIT	560,502		560,502	5,035	111.32	31.00
41.00 SUBPROVIDER - IRF	261,256	0	261,256	4,290	60.90	41.00
43.00 NURSERY	0		0	764	0.00	43.00
200.00 Total (lines 30-199)	2,824,824		2,824,824	48,462		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	3,065	159,993	30.00
31.00 INTENSIVE CARE UNIT	441	49,092	31.00
41.00 SUBPROVIDER - IRF	649	39,524	41.00
43.00 NURSERY	369	0	43.00
200.00 Total (lines 30-199)	4,524	248,609	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140133

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

Worksheet D
Part II
Date/Time Prepared:
12/5/2016 1:00 pm

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	833,940	33,947,321	0.024566	0	0	50.00
51.00	05100 RECOVERY ROOM	53,068	7,295,751	0.007274	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,671	7,732,571	0.060481	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,344,677	24,765,005	0.054297	0	0	54.00
54.02	03630 ULTRA SOUND	37,810	14,114,289	0.002679	0	0	54.02
56.00	05600 RADIOISOTOPE	142,187	4,513,514	0.031503	0	0	56.00
57.00	05700 CT SCAN	293,250	55,233,863	0.005309	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	42,347	4,023,193	0.010526	0	0	59.00
60.00	06000 LABORATORY	383,279	69,983,427	0.005477	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	175,786	20,901,254	0.008410	0	0	65.00
66.00	06600 PHYSICAL THERAPY	117,752	4,203,959	0.028010	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	52,514	3,760,497	0.013965	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	39,589	1,849,616	0.021404	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	258,480	17,558,290	0.014721	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	43,966	638,706	0.068836	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	369,155	8,745,273	0.042212	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	150,074	5,669,002	0.026473	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	303,973	43,721,949	0.006952	0	0	73.00
74.00	07400 RENAL DIALYSIS	48,816	3,843,747	0.012700	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	947,095	137,401,885	0.006893	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	327,190	9,746,691	0.033569	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	6,432,619	479,649,803		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 12/5/2016 1:00 pm	
Title XIX			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,373	0.00	3,065	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,035	0.00	441	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,290	0.00	649	0		41.00
43.00	04300	NURSERY	764	0.00	369	0		43.00
200.00		Total (lines 30-199)	48,462		4,524	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

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

Worksheet D
Part IV
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140133

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

Worksheet D
Part IV
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,947,321	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	7,295,751	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,732,571	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,765,005	0.000000	0.000000	0	54.00
54.02	03630	ULTRA SOUND	0	14,114,289	0.000000	0.000000	0	54.02
56.00	05600	RADIOISOTOPE	0	4,513,514	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	55,233,863	0.000000	0.000000	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,023,193	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	69,983,427	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	20,901,254	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,203,959	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,760,497	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,849,616	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,558,290	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	638,706	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,745,273	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,669,002	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,721,949	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,843,747	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	137,401,885	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	479,649,803			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
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Cost Center Description		Title XIX			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)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.02	03630 ULTRA SOUND	0	0	0		54.02
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140133 Component CCN: 14T133		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 12/5/2016 1:00 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	833,940	33,947,321	0.024566	0	50.00
51.00	05100	RECOVERY ROOM	53,068	7,295,751	0.007274	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,671	7,732,571	0.060481	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,344,677	24,765,005	0.054297	0	54.00
54.02	03630	ULTRA SOUND	37,810	14,114,289	0.002679	0	54.02
56.00	05600	RADIOISOTOPE	142,187	4,513,514	0.031503	0	56.00
57.00	05700	CT SCAN	293,250	55,233,863	0.005309	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	42,347	4,023,193	0.010526	0	59.00
60.00	06000	LABORATORY	383,279	69,983,427	0.005477	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	175,786	20,901,254	0.008410	0	65.00
66.00	06600	PHYSICAL THERAPY	117,752	4,203,959	0.028010	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,514	3,760,497	0.013965	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,589	1,849,616	0.021404	0	68.00
69.00	06900	ELECTROCARDIOLOGY	258,480	17,558,290	0.014721	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,966	638,706	0.068836	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	369,155	8,745,273	0.042212	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,074	5,669,002	0.026473	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,973	43,721,949	0.006952	0	73.00
74.00	07400	RENAL DIALYSIS	48,816	3,843,747	0.012700	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
91.00	09100	EMERGENCY	947,095	137,401,885	0.006893	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	94.00
200.00		Total (lines 50-199)	6,105,429	479,649,803		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 03630 ULTRA SOUND	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
		6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	33,947,321	0.000000	0.000000	0 50.00
51.00	05100 RECOVERY ROOM	0	7,295,751	0.000000	0.000000	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,732,571	0.000000	0.000000	0 52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	24,765,005	0.000000	0.000000	0 54.00
54.02	03630 ULTRA SOUND	0	14,114,289	0.000000	0.000000	0 54.02
56.00	05600 RADIOISOTOPE	0	4,513,514	0.000000	0.000000	0 56.00
57.00	05700 CT SCAN	0	55,233,863	0.000000	0.000000	0 57.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,023,193	0.000000	0.000000	0 59.00
60.00	06000 LABORATORY	0	69,983,427	0.000000	0.000000	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
65.00	06500 RESPIRATORY THERAPY	0	20,901,254	0.000000	0.000000	0 65.00
66.00	06600 PHYSICAL THERAPY	0	4,203,959	0.000000	0.000000	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,760,497	0.000000	0.000000	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	1,849,616	0.000000	0.000000	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,558,290	0.000000	0.000000	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	638,706	0.000000	0.000000	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,745,273	0.000000	0.000000	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,669,002	0.000000	0.000000	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,721,949	0.000000	0.000000	0 73.00
74.00	07400 RENAL DIALYSIS	0	3,843,747	0.000000	0.000000	0 74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0 76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000	0.000000	0 90.00
91.00	09100 EMERGENCY	0	137,401,885	0.000000	0.000000	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,746,691	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
200.00	Total (lines 50-199)	0	479,649,803			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140133 Component CCN: 14T133	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 12/5/2016 1:00 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 12/5/2016 1:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,373	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)		32,105	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,430	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)		29,689,287	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)		29,689,287	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)		29,689,287	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)		773.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,843,391	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)		8,843,391	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 12/5/2016 1:00 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,787,521	5,035	1,745.29	2,205	3,848,364	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)					14,201,981	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,893,736	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)					842,107	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,137,652	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,979,759	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,913,977	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)					6,268	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,849,552	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,003,066	29,689,287	0.067468	4,849,552	327,190	90.00
91.00	Nursing School cost	0	29,689,287	0.000000	4,849,552	0	91.00
92.00	Allied health cost	0	29,689,287	0.000000	4,849,552	0	92.00
93.00	All other Medical Education	0	29,689,287	0.000000	4,849,552	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14T133		Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,290	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)		4,290	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,072	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,304,442	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,304,442	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,304,442	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)		770.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,595,999	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,595,999	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T133		Date/Time Prepared: 12/5/2016 1:00 pm			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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)					1,183,702		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,779,701		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)					126,185		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					75,069		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					201,254		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,578,447		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: 140133 Component CCN: 14T133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 12/5/2016 1:00 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	261,256	3,304,442	0.079062	0	0	90.00
91.00	Nursing School cost	0	3,304,442	0.000000	0	0	91.00
92.00	Allied health cost	0	3,304,442	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,304,442	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 12/5/2016 1:00 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,373	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)		32,105	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)		3,065	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)		764	15.00
16.00	Nursery days (title V or XIX only)		369	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)		29,689,287	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)		29,689,287	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)		29,689,287	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)		773.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,371,391	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,371,391	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	764	0.00	369	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,787,521	5,035	1,745.29	441	769,673		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)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,141,064		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)					209,085		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					209,085		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,931,979		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)					6,268		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.70		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,849,552		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,003,066	29,689,287	0.067468	4,849,552	327,190	90.00
91.00	Nursing School cost	0	29,689,287	0.000000	4,849,552	0	91.00
92.00	Allied health cost	0	29,689,287	0.000000	4,849,552	0	92.00
93.00	All other Medical Education	0	29,689,287	0.000000	4,849,552	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14T133		Date/Time Prepared: 12/5/2016 1:00 pm
		Title XIX	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)		4,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,290	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)		4,290	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)		649	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)		764	15.00
16.00	Nursery days (title V or XIX only)		369	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,304,442	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,304,442	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,304,442	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)		770.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		499,905	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)		499,905	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T133		Date/Time Prepared: 12/5/2016 1:00 pm			
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					499,905	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)					39,524	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					39,524	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					460,381	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: 140133 Component CCN: 14T133		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 12/5/2016 1:00 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	261,256	3,304,442	0.079062	0	0	90.00
91.00	Nursing School cost	0	3,304,442	0.000000	0	0	91.00
92.00	Allied health cost	0	3,304,442	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,304,442	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 12/5/2016 1:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		25,419,791	30.00
31.00	03100	INTENSIVE CARE UNIT		9,017,990	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219476	7,340,889	50.00
51.00	05100	RECOVERY ROOM	0.102605	1,358,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.531446	2,409	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.217361	3,682,060	54.00
54.02	03630	ULTRA SOUND	0.088376	1,010,506	54.02
56.00	05600	RADIOISOTOPE	0.223593	835,261	56.00
57.00	05700	CT SCAN	0.039925	8,041,685	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.147154	1,222,051	59.00
60.00	06000	LABORATORY	0.113323	15,121,321	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.137232	8,671,416	65.00
66.00	06600	PHYSICAL THERAPY	0.393347	563,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267178	452,745	67.00
68.00	06800	SPEECH PATHOLOGY	0.298064	344,453	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092682	5,434,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360734	163,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.611822	3,204,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.386893	2,258,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187614	11,949,334	73.00
74.00	07400	RENAL DIALYSIS	0.287124	1,667,806	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.111426	12,621,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.497559	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		85,946,763	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)		85,946,763	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T133		Date/Time Prepared: 12/5/2016 1:00 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		3,114,649	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219476	63,546	50.00
51.00	05100	RECOVERY ROOM	0.102605	6,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.531446	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.217361	56,734	54.00
54.02	03630	ULTRA SOUND	0.088376	30,452	54.02
56.00	05600	RADIOISOTOPE	0.223593	5,994	56.00
57.00	05700	CT SCAN	0.039925	58,112	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.147154	17,921	59.00
60.00	06000	LABORATORY	0.113323	386,866	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.137232	303,688	65.00
66.00	06600	PHYSICAL THERAPY	0.393347	1,070,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267178	1,105,658	67.00
68.00	06800	SPEECH PATHOLOGY	0.298064	315,163	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092682	51,591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360734	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.611822	135,389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.386893	3,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187614	746,956	73.00
74.00	07400	RENAL DIALYSIS	0.287124	78,770	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.111426	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.497559	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		4,437,433	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,437,433	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,103,714	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,355,700	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)		177,368	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		174.87	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		14.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		38.42	31.00
32.00	Sum of lines 30 and 31		52.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		32.68	33.00
34.00	Disproportionate share adjustment (see instructions)		1,753,235	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000386300	0.000387068	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,954,285	2,479,614	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	744,642	1,856,323	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,600,965		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)	2,716		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	424		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	424		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	15.61		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	2,363		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.796159		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	151,169		46.00
47.00	Subtotal (see instructions)	26,142,151		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)		26,142,151	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,901,518	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,043,669	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,043,669	61.00
62.00	Deductibles billed to program beneficiaries		2,114,846	62.00
63.00	Coinurance billed to program beneficiaries		140,893	63.00
64.00	Allowable bad debts (see instructions)		1,159,822	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		753,884	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,044,778	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,541,814	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)		-108,721	70.93
70.94	HRR adjustment amount (see instructions)		-233,686	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 12/5/2016 1:00 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		64,756		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		26,134,651		71.00
71.01	Sequestration adjustment (see instructions)		522,693		71.01
72.00	Interim payments		24,910,522		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)		701,436		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 REIMBURSEMENT SETTLEMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,375,264	2.00
3.00	PPS payments		3,829,182	3.00
4.00	Outlier payment (see instructions)		4,550	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		3,833,732	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)		841,166	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)		2,992,566	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)		2,992,566	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,992,566	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)		393,334	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		255,667	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		328,978	36.00
37.00	Subtotal (see instructions)		3,248,233	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,248,233	40.00
40.01	Sequestration adjustment (see instructions)		64,965	40.01
41.00	Interim payments		3,087,760	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		95,508	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140133

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

Worksheet E-1
Part I
Date/Time Prepared:
12/5/2016 1:00 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,921,010		2,988,016		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		235,649		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	02/11/2016	10,488	02/11/2016	135,905		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)		-10,488		-135,905		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)		24,910,522		3,087,760		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		701,436		95,508		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		25,611,958		3,183,268		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: 140133
Component CCN: 14T133

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

Worksheet E-1
Part I
Date/Time Prepared:
12/5/2016 1:00 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,195,575		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/11/2016	25,343		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)		25,343		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)		3,220,918		0	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		75,722		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,296,640		0	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		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 12/5/2016 1:00 pm
		Component CCN: 14T133	Title XVIIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,978,919	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.1191	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		396,494	3.00
4.00	Outlier Payments		2,026	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)		11.721311	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)		3,377,439	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,377,439	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,377,439	19.00
20.00	Deductibles		8,904	20.00
21.00	Subtotal (line 19 minus line 20)		3,368,535	21.00
22.00	Coinsurance		8,834	22.00
23.00	Subtotal (line 21 minus line 22)		3,359,701	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,488	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		4,217	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,476	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,363,918	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)		3,363,918	32.00
32.01	Sequestration adjustment (see instructions)		67,278	32.01
33.00	Interim payments		3,220,918	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)		75,722	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		2,026	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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140133 Period: From 07/01/2015 To 06/30/2016 Worksheet G Date/Time Prepared: 12/5/2016 1:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,557,973	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,426,793	0	0	0	4.00
5.00	Other receivable	2,829,672	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,327,972	0	0	0	6.00
7.00	Inventory	2,097,026	0	0	0	7.00
8.00	Prepaid expenses	5,609,417	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	12,397,915	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	60,590,824	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,700,000	0	0	0	12.00
13.00	Land improvements	707,906	0	0	0	13.00
14.00	Accumulated depreciation	-132,054	0	0	0	14.00
15.00	Buildings	83,549,231	0	0	0	15.00
16.00	Accumulated depreciation	-12,278,545	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	28,508,829	0	0	0	23.00
24.00	Accumulated depreciation	-14,432,440	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)	87,622,927	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,415,476	0	0	0	31.00
32.00	Deposits on leases	64,272	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,479,748	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	159,693,499	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,411,059	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,256,253	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,118,365	0	0	0	43.00
44.00	Other current liabilities	11,423,252	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,208,929	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,598,950	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,598,950	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,807,879	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	119,885,620	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)	119,885,620	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	159,693,499	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140133

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

Worksheet G-1

Date/Time Prepared:
12/5/2016 1:00 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		126,641,183		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-6,755,563			2.00
3.00	Total (sum of line 1 and line 2)		119,885,620		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)		119,885,620		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		119,885,620		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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140133

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/5/2016 1:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,703,707		65,703,707	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,454,300		6,454,300	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,158,007		72,158,007	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,653,861		23,653,861	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)	23,653,861		23,653,861	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	95,811,868		95,811,868	17.00
18.00	Ancillary services	240,967,208	1	240,967,209	18.00
19.00	Outpatient services	0	238,530,750	238,530,750	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	336,779,076	238,530,751	575,309,827	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		121,212,503		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		121,212,503		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140133

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

Worksheet G-3

Date/Time Prepared:
12/5/2016 1:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	575,309,827	1.00
2.00	Less contractual allowances and discounts on patients' accounts	455,101,164	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,208,663	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,212,503	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,003,840	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	781,055	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY) OTHER OPERATING REV.	2,784,518	24.00
25.00	Total other income (sum of lines 6-24)	3,565,573	25.00
26.00	Total (line 5 plus line 25)	2,561,733	26.00
27.00	BAD DEBTS	9,317,296	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,317,296	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,755,563	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140133	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 12/5/2016 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,699,560	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		10,588	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)		101.55	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		14.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		38.42	8.00
9.00	Sum of lines 7 and 8		52.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.26	10.00
11.00	Disproportionate share adjustment (see instructions)		191,370	11.00
12.00	Total prospective capital payments (see instructions)		1,901,518	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